

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.**2024**
Open to Public Inspection**A For the 2024 calendar year, or tax year beginning , and ending**

| | | | | |
|--|---|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization Samaritan's Purse | | D Employer identification number 58-1437002 | |
| | Doing business as | | | |
| | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | |
| | PO Box 3000 | | | |
| | City or town, state or province, country, and ZIP or foreign postal code Boone NC 28607 | | | |
| F Name and address of principal officer: William Franklin Graham III PO Box 3000 Boone NC 28607 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number | | |
| J Website: www.samaritanspurse.org | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1980 | M State of legal domicile: NC | |

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: Samaritan's Purse is a nondenominational evangelical Christian organization providing spiritual and physical aid to hurting people around the world with the purpose of sharing God's love through His Son, Jesus Christ. | | |
| | 2 Check this box <input type="checkbox"/> 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 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 5380 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 257000 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 1149814059 | 1765101897 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,168,979 | 4,388,347 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 41,950,919 | 69,171,413 |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,976,299 | 835,870 |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 1201910256 | 1839497527 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 381,902,222 | 401,666,871 |
| Expenses | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 0 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 232,279,170 | 260,978,989 |
| | b Total fundraising expenses (Part IX, column (D), line 25) | | 0 |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 93,942,721 | |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 423,332,429 | 430,549,841 |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 1037513821 | 1093195701 |
| | 20 Total assets (Part X, line 16) | 164,396,435 | 746,301,826 |
| Net Assets or Fund Balances | 21 Total liabilities (Part X, line 26) | Beginning of Current Year | End of Year |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1826473329 | 2589307799 |
| | | 112,170,358 | 124,536,986 |
| | | 1714302971 | 2464770813 |

Part II Signature Block

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

| | | | | |
|-------------------------------|---|-----------------------------|--------------------------------|--|
| Sign Here | Signature of officer Brandon Sutherland | | Date 9-5-2025 | |
| | Type or print name and title Brandon Sutherland CFO | | | |
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed PTIN |
| | Firm's name This tax return prepared by a non-paid preparer. | Firm's EIN | | |
| | Firm's address | Phone no. | | |

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2024)

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:See Schedule O**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **453,768,247** including grants of \$ **326,772,288**) (Revenue \$)
OPERATION CHRISTMAS CHILD (OCC): Samaritan's Purse collects and delivers gift-filled shoeboxes to children around the world. We do this to demonstrate God's love, gain a hearing for the Gospel, and share the true meaning of Christmas-the birth of Jesus Christ, our Lord and Savior. Jesus told us, "Go therefore and make disciples of all the nations" (Matthew 28:19). In 2024, a total of 11.9 million shoebox gifts were prayerfully packed for boys and girls all over the world by people from 11 countries. Since 1993, more than 232 million shoebox gifts have been distributed in over 170 countries and territories. National Collection Week in 2025 will be November 17-24 at thousands of locations across the United States.

4b (Code:) (Expenses \$ **78,213,764** including grants of \$ **790,008**) (Revenue \$)
SOUTH SUDAN RELIEF: In 2024, Samaritan's Purse continued its support for refugees, internally displaced persons, and vulnerable members of host communities in South Sudan. As the country faced an influx of refugees fleeing civil war in Sudan, we organized airdrops and convoys to deliver food and nutritional supplements to more than 600,000 people, including nearly 66,000 treated for malnutrition. We also provided medical treatment to over 78,000 individuals and distributed tarps to more than 12,000 families. Our livelihood programs equipped communities with farming techniques to improve harvests, and we partnered with local churches and government leaders to encourage and disciple over 156,000 people through ministry and Biblical leadership training.

4c (Code:) (Expenses \$ **48,818,889** including grants of \$ **4,179,310**) (Revenue \$)
U.S. DISASTER RELIEF: In 2024, we responded to 32 disasters across the U.S., and we thank God for the more than 50,500 volunteers who served alongside us. Among these responses was Hurricane Helene, which prompted the largest domestic disaster relief effort in the history of Samaritan's Purse. Our Disaster Relief Units initially deployed to 6 locations across 3 states. More than 39,000 volunteers came together to assist over 6,200 households with emergency repairs and critical support. So many communities were stranded by washed-out roads and bridges that we organized a fleet of helicopters and coordinated more than 350 flights by Army Chinooks, civilian Blackhawks, NASCAR team choppers, and other private aircraft to deliver food, water, medical supplies, generators, and internet antennas.

4d Other program services (Describe on Schedule O.)(Expenses \$ **341,676,467** including grants of \$ **69,925,265**) (Revenue \$ **5,176,270**)**4e** Total program service expenses **922,477,367**

Part IV Checklist of Required Schedules

| | Yes | No |
|---|---------------------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | X |
| c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 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? <i>If "Yes," complete Schedule G, Part I. See instructions</i> | 17 | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 X | |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

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

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|---|---|--------------------|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5380 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a X | |
| b | If "Yes," enter the name of the foreign country See Schedule O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c X | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d 6 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h X | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

| | 1a | 19 | 1b | 13 | 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. | | | | | | |
| b Enter the number of voting members included on line 1a, above, who are independent | | | 1b | 13 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | | | 2 | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | | | | 3 | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | 4 | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | 5 | X |
| 6 Did the organization have members or stockholders? | | | | | 6 | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | | 7a | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | | 7b | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | |
| a The governing body? | | | | | 8a | X |
| b Each committee with authority to act on behalf of the governing body? | | | | | 8b | X |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. | | | | | 9 | X |

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

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

Section C. Disclosure

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

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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

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

Brandon Sutherland**801 Bamboo Road****Boone****NC 28607****828-262-1980**

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) William Franklin Graham III | 40.00 | | | | | | | | | |
| Bd Mem/Chr/Pres/CEO | 0.00 | X | | X | | | | 873,868 | 0 | 71,625 |
| (2) Meredith Collie | 40.00 | | | | | | | | | |
| CFO Affiliate Office | 0.00 | | | | | X | | 424,422 | 0 | 26,850 |
| (3) Kenneth Isaacs | 40.00 | | | | | | | | | |
| VP-Prog/Govt Rel | 0.00 | | | | X | | | 359,930 | 0 | 63,425 |
| (4) James Harrelson | 40.00 | | | | | | | | | |
| VP-Op ChristmasChild | 0.00 | | | | X | | | 360,013 | 0 | 58,639 |
| (5) William Maupin | 40.00 | | | | | | | | | |
| VP-Info Technology | 0.00 | | | | | X | | 337,913 | 0 | 58,786 |
| (6) Edward Graham | 40.00 | | | | | | | | | |
| Board Member/COO | 0.00 | X | | | | | | 340,547 | 0 | 53,300 |
| (7) Paula Woodring | 40.00 | | | | | | | | | |
| Bd Mem/Executive VP | 0.00 | X | | | | | | 338,304 | 0 | 53,240 |
| (8) Ronald Wilcox | 40.00 | | | | | | | | | |
| FormerKeyEmp/ExecAdv | 0.00 | | | | | X | | 319,884 | 0 | 54,753 |
| (9) Merrill Littlejohn | 30.00 | | | | | | | | | |
| Former Officer/CFO | 0.00 | | | | | X | | 323,059 | 0 | 51,469 |
| (10) Luther Harrison | 40.00 | | | | | | | | | |
| VP-NorthAmericanMin | 0.00 | | | | X | | | 315,741 | 0 | 42,671 |
| (11) Cindy Rutz | 40.00 | | | | | | | | | |
| VP-Human Resources | 0.00 | | | | X | | | 294,819 | 0 | 53,112 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) Steve Nickel | 40.00 | | | | | | | | | |
| (12) VP-Donor Ministries | 0.00 | | | | | X | | 301,175 | 0 | 45,184 |
| (13) James Dailey | 40.00 | | | | | | | | | |
| (13) VP-Communications | 0.00 | | | | | X | | 292,240 | 0 | 53,612 |
| (14) Brandon Sutherland | 40.00 | | | | | | | | | |
| (14) CFO | 0.00 | | | X | | | | 291,093 | 0 | 51,471 |
| (15) Phyllis Payne | 30.00 | | | | | | | | | |
| (15) Bd Mem/AstSec/EAPres | 0.00 | X | | X | | | | 274,597 | 0 | 50,622 |
| (16) Christopher Weeks | 0.00 | | | | | | | | | |
| (16) FmrHighComp/Chairman | 0.00 | | | | | | X | 314,268 | 0 | 3,800 |
| (17) Donna Pierce | 40.00 | | | | | | | | | |
| (17) Secretary/VP-Corp Af | 0.00 | | | X | | | | 246,930 | 0 | 45,334 |
| (18) Jane Austin Lynch | 40.00 | | | | | | | | | |
| (18) Bd Mem/SeniorAdvisor | 0.00 | X | | | | | | 170,188 | 0 | 26,379 |
| (19) Felix Martin del Campo | 1.00 | | | | | | | | | |
| (19) Bd Member/Consultant | 0.00 | X | | | | | | 6,000 | 0 | 0 |
| 1b Subtotal | | | | | | | | 6,184,991 | | 864,272 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 5,000 | | |
| d Total (add lines 1b and 1c) | | | | | | | | 6,189,991 | | 864,272 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **373**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--|---------------------|
| RMS International West Palm Beach FL 33401 | 263 Banyan Blvd. Security | 2,549,625 |
| Wake Forest Baptist Health Winston-Salem NC 27157 | Medical Center Blvd. Medical Svcs. | 1,102,062 |
| James R. Vannoy & Sons Construction Jefferson NC 28640 | 1608 US Highway 221 North Gen. Contractor | 822,144 |
| Allied Universal Conshohocken PA 19428 | 161 Washington Street, Suite 600 Security | 628,958 |
| Wilcox World Travel & Tours Hendersonville NC 28791 | 37 Maxwell Drive, Suite 2 Travel | 541,836 |

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

34

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (20) James Oliver | | | | | | | | | | |
| (12) Board Member/Speaker | 1.00 0.00 | X | | | | | | 5,000 | 0 | 0 |
| (21) Don Campion | | | | | | | | | | |
| (13) Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (22) Michael Cheatham | | | | | | | | | | |
| (14) Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (23) Corey Furman | | | | | | | | | | |
| (15) Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (24) Melvin Graham | | | | | | | | | | |
| (16) Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (25) Jeff Greene | | | | | | | | | | |
| (17) Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (26) Louis Heitzig | | | | | | | | | | |
| (18) Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (27) Thomas Hodges | | | | | | | | | | |
| (19) Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | | 5,000 | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

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

Section B. Independent Contractors

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (28) Bobby Idol | | | | | | | | | | |
| (12) Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (29) Brian Pauls | | | | | | | | | | |
| (13) Bd Mem/Vice Chairman | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (30) Paul Saber | | | | | | | | | | |
| (14) Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (31) John Scott | | | | | | | | | | |
| (15) Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (32) Robert Shank | | | | | | | | | | |
| (16) Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (33) Richard Williams | | | | | | | | | | |
| (17) Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (34) Sterling Carroll | | | | | | | | | | |
| (18) Treasurer | 1.00 0.00 | | | X | | | | 0 | 0 | 0 |
| (35) James Furman | | | | | | | | | | |
| (19) Assistant Treasurer | 1.00 0.00 | | | X | | | | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|--|------------------------------------|-----------------------------|--|--------------------------------------|---|-------------------|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a Federated campaigns | 1a | 2,674,721 | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | 75,657,200 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1686769976 | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 360,425,993 | | | | | |
| | h Total. Add lines 1a-1f | 1765101897 | | | | | | |
| | Program Service Revenue | 2a BGEA Shared Services | Business Code 900099 | | | | | 4,388,347 |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f All other program service revenue | | | | | | | | |
| g Total. Add lines 2a-2f | | 4,388,347 | | | | | | |
| Other Revenue | | 3 Investment income (including dividends, interest, and other similar amounts) | | | 60,895,810 | | | 60,895,810 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | 52 | | | 52 | |
| | 6a Gross rents | 6a | (i) Real 47,895 | | | | | |
| | b Less: rental expenses | 6b | | | | | | |
| | c Rental inc. or (loss) | 6c | 47,895 | | | | | |
| | d Net rental income or (loss) | | | 47,895 | | | 47,895 | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities 435,448,640 | (ii) Other 1,728,309 | | | | |
| | b Less: cost or other basis and sales exps. | 7b | 427,371,321 | 1,530,025 | | | | |
| | c Gain or (loss) | 7c | 8,077,319 | 198,284 | | | | |
| | d Net gain or (loss) | | | 8,275,603 | | | 8,275,603 | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | b Less: direct expenses | 8b | | | | | | |
| | c Net income or (loss) from fundraising events | | | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | b Less: direct expenses | 9b | | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | 7,573,596 | | | | | | |
| b Less: cost of goods sold | 10b | 6,820,055 | | | | | | |
| c Net income or (loss) from sales of inventory | | | 753,541 | 753,541 | | | | |
| Miscellaneous Revenue | 11a Inherent Contribution | Business Code 900099 | | 19,941 | 19,941 | | | |
| | b Discounts/Other | 900099 | | 14,441 | 14,441 | | | |
| | c | | | | | | | |
| | d All other revenue | | | | | | | |
| | e Total. Add lines 11a-11d | 34,382 | | | | | | |
| 12 Total revenue. See instructions | | | | 1839497527 | 5,176,270 | 0 | 69,219,360 | |

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 16,872,963 | 16,872,963 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,198,952 | 1,198,952 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 383,594,956 | 383,594,956 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 4,098,917 | 2,007,263 | 1,257,907 | 833,747 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 950,093 | 577,478 | 117,151 | 255,464 |
| 7 Other salaries and wages | 189,333,110 | 123,875,498 | 34,355,052 | 31,102,560 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 9,394,361 | 4,981,058 | 2,320,192 | 2,093,111 |
| 9 Other employee benefits | 44,237,500 | 28,555,455 | 8,494,378 | 7,187,667 |
| 10 Payroll taxes | 12,965,008 | 8,099,642 | 2,522,508 | 2,342,858 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 787,019 | 303,699 | 481,704 | 1,616 |
| c Accounting | 405,797 | 257,135 | 148,470 | 192 |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 28,456,311 | 24,127,698 | 2,123,504 | 2,205,109 |
| 12 Advertising and promotion | 27,116,839 | 10,558,717 | 968,930 | 15,589,192 |
| 13 Office expenses | 35,829,318 | 16,514,013 | 4,225,323 | 15,089,982 |
| 14 Information technology | 12,620,475 | 4,481,690 | 6,735,948 | 1,402,837 |
| 15 Royalties | 329,541 | 329,541 | | |
| 16 Occupancy | 21,369,550 | 17,871,609 | 1,923,338 | 1,574,603 |
| 17 Travel | 70,167,358 | 61,335,228 | 3,418,561 | 5,413,569 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 4,322,782 | 3,503,607 | 105,299 | 713,876 |
| 20 Interest | 908 | 610 | 298 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 37,298,394 | 22,666,127 | 7,433,158 | 7,199,109 |
| 23 Insurance | 337,440 | 178,843 | 77,611 | 80,986 |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a Project Mtls/Supplies-Var | 77,050,056 | 76,838,397 | 95,729 | 115,930 |
| b Transpt-Relief/Othr Mtls | 50,208,859 | 50,117,209 | 12,933 | 78,717 |
| c Construction/Rebuild Mtls | 26,197,634 | 26,138,281 | 13,782 | 45,571 |
| d Bibles/Evangelistic Mtls | 20,769,712 | 20,477,733 | 102,410 | 189,569 |
| e All other expenses | 17,281,848 | 17,013,965 | -158,573 | 426,456 |
| 25 Total functional expenses. Add lines 1 through 24e | 1093195701 | 922,477,367 | 76,775,613 | 93,942,721 |
| 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 her <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 23,234,911 | 8,703,426 | 643,711 | 13,887,774 |

Part X Balance Sheet

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

☒

| | | (A) Beginning of year | | (B) End of year |
|--|--|---|-------------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 727,867,600 | 1 | 1354628370 |
| | 2 Savings and temporary cash investments | 1,621,984 | 2 | 1,970,181 |
| | 3 Pledges and grants receivable, net | 10,889,586 | 3 | 12,752,304 |
| | 4 Accounts receivable, net | 9,000,589 | 4 | 13,331,495 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 55,841,942 | 8 | 54,788,638 |
| | 9 Prepaid expenses and deferred charges | 14,565,862 | 9 | 20,566,646 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 648,406,894 | | |
| | b Less: accumulated depreciation | 10b 262,403,010 | 10c | 386,003,884 |
| | 11 Investments—publicly traded securities | 662,899,652 | 11 | 728,534,800 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 15,846,154 | 15 | 16,731,481 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 1826473329 | 16 | 2589307799 | |
| Liabilities | 17 Accounts payable and accrued expenses | 66,900,768 | 17 | 74,223,856 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 45,269,590 | 25 | 50,313,130 |
| | 26 Total liabilities. Add lines 17 through 25 | 112,170,358 | 26 | 124,536,986 |
| | Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | |
| 27 Net assets without donor restrictions | | 1182792399 | 27 | 1450329407 |
| 28 Net assets with donor restrictions | | 531,510,572 | 28 | 1014441406 |
| Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| 29 Capital stock or trust principal, or current funds | | | 29 | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | | | 30 | |
| 31 Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| 32 Total net assets or fund balances | | 1714302971 | 32 | 2464770813 |
| 33 Total liabilities and net assets/fund balances | | 1826473329 | 33 | 2589307799 |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|--|-----------|--------------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1839497527 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1093195701 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 746,301,826 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1714302971 |
| 5 | Net unrealized gains (losses) on investments | 5 | 8,638,993 |
| 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 | -4,472,977 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2464770813 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

| | Yes | No |
|---|-----------|----------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 2c | X |
| 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 |

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

2024**Open to Public
Inspection**

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 875,161,969 | 995,829,881 | 129,275,746 | 114,981,405 | 176,510,189 | 607,866,527 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 875,161,969 | 995,829,881 | 129,275,746 | 114,981,405 | 176,510,189 | 607,866,527 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 607,866,527 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 875,161,969 | 995,829,881 | 129,275,746 | 114,981,405 | 176,510,189 | 607,866,527 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 8,287,141 | 8,127,905 | 15,153,293 | 46,369,083 | 60,943,757 | 138,881,179 |
| 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 | | | | | | 621,754,653 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 55,758,946 |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-------------------------------------|---------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 97.77 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 95.07 % |
| 16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** 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.*

| | Yes | No |
|------------|-----|----|
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

- 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.*
- 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.*

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

- 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).*

| | Yes | No |
|----------|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

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

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

2 Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

| | Yes | No |
|-----------|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

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

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

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D – Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| a From 2019 | | | |
| b From 2020 | | | |
| c From 2021 | | | |
| d From 2022 | | | |
| e From 2023 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2024 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2020 | | | |
| b Excess from 2021 | | | |
| c Excess from 2022 | | | |
| d Excess from 2023 | | | |
| e Excess from 2024 | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Supplemental Information

The Ministry's public charity status is classified as an association of churches (IRS Section 170(b)(1)(A)(i)). The Ministry has selected Schedule A, Part I, Box 7 rather than Box 1 since the nature of the Ministry continues to be that of an organization that receives a substantial part of its support from a governmental unit or from the general public.

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors****Attach to Form 990, 990-EZ, or 990-PF.**
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

Samaritan's Purse**58-1437002****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

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

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

Samaritan's Purse**58-1437002****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | | \$ 75,380,704 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 40,000,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 36,720,153 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

Employer identification number

Samaritan's Purse

58-1437002

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

- | | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
- 4 Number of states where property subject to conservation easement is located
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$
- 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
- | | |
|---|----|
| (i) Revenue included on Form 990, Part VIII, line 1 | \$ |
| (ii) Assets included in Form 990, Part X | \$ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.
- | | |
|---|----|
| a Revenue included on Form 990, Part VIII, line 1 | \$ |
| b Assets included in Form 990, Part X | \$ |

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐ Yes ☐ No

Part V Endowment Funds

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,007,009 | 1,007,009 | 1,007,009 | 1,007,009 | 1,007,009 |
| b Contributions | 3,731,000 | | | | |
| c Net investment earnings, gains, and losses | 191,536 | 130,101 | 75,136 | 264,592 | 113,280 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 191,536 | 130,101 | 75,136 | 264,592 | 113,280 |
| f Administrative expenses | | | | | |
| g End of year balance | 4,738,009 | 1,007,009 | 1,007,009 | 1,007,009 | 1,007,009 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment **100.00** %

c Term endowment %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

| | Yes | No |
|---------------|-----|----------|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 35,057,611 | | 35,057,611 |
| b Buildings | | 264,894,533 | 65,835,183 | 199,059,350 |
| c Leasehold improvements | | | | |
| d Equipment | | 348,454,750 | 196,567,827 | 151,886,923 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 386,003,884 |

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

| 1. (a) Description of liability | (b) Book value |
|---|-------------------|
| (1) Federal income taxes | |
| (2) Planned Giving Program Liability | 50,313,130 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 50,313,130 |

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 ☒

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 | 1860762668 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 8,638,993 |
| b | Donated services and use of facilities | 2b | 17,505,995 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 26,144,988 |
| 3 | Subtract line 2e from line 1 | 3 | 1834617680 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 4,879,847 |
| c | Add lines 4a and 4b | 4c | 4,879,847 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 1839497527 |

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

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

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 1110294826 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 17,505,995 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 17,505,995 |
| 3 | Subtract line 2e from line 1 | 3 | 1092788831 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 406,870 |
| c | Add lines 4a and 4b | 4c | 406,870 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 1093195701 |

Part XIII Supplemental Information

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

Part V, Line 4 - Intended Uses for Endowment Funds

The appreciation and growth of the endowment funds are designated to benefit programs of the Ministry.

Part X - FIN 48 Footnote

The Ministry is exempt from federal income taxes, and contributions to the Ministry are deductible as charitable contributions under Internal Revenue Code Section 170.

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

The Ministry has determined that it does not have any material unrecognized tax benefits or obligations as of December 31, 2024.

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

| | |
|-------------------------------------|--------------|
| Planned Giving Beneficiary Payments | \$ 4,472,977 |
| Planned Giving Admin. Fees | \$ 406,870 |

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

**SCHEDULE F
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

Samaritan's Purse**58-1437002****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| Central America/Caribbean | | | | | |
| (1) | 1 | 116 | Program Svcs | ComDev/Child/EmerRlf | 7,046,117 |
| Central America/Caribbean | | | | | |
| (2) | | | Grants | | 42,728,361 |
| East Asia/Pacific | | | | | |
| (3) | 9 | 328 | Program Svcs | ChristEd/ComDev/ERlf | 9,941,996 |
| East Asia/Pacific | | | | | |
| (4) | | | Grants | | 34,884,327 |
| Europe | | | | | |
| (5) | 2 | 93 | Program Svcs | ComDev/EmerRlf/Med | 485,117 |
| Europe | | | | | |
| (6) | | | Grants | | 3,281,883 |
| Middle East & North Africa | | | | | |
| (7) | 4 | 435 | Program Svcs | ComDev/EmerRlf/Med | 19,578,835 |
| Middle East & North Africa | | | | | |
| (8) | | | Grants | | 17,123,458 |
| North America | | | | | |
| (9) | | 45 | Program Svcs | EmerRlf/Med | 836,880 |
| North America | | | | | |
| (10) | | | Grants | | 27,655,332 |
| Russia & Neighboring States | | | | | |
| (11) | 1 | 211 | Program Svcs | Ukraine/NeighStRlf | 21,604,359 |
| Russia & Neighboring States | | | | | |
| (12) | | | Grants | | 26,600,364 |
| South America | | | | | |
| (13) | 2 | 256 | Program Svcs | ComDev/EmerRlf/Med | 9,860,468 |
| South America | | | | | |
| (14) | | | Grants | | 54,596,492 |
| South Asia | | | | | |
| (15) | 1 | 5 | Program Svcs | Child/ChristEd/Med | 162,899 |
| South Asia | | | | | |
| (16) | | | Grants | | 5,512,777 |
| Sub-Saharan Africa | | | | | |
| (17) | 8 | 2,366 | Program Svcs | ComDev/EmerRlf/Med | 130,933,921 |
| 3a Subtotal | 28 | 3,855 | | | 412,833,586 |
| b Total from continuation sheets to Part I | | | | | 171,211,962 |
| c Totals (add lines 3a and 3b) | 28 | 3,855 | | | 584,045,548 |

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

Schedule F (Form 990) (Rev. 12-2024)

SCHEDULE F
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

Open to Public
Inspection

Employer identification number
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.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|--|-------------------------------------|--|--|--|--|
| Sub-Saharan Africa | | | Grants | | 171,211,962 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
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| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | | | | | 171,211,962 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | |

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

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|------|--------------------------|--|----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Sub-Saharan Africa | Medical Assistance | 17,325,196 | Wire | | | |
| (2) | | | Middle East & North Africa | Emergency Relief | 2,423,474 | Wire | | | |
| (3) | | | Sub-Saharan Africa | Community Develop. | 1,941,282 | Wire | | | |
| (4) | | | Middle East & North Africa | Emergency Relief | 1,858,889 | Wire | | | |
| (5) | | | Middle East & North Africa | Christian Education | 1,711,096 | Wire | | | |
| (6) | | | Middle East & North Africa | Emergency Relief | 1,616,299 | Wire | | | |
| (7) | | | Middle East & North Africa | Medical Assistance | 1,481,022 | ACH | | | |
| (8) | | | North America | Emergency Relief | 1,394,905 | Wire | | | |
| (9) | | | Middle East & North Africa | Christian Education | 1,277,012 | Wire | | | |
| (10) | | | Europe | Emergency Relief | 902,344 | Wire | | | |
| (11) | | | Middle East & North Africa | Emergency Relief | 853,330 | Wire | | | |
| (12) | | | Sub-Saharan Africa | Christian Education | 641,750 | Check/Wire | | | |
| (13) | | | South America | Emergency Relief | 563,636 | Wire | | | |
| (14) | | | Middle East & North Africa | Christian Education | 552,554 | Wire | | | |
| (15) | | | Central America/Caribbean | Children's Ministry | 523,329 | Cash/Wire | | | |
| (16) | | | Sub-Saharan Africa | Christian Education | 483,046 | Wire | | | |

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449

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.

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|------|--------------------------|--|-----------------------------|------------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Middle East | Children's Ministry & North Africa | 471,010 | Wire | | | |
| (2) | | | South America | Christian Education | 432,000 | Wire | | | |
| (3) | | | South Asia | Medical Assistance | 422,288 | Wire | | | |
| (4) | | | Russia & Neighboring States | Ukraine-Medical Asst | 376,388 | Wire | | | |
| (5) | | | East Asia/Pacific | Community Develop. | 369,174 | Wire | | | |
| (6) | | | Middle East & North Africa | Emergency Relief | 360,979 | Wire | | | |
| (7) | | | Middle East & North Africa | Christian Education | 355,950 | Wire | | | |
| (8) | | | Sub-Saharan Africa | Community Develop. | 355,300 | Wire | | | |
| (9) | | | East Asia/Pacific | Emergency Relief | 350,000 | Wire | | | |
| (10) | | | South Asia | Emergency Relief | 298,501 | Wire | | | |
| (11) | | | Sub-Saharan Africa | Emergency Relief | 275,065 | Wire | | | |
| (12) | | | North America | Emergency Relief | 243,875 | Wire | | | |
| (13) | | | Middle East & North Africa | Medical Assistance | 232,000 | Wire | | | |
| (14) | | | Russia & Neighboring States | Ukraine-Christ Educ | 224,293 | Wire | | | |
| (15) | | | Middle East & North Africa | Children's Ministry | 212,511 | Wire | | | |
| (16) | | | Sub-Saharan Africa | Medical Assistance | 200,000 | Wire | | | |

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|------|--------------------------|--|-----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Russia & Neighboring States | Ukraine-Medical Asst | 209,732 | Wire | | | |
| (2) | | | South America | Children's Ministry | 204,946 | Wire | | | |
| (3) | | | South America | Children's Ministry | 204,442 | Wire | | | |
| (4) | | | Middle East & North Africa | Christian Education | 200,000 | Wire | | | |
| (5) | | | Sub-Saharan Africa | Christian Education | 200,000 | ACH | | | |
| (6) | | | Middle East & North Africa | Medical Assistance | 199,300 | Wire | | | |
| (7) | | | South America | Children's Ministry | 197,079 | Wire | | | |
| (8) | | | Russia & Neighboring States | Ukraine-Mission Asst | 185,400 | Wire | | | |
| (9) | | | Middle East & North Africa | Emergency Relief | 180,614 | Wire | | | |
| (10) | | | Russia & Neighboring States | Ukraine-Children Min | 175,000 | ACH | | | |
| (11) | | | Sub-Saharan Africa | Medical Assistance | 175,000 | ACH | | | |
| (12) | | | Sub-Saharan Africa | Community Develop. | 169,500 | Wire | | | |
| (13) | | | Sub-Saharan Africa | Community Develop. | 166,796 | Check | | | |
| (14) | | | South Asia | Emergency Relief | 147,750 | ACH | | | |
| (15) | | | Sub-Saharan Africa | Children's Ministry | 135,260 | WIRE | | | |
| (16) | | | Middle East & North Africa | Medical Assistance | 133,181 | ACH | | | |

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|------|--------------------------|--|-----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Sub-Saharan Africa | Emergency Relief | 130,874 | Check | | | |
| (2) | | | Russia & Neighboring States | Ukraine Relief | 130,114 | Wire | | | |
| (3) | | | Middle East & North Africa | Emergency Relief | 130,000 | Wire | | | |
| (4) | | | Middle East & North Africa | Emergency Relief | 126,951 | Wire | | | |
| (5) | | | Central America/Caribbean | Children's Ministry | 122,702 | Wire | | | |
| (6) | | | East Asia/Pacific | Emergency Relief | 122,645 | Check | | | |
| (7) | | | Sub-Saharan Africa | Children's Ministry | 121,605 | Wire | | | |
| (8) | | | Middle East & North Africa | Community Develop. | 120,000 | Wire | | | |
| (9) | | | East Asia/Pacific | Children's Ministry | 117,878 | Wire | | | |
| (10) | | | Sub-Saharan Africa | Christian Education | 117,800 | Wire | | | |
| (11) | | | South Asia | Emergency Relief | 115,554 | Wire | | | |
| (12) | | | Sub-Saharan Africa | Emergency Relief | 106,493 | Check | | | |
| (13) | | | Sub-Saharan Africa | Children's Ministry | 104,125 | Wire | | | |
| (14) | | | Sub-Saharan Africa | Children's Ministry | 103,406 | Wire | | | |
| (15) | | | Sub-Saharan Africa | Children's Ministry | 101,604 | Wire | | | |
| (16) | | | Middle East & North Africa | Emergency Relief | 101,561 | Wire | | | |

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|------|--------------------------|--|--------------------|---|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Middle East | Christian Education & North Africa | 100,000 | ACH | | | |
| (2) | | | Middle East | Emergency Relief & North Africa | 100,000 | Wire | | | |
| (3) | | | Middle East | Christian Education & North Africa | 100,000 | Wire | | | |
| (4) | | | Middle East | Emergency Relief & North Africa | 100,000 | Wire | | | |
| (5) | | | Sub-Saharan Africa | Christian Education | 99,149 | Wire | | | |
| (6) | | | Sub-Saharan Africa | Christian Education | 92,515 | Wire | | | |
| (7) | | | Russia & | Ukraine Relief Neighboring States | 90,797 | Wire | | | |
| (8) | | | East Asia/Pacific | Emergency Relief | 90,000 | Wire | | | |
| (9) | | | Middle East | Children's Ministry & North Africa | 85,000 | Wire | | | |
| (10) | | | Sub-Saharan Africa | Children's Ministry | 83,000 | ACH | | | |
| (11) | | | Sub-Saharan Africa | Children's Ministry | 82,283 | Wire | | | |
| (12) | | | Middle East | Emergency Relief & North Africa | 81,249 | Wire | | | |
| (13) | | | Russia & | Ukraine-Medical Asst Neighboring States | 80,000 | ACH | | | |
| (14) | | | East Asia/Pacific | Children's Ministry | 79,485 | Wire | | | |
| (15) | | | Russia & | Ukraine-Medical Asst Neighboring States | 79,093 | Wire | | | |
| (16) | | | Sub-Saharan Africa | Children's Ministry | 77,279 | Wire | | | |

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|------|--------------------------|--|-----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Central America/Caribbean | Children's Ministry | 77,128 | Wire | | | |
| (2) | | | Middle East & North Africa | Emergency Relief | 75,300 | Wire | | | |
| (3) | | | Middle East & North Africa | Emergency Relief | 72,750 | ACH | | | |
| (4) | | | South America | Children's Ministry | 72,340 | Wire | | | |
| (5) | | | Sub-Saharan Africa | Medical Assistance | 71,696 | Check | | | |
| (6) | | | Russia & Neighboring States | Ukraine-Children Min | 71,657 | Check | | | |
| (7) | | | South America | Emergency Relief | 71,536 | ACH | | | |
| (8) | | | Sub-Saharan Africa | Christian Education | 71,397 | Wire | | | |
| (9) | | | Europe | Emergency Relief | 70,805 | Wire | | | |
| (10) | | | Sub-Saharan Africa | Christian Education | 70,615 | Wire | | | |
| (11) | | | East Asia/Pacific | Emergency Relief | 70,473 | Wire | | | |
| (12) | | | Middle East & North Africa | Christian Education | 70,000 | Wire | | | |
| (13) | | | Middle East & North Africa | Emergency Relief | 70,000 | Wire | | | |
| (14) | | | Middle East & North Africa | Emergency Relief | 69,500 | Wire | | | |
| (15) | | | Sub-Saharan Africa | Medical Assistance | 69,095 | Wire | | | |
| (16) | | | Central America/Caribbean | Children's Ministry | 66,181 | Wire | | | |

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|------|--------------------------|--|-----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Central America/Caribbean | Children's Ministry | 65,451 | Wire | | | |
| (2) | | | Sub-Saharan Africa | Medical Assistance | 63,975 | Check | | | |
| (3) | | | Russia & Neighboring States | Ukraine Relief | 60,216 | Wire | | | |
| (4) | | | Sub-Saharan Africa | Christian Education | 60,000 | Wire | | | |
| (5) | | | Central America/Caribbean | Children's Ministry | 59,683 | Wire | | | |
| (6) | | | Sub-Saharan Africa | Children's Ministry | 59,107 | Wire | | | |
| (7) | | | Sub-Saharan Africa | Community Develop. | 57,086 | Check | | | |
| (8) | | | Sub-Saharan Africa | Community Develop. | 56,250 | ACH | | | |
| (9) | | | South Asia | Children's Ministry | 55,000 | Wire | | | |
| (10) | | | Sub-Saharan Africa | Children's Ministry | 55,000 | Wire | | | |
| (11) | | | Sub-Saharan Africa | Medical Assistance | 54,969 | Wire | | | |
| (12) | | | East Asia/Pacific | Emergency Relief | 54,533 | Check | | | |
| (13) | | | Europe | Emergency Relief | 54,044 | Wire | | | |
| (14) | | | Sub-Saharan Africa | Christian Education | 53,830 | Wire | | | |
| (15) | | | Sub-Saharan Africa | Children's Ministry | 53,780 | Wire | | | |
| (16) | | | Middle East & North Africa | Emergency Relief | 53,320 | Wire | | | |

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|------|--------------------------|--|-----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Sub-Saharan Africa | Children's Ministry | 53,286 | Wire | | | |
| (2) | | | Middle East & North Africa | Emergency Relief | 52,500 | Wire | | | |
| (3) | | | Middle East & North Africa | Emergency Relief | 50,781 | Wire | | | |
| (4) | | | South Asia | Emergency Relief | 50,000 | ACH | | | |
| (5) | | | Middle East & North Africa | Emergency Relief | 50,000 | Wire | | | |
| (6) | | | Middle East & North Africa | Community Develop. | 50,000 | Wire | | | |
| (7) | | | Russia & Neighboring States | Ukraine Relief | 50,000 | ACH | | | |
| (8) | | | South America | Community Develop. | 50,000 | ACH | | | |
| (9) | | | Russia & Neighboring States | Ukraine-Medical Asst | 50,000 | Wire | | | |
| (10) | | | Middle East & North Africa | Missionary Assist. | 50,000 | ACH | | | |
| (11) | | | East Asia/Pacific | Christian Education | 49,242 | Check | | | |
| (12) | | | Sub-Saharan Africa | Children's Ministry | 48,067 | Wire | | | |
| (13) | | | Middle East & North Africa | Christian Education | 47,850 | Wire | | | |
| (14) | | | Europe | Medical Assistance | 47,188 | Wire | | | |
| (15) | | | Sub-Saharan Africa | Christian Education | 46,018 | Wire | | | |
| (16) | | | East Asia/Pacific | Children's Ministry | 46,000 | Wire | | | |

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|------|--------------------------|--|-----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Sub-Saharan Africa | Children's Ministry | 45,393 | Wire | | | |
| (2) | | | Middle East & North Africa | Emergency Relief | 44,289 | ACH | | | |
| (3) | | | Sub-Saharan Africa | Children's Ministry | 42,900 | ACH | | | |
| (4) | | | East Asia/Pacific | Medical Assistance | 42,800 | ACH | | | |
| (5) | | | Russia & Neighboring States | Ukraine-Children Min | 42,000 | ACH | | | |
| (6) | | | Middle East & North Africa | Christian Education | 42,000 | Wire | | | |
| (7) | | | Sub-Saharan Africa | Community Develop. | 41,977 | Check | | | |
| (8) | | | Sub-Saharan Africa | Medical Assistance | 41,335 | Wire | | | |
| (9) | | | South Asia | Emergency Relief | 41,282 | Wire | | | |
| (10) | | | Middle East & North Africa | Emergency Relief | 40,800 | Wire | | | |
| (11) | | | Sub-Saharan Africa | Children's Ministry | 40,484 | Wire | | | |
| (12) | | | Russia & Neighboring States | Ukraine-Children Min | 40,000 | Wire | | | |
| (13) | | | Sub-Saharan Africa | Community Develop. | 40,000 | Wire | | | |
| (14) | | | East Asia/Pacific | Emergency Relief | 39,916 | Check | | | |
| (15) | | | East Asia/Pacific | Children's Ministry | 39,500 | Wire | | | |
| (16) | | | Sub-Saharan Africa | Medical Assistance | 38,521 | Wire | | | |

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| (1) | | | East Asia/Pacific | Medical Assistance | 37,950 | Check | | | |
| (2) | | | Sub-Saharan Africa | Children's Ministry | 37,767 | Wire | | | |
| (3) | | | Middle East & North Africa | Emergency Relief | 36,313 | Wire | | | |
| (4) | | | Sub-Saharan Africa | Children's Ministry | 35,546 | Wire | | | |
| (5) | | | South Asia | Emergency Relief | 35,079 | ACH | | | |
| (6) | | | Middle East & North Africa | Emergency Relief | 35,000 | Wire | | | |
| (7) | | | Sub-Saharan Africa | Medical Assistance | 34,453 | ACH | | | |
| (8) | | | Sub-Saharan Africa | Medical Assistance | 33,057 | ACH | | | |
| (9) | | | South Asia | Emergency Relief | 32,969 | Wire | | | |
| (10) | | | Sub-Saharan Africa | Medical Assistance | 32,700 | Wire | | | |
| (11) | | | Central America/Caribbean | Medical Assistance | 32,662 | Wire | | | |
| (12) | | | South Asia | Children's Ministry | 32,000 | Wire | | | |
| (13) | | | Central America/Caribbean | Community Develop. | 32,000 | Wire | | | |
| (14) | | | Middle East & North Africa | Emergency Relief | 32,000 | Wire | | | |
| (15) | | | Sub-Saharan Africa | Medical Assistance | 31,858 | Wire | | | |
| (16) | | | Sub-Saharan Africa | Christian Education | 31,800 | Wire | | | |

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| (1) | | | East Asia/Pacific | Children's Ministry | 30,600 | Wire | | | |
| (2) | | | Middle East & North Africa | Emergency Relief | 30,468 | Wire | | | |
| (3) | | | South Asia | Children's Ministry | 30,000 | Wire | | | |
| (4) | | | Central America/Caribbean | Children's Ministry | 30,000 | Wire | | | |
| (5) | | | South America | Children's Ministry | 30,000 | Wire | | | |
| (6) | | | Sub-Saharan Africa | Medical Assistance | 30,000 | Wire | | | |
| (7) | | | Sub-Saharan Africa | Children's Ministry | 29,047 | Check/Wire | | | |
| (8) | | | Sub-Saharan Africa | Children's Ministry | 28,890 | Wire | | | |
| (9) | | | Sub-Saharan Africa | Community Develop. | 28,772 | Check | | | |
| (10) | | | East Asia/Pacific | Community Develop. | 28,102 | Cash | | | |
| (11) | | | South Asia | Emergency Relief | 27,500 | Wire | | | |
| (12) | | | Sub-Saharan Africa | Children's Ministry | 27,202 | Wire | | | |
| (13) | | | Russia & Neighboring States | Ukraine-Children Min | 27,000 | Wire | | | |
| (14) | | | Sub-Saharan Africa | Children's Ministry | 27,000 | ACH | | | |
| (15) | | | Central America/Caribbean | Community Develop. | 26,500 | Wire | | | |
| (16) | | | Russia & Neighboring States | Ukraine-Children Min | 26,000 | Wire | | | |

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|------|--------------------------|--|-----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Sub-Saharan Africa | Children's Ministry | 26,000 | Wire | | | |
| (2) | | | Middle East & North Africa | Children's Ministry | 25,688 | Check | | | |
| (3) | | | South America | Children's Ministry | 25,302 | Check/Wire | | | |
| (4) | | | Middle East & North Africa | Emergency Relief | 25,240 | Wire | | | |
| (5) | | | Sub-Saharan Africa | Children's Ministry | 25,000 | ACH | | | |
| (6) | | | East Asia/Pacific | Community Develop. | 25,000 | Wire | | | |
| (7) | | | Central America/Caribbean | Medical Assistance | 25,000 | ACH | | | |
| (8) | | | Middle East & North Africa | Children's Ministry | 25,000 | ACH | | | |
| (9) | | | Middle East & North Africa | Community Develop. | 25,000 | ACH | | | |
| (10) | | | South America | Children's Ministry | 25,000 | Wire | | | |
| (11) | | | Europe | Emergency Relief | 24,943 | ACH | | | |
| (12) | | | South America | Medical Assistance | 24,839 | Wire | | | |
| (13) | | | Sub-Saharan Africa | Children's Ministry | 24,727 | Wire | | | |
| (14) | | | Middle East & North Africa | Emergency Relief | 24,667 | ACH | | | |
| (15) | | | Russia & Neighboring States | Ukraine-Children Min | 24,000 | Wire | | | |
| (16) | | | Sub-Saharan Africa | Christian Education | 23,850 | Wire | | | |

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

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|------|--------------------------|--|-----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Russia & Neighboring States | Ukraine Relief | 23,735 | Wire | | | |
| (2) | | | Middle East & North Africa | Community Develop. | 23,672 | Wire | | | |
| (3) | | | Sub-Saharan Africa | Children's Ministry | 23,603 | Wire | | | |
| (4) | | | Sub-Saharan Africa | Community Develop. | 23,460 | Wire | | | |
| (5) | | | Sub-Saharan Africa | Children's Ministry | 23,082 | Wire | | | |
| (6) | | | Europe | Children's Ministry | 22,805 | Wire | | | |
| (7) | | | East Asia/Pacific | Medical Assistance | 22,560 | Check | | | |
| (8) | | | Sub-Saharan Africa | Children's Ministry | 22,420 | Wire | | | |
| (9) | | | Sub-Saharan Africa | Christian Education | 22,000 | Wire | | | |
| (10) | | | South America | Children's Ministry | 22,000 | Wire | | | |
| (11) | | | Sub-Saharan Africa | Christian Education | 21,500 | ACH | | | |
| (12) | | | Sub-Saharan Africa | Children's Ministry | 21,104 | Wire | | | |
| (13) | | | Europe | Emergency Relief | 20,897 | Wire | | | |
| (14) | | | Sub-Saharan Africa | Community Develop. | 20,657 | Check | | | |
| (15) | | | North America | Community Develop. | 20,635 | Wire | | | |
| (16) | | | South America | Children's Ministry | 20,608 | Wire | | | |

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|------|--------------------------|--|-----------------------------|------------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Middle East | Children's Ministry & North Africa | 20,550 | Wire | | | |
| (2) | | | East Asia/Pacific | Community Develop. | 20,511 | Check | | | |
| (3) | | | Middle East | Missionary Assist. & North Africa | 20,460 | Wire | | | |
| (4) | | | Sub-Saharan Africa | Children's Ministry | 20,292 | Wire | | | |
| (5) | | | South America | Community Develop. | 20,000 | Wire | | | |
| (6) | | | South Asia | Emergency Relief | 20,000 | Wire | | | |
| (7) | | | South Asia | Emergency Relief | 20,000 | Wire | | | |
| (8) | | | South Asia | Children's Ministry | 20,000 | Wire | | | |
| (9) | | | South America | Christian Education | 19,950 | ACH | | | |
| (10) | | | East Asia/Pacific | Christian Education | 19,631 | Check | | | |
| (11) | | | Sub-Saharan Africa | Children's Ministry | 19,481 | Wire | | | |
| (12) | | | Middle East & North Africa | Christian Education | 19,100 | Wire | | | |
| (13) | | | Sub-Saharan Africa | Christian Education | 18,841 | ACH | | | |
| (14) | | | Russia & Neighboring States | Neighbor State-Child | 18,679 | Check | | | |
| (15) | | | Middle East & North Africa | Christian Education | 18,000 | Wire | | | |
| (16) | | | Sub-Saharan Africa | Children's Ministry | 17,904 | Wire | | | |

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|------|--------------------------|--|----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Sub-Saharan Africa | Children's Ministry | 17,252 | Wire | | | |
| (2) | | | Middle East & North Africa | Community Develop. | 17,000 | Wire | | | |
| (3) | | | Sub-Saharan Africa | Children's Ministry | 17,000 | ACH | | | |
| (4) | | | Central America/Caribbean | Emergency Relief | 17,000 | Wire | | | |
| (5) | | | Sub-Saharan Africa | Children's Ministry | 16,889 | Wire | | | |
| (6) | | | East Asia/Pacific | Children's Ministry | 16,796 | Check/Wire | | | |
| (7) | | | Sub-Saharan Africa | Medical Assistance | 16,477 | Check | | | |
| (8) | | | Sub-Saharan Africa | Medical Assistance | 16,181 | Wire | | | |
| (9) | | | Central America/Caribbean | Christian Education | 16,171 | ACH | | | |
| (10) | | | South America | Children's Ministry | 16,048 | Wire | | | |
| (11) | | | Sub-Saharan Africa | Christian Education | 15,600 | Wire | | | |
| (12) | | | Sub-Saharan Africa | Medical Assistance | 15,383 | Check | | | |
| (13) | | | Middle East & North Africa | Emergency Relief | 15,156 | Wire | | | |
| (14) | | | Middle East & North Africa | Emergency Relief | 15,156 | Wire | | | |
| (15) | | | Sub-Saharan Africa | Children's Ministry | 15,000 | Wire | | | |
| (16) | | | Sub-Saharan Africa | Missionary Assist. | 15,000 | Wire | | | |

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| (1) | | | Middle East | Christian Education & North Africa | 15,000 | Wire | | | |
| (2) | | | Sub-Saharan Africa | Community Develop. | 15,000 | ACH | | | |
| (3) | | | Middle East | Christian Education & North Africa | 15,000 | Wire | | | |
| (4) | | | Sub-Saharan Africa | Children's Ministry | 15,000 | Wire | | | |
| (5) | | | Middle East | Emergency Relief & North Africa | 15,000 | ACH | | | |
| (6) | | | Sub-Saharan Africa | Medical Assistance | 14,158 | Check | | | |
| (7) | | | Sub-Saharan Africa | Children's Ministry | 13,618 | Wire | | | |
| (8) | | | Middle East | Emergency Relief & North Africa | 13,328 | Wire | | | |
| (9) | | | Middle East | Christian Education & North Africa | 13,300 | Wire | | | |
| (10) | | | South America | Emergency Relief | 13,230 | Wire | | | |
| (11) | | | Sub-Saharan Africa | Christian Education | 13,200 | ACH | | | |
| (12) | | | Sub-Saharan Africa | Medical Assistance | 13,176 | Check | | | |
| (13) | | | South Asia | Christian Education | 13,000 | Wire | | | |
| (14) | | | Europe | Children's Ministry | 13,000 | Wire | | | |
| (15) | | | Sub-Saharan Africa | Community Develop. | 12,983 | Check | | | |
| (16) | | | Sub-Saharan Africa | Children's Ministry | 12,816 | Wire | | | |

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|------|--------------------------|--|-----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Europe | Christian Education | 12,814 | Wire | | | |
| (2) | | | Middle East & North Africa | Christian Education | 12,765 | Wire | | | |
| (3) | | | Sub-Saharan Africa | Christian Education | 12,748 | Wire | | | |
| (4) | | | Sub-Saharan Africa | Children's Ministry | 12,630 | Wire | | | |
| (5) | | | Sub-Saharan Africa | Christian Education | 12,630 | ACH | | | |
| (6) | | | East Asia/Pacific | Children's Ministry | 12,507 | Wire | | | |
| (7) | | | Russia & Neighboring States | Ukraine Relief | 12,225 | Wire | | | |
| (8) | | | South Asia | Children's Ministry | 12,000 | Wire | | | |
| (9) | | | Sub-Saharan Africa | Children's Ministry | 12,000 | Wire | | | |
| (10) | | | South America | Children's Ministry | 11,995 | Wire | | | |
| (11) | | | Sub-Saharan Africa | Emergency Relief | 11,960 | Check | | | |
| (12) | | | South America | Children's Ministry | 11,941 | Check | | | |
| (13) | | | Sub-Saharan Africa | Community Develop. | 11,834 | Check | | | |
| (14) | | | South Asia | Children's Ministry | 11,814 | Wire | | | |
| (15) | | | East Asia/Pacific | Children's Ministry | 11,510 | Wire | | | |
| (16) | | | Sub-Saharan Africa | Children's Ministry | 11,396 | Wire | | | |

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|------|--------------------------|--|-----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Sub-Saharan Africa | Christian Education | 11,340 | Wire | | | |
| (2) | | | Sub-Saharan Africa | Community Develop. | 11,245 | Check | | | |
| (3) | | | Sub-Saharan Africa | Children's Ministry | 10,752 | Wire | | | |
| (4) | | | South America | Children's Ministry | 10,640 | Wire | | | |
| (5) | | | Sub-Saharan Africa | Christian Education | 10,458 | Wire | | | |
| (6) | | | Russia & Neighboring States | Neighbor State-Child | 10,228 | ACH | | | |
| (7) | | | South Asia | Community Develop. | 10,000 | ACH | | | |
| (8) | | | Central America/Caribbean | Children's Ministry | 10,000 | Wire | | | |
| (9) | | | Middle East & North Africa | Emergency Relief | 10,000 | Wire | | | |
| (10) | | | Central America/Caribbean | Medical Assistance | 10,000 | ACH | | | |
| (11) | | | East Asia/Pacific | Community Develop. | 10,000 | ACH | | | |
| (12) | | | Sub-Saharan Africa | Christian Education | 10,000 | Wire | | | |
| (13) | | | East Asia/Pacific | Emergency Relief | 10,000 | Wire | | | |
| (14) | | | Middle East & North Africa | Emergency Relief | 10,000 | Wire | | | |
| (15) | | | Sub-Saharan Africa | Christian Education | 10,000 | ACH | | | |
| (16) | | | Sub-Saharan Africa | Children's Ministry | 10,000 | Wire | | | |

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|------|--------------------------|--|-----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Central America/Caribbean | Children's Ministry | 10,000 | Wire | | | |
| (2) | | | Sub-Saharan Africa | Medical Assistance | 9,893 | Check | | | |
| (3) | | | South Asia | Children's Ministry | 9,807 | Wire | | | |
| (4) | | | Europe | Children's Ministry | 9,785 | Wire | | | |
| (5) | | | Sub-Saharan Africa | Community Develop. | 9,702 | Check | | | |
| (6) | | | North America | Christian Education | 9,660 | ACH | | | |
| (7) | | | South America | Children's Ministry | 9,648 | Wire | | | |
| (8) | | | Central America/Caribbean | Children's Ministry | 9,448 | Wire | | | |
| (9) | | | Sub-Saharan Africa | Community Develop. | 9,330 | Check | | | |
| (10) | | | Sub-Saharan Africa | Christian Education | 9,240 | Wire | | | |
| (11) | | | East Asia/Pacific | Children's Ministry | 9,149 | Wire | | | |
| (12) | | | Middle East & North Africa | Christian Education | 9,000 | Wire | | | |
| (13) | | | Middle East & North Africa | Christian Education | 9,000 | Wire | | | |
| (14) | | | Middle East & North Africa | Emergency Relief | 8,966 | Wire | | | |
| (15) | | | Sub-Saharan Africa | Emergency Relief | 8,884 | Wire | | | |
| (16) | | | Russia & Neighboring States | Ukraine-Medical Asst | 8,646 | Wire | | | |

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|------|--------------------------|--|-----------------------------|------------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Middle East | Emergency Relief & North Africa | 8,633 | Wire | | | |
| (2) | | | Central America | Emergency Relief Caribbean | 8,500 | Wire | | | |
| (3) | | | Sub-Saharan Africa | Children's Ministry | 8,423 | Wire | | | |
| (4) | | | East Asia/Pacific | Emergency Relief | 8,297 | Check | | | |
| (5) | | | Russia & Neighboring States | Ukraine-Medical Asst | 7,793 | Wire | | | |
| (6) | | | Sub-Saharan Africa | Emergency Relief | 7,734 | Check | | | |
| (7) | | | Sub-Saharan Africa | Emergency Relief | 7,734 | Check | | | |
| (8) | | | Sub-Saharan Africa | Emergency Relief | 7,734 | Check | | | |
| (9) | | | Russia & Neighboring States | Ukraine-Medical Asst | 7,544 | Wire | | | |
| (10) | | | Middle East | Emergency Relief & North Africa | 7,500 | Wire | | | |
| (11) | | | Russia & Neighboring States | Neighbor State-Child | 7,420 | ACH | | | |
| (12) | | | East Asia/Pacific | Community Develop. | 7,272 | Check | | | |
| (13) | | | Russia & Neighboring States | Neighbor State-Child | 7,266 | ACH | | | |
| (14) | | | Sub-Saharan Africa | Community Develop. | 7,265 | Check | | | |
| (15) | | | Central America | Emergency Relief Caribbean | 7,265 | Wire | | | |
| (16) | | | Middle East | Children's Ministry & North Africa | 6,841 | Check/Wire | | | |

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|------|--------------------------|--|----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Sub-Saharan Africa | Christian Education | 6,799 | Check | | | |
| (2) | | | Sub-Saharan Africa | Christian Education | 6,782 | Check | | | |
| (3) | | | Sub-Saharan Africa | Children's Ministry | 6,677 | Wire | | | |
| (4) | | | South Asia | Christian Education | 6,676 | Wire | | | |
| (5) | | | Sub-Saharan Africa | Christian Education | 6,675 | Wire | | | |
| (6) | | | South America | Children's Ministry | 6,380 | Check | | | |
| (7) | | | Sub-Saharan Africa | Christian Education | 6,313 | Wire | | | |
| (8) | | | Europe | Children's Ministry | 6,147 | Wire | | | |
| (9) | | | Middle East & North Africa | Christian Education | 6,100 | Wire | | | |
| (10) | | | Middle East & North Africa | Emergency Relief | 6,094 | Wire | | | |
| (11) | | | Sub-Saharan Africa | Medical Assistance | 6,000 | Check | | | |
| (12) | | | Sub-Saharan Africa | Children's Ministry | 6,000 | Wire | | | |
| (13) | | | Sub-Saharan Africa | Christian Education | 6,000 | Wire | | | |
| (14) | | | Sub-Saharan Africa | Christian Education | 6,000 | ACH | | | |
| (15) | | | Sub-Saharan Africa | Children's Ministry | 5,912 | Wire | | | |
| (16) | | | Central America/Caribbean | Children's Ministry | 5,822 | Wire | | | |

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| (1) | | | South America | Children's Ministry | 5,628 | Wire | | | |
| (2) | | | South America | Emergency Relief | 5,544 | Cash | | | |
| (3) | | | Europe | Children's Ministry | 5,351 | Wire | | | |
| (4) | | | Central America/Caribbean | Children's Ministry | 5,328 | Wire | | | |
| (5) | | | Europe | Emergency Relief | 5,272 | Wire | | | |
| (6) | | | Sub-Saharan Africa | Emergency Relief | 5,227 | Check | | | |
| (7) | | | Europe | Children's Ministry | 5,060 | Wire | | | |
| (8) | | | Sub-Saharan Africa | Medical Assistance | | | 217,268 | Med/Relief | FMV Mtls |
| (9) | | | Sub-Saharan Africa | Medical Assistance | | | 132,739 | Med/Relief | FMV Mtls |
| (10) | | | Russia & Neighboring States | Medical Assistance | | | 126,651 | Ukraine Relief | FMV |
| (11) | | | Sub-Saharan Africa | Medical Assistance | | | 113,026 | Med/Relief | FMV Mtls |
| (12) | | | Sub-Saharan Africa | Medical Assistance | | | 105,953 | Med/Relief | FMV Mtls |
| (13) | | | Sub-Saharan Africa | Medical Assistance | | | 102,014 | Med/Relief | FMV Mtls |
| (14) | | | Sub-Saharan Africa | Medical Assistance | | | 100,537 | Med/Relief | FMV Mtls |
| (15) | | | Sub-Saharan Africa | Medical Assistance | | | 90,916 | Med/Relief | FMV Mtls |
| (16) | | | Middle East & North Africa | Medical Assistance | | | 90,588 | Med/Relief | FMV Mtls |

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| (1) | | | Sub-Saharan Africa | Medical Assistance | | | 86,283 | Med/Relief | FMV Mtls |
| (2) | | | Sub-Saharan Africa | Medical Assistance | | | 72,956 | Med/Relief | FMV Mtls |
| (3) | | | Sub-Saharan Africa | Medical Assistance | | | 65,149 | Med/Relief | FMV Mtls |
| (4) | | | East Asia/Pacific | Medical Assistance | | | 59,631 | Med/Relief | FMV Mtls |
| (5) | | | Central America/Caribbean | Medical Assistance | | | 59,357 | Med/Relief | FMV Mtls |
| (6) | | | Central America/Caribbean | Medical Assistance | | | 55,220 | Med/Relief | FMV Mtls |
| (7) | | | Russia & Neighboring States | Medical Assistance | | | 49,968 | Ukraine Relief | FMV |
| (8) | | | North America-Mexico | Medical Assistance | | | 34,273 | Med/Relief | FMV Mtls |
| (9) | | | Sub-Saharan Africa | Medical Assistance | | | 28,236 | Med/Relief | FMV Mtls |
| (10) | | | Central America/Caribbean | Medical Assistance | | | 27,755 | Med/Relief | FMV Mtls |
| (11) | | | Sub-Saharan Africa | Medical Assistance | | | 22,940 | Med/Relief | FMV Mtls |
| (12) | | | Sub-Saharan Africa | Medical Assistance | | | 17,893 | Med/Relief | FMV Mtls |
| (13) | | | Sub-Saharan Africa | Medical Assistance | | | 14,011 | Med/Relief | FMV Mtls |
| (14) | | | Central America/Caribbean | Medical Assistance | | | 10,934 | Med/Relief | FMV Mtls |
| (15) | | | Central America/Caribbean | Medical Assistance | | | 10,197 | Med/Relief | FMV Mtls |
| (16) | | | Sub-Saharan Africa | Medical Assistance | | | 8,080 | Med/Relief | FMV Mtls |

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|------|--------------------------|--|---------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Sub-Saharan Africa | Medical Assistance | | | 7,054 | Med/Relief | FMV Mtls |
| (2) | | | Sub-Saharan Africa | Medical Assistance | | | 7,026 | Med/Relief | FMV Mtls |
| (3) | | | Sub-Saharan Africa | Medical Assistance | | | 6,654 | Med/Relief | FMV Mtls |
| (4) | | | Sub-Saharan Africa | Medical Assistance | | | 6,000 | Med/Relief | FMV Mtls |
| (5) | | | Central America/Caribbean | Medical Assistance | | | 5,932 | Med/Relief | FMV Mtls |
| (6) | | | Central America/Caribbean | Medical Assistance | | | 5,598 | Med/Relief | FMV Mtls |
| (7) | | | Sub-Saharan Africa | Medical Assistance | | | 5,589 | Med/Relief | FMV Mtls |
| (8) | | | Sub-Saharan Africa | Medical Assistance | | | 5,578 | Med/Relief | FMV Mtls |
| (9) | | | North America | OCC-Mexico | | | 26,240,148 | Shoebox Gifts | FMV |
| (10) | | | East Asia/Pacific | OCC | | | 20,501,500 | Shoebox Gifts | FMV |
| (11) | | | South America | OCC | | | 14,464,674 | Shoebox Gifts | FMV |
| (12) | | | Sub-Saharan Africa | OCC | | | 13,227,668 | Shoebox Gifts | FMV |
| (13) | | | South America | OCC | | | 12,723,204 | Shoebox Gifts | FMV |
| (14) | | | South America | OCC | | | 12,674,651 | Shoebox Gifts | FMV |
| (15) | | | Central America/Caribbean | OCC | | | 12,421,070 | Shoebox Gifts | FMV |
| (16) | | | Sub-Saharan Africa | OCC | | | 11,993,570 | Shoebox Gifts | 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 ..

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.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|-------------|-----------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Russia & | OCC-Ukraine Neighboring States | | | 11,692,335 | Shoebox Gifts | FMV |
| (2) | | | Sub-Saharan | OCC Africa | | | 11,600,176 | Shoebox Gifts | FMV |
| (3) | | | Central | OCC America/Caribbean | | | 11,104,822 | Shoebox Gifts | FMV |
| (4) | | | Sub-Saharan | OCC Africa | | | 10,851,031 | Shoebox Gifts | FMV |
| (5) | | | Sub-Saharan | OCC Africa | | | 7,888,408 | Shoebox Gifts | FMV |
| (6) | | | Sub-Saharan | OCC Africa | | | 7,807,997 | Shoebox Gifts | FMV |
| (7) | | | Sub-Saharan | OCC Africa | | | 7,807,817 | Shoebox Gifts | FMV |
| (8) | | | Sub-Saharan | OCC Africa | | | 7,806,888 | Shoebox Gifts | FMV |
| (9) | | | Sub-Saharan | OCC Africa | | | 7,324,901 | Shoebox Gifts | FMV |
| (10) | | | Central | OCC America/Caribbean | | | 6,003,798 | Shoebox Gifts | FMV |
| (11) | | | Sub-Saharan | OCC Africa | | | 5,985,995 | Shoebox Gifts | FMV |
| (12) | | | Sub-Saharan | OCC Africa | | | 5,976,135 | Shoebox Gifts | FMV |
| (13) | | | South | OCC America | | | 5,937,083 | Shoebox Gifts | FMV |
| (14) | | | Central | OCC America/Caribbean | | | 5,717,189 | Shoebox Gifts | FMV |
| (15) | | | South | OCC America | | | 5,559,064 | Shoebox Gifts | FMV |
| (16) | | | Sub-Saharan | OCC Africa | | | 5,318,341 | Shoebox Gifts | FMV |

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

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|------|--------------------------|--|-----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | East Asia/Pacific | OCC | | | 5,305,723 | Shoebox Gifts | FMV |
| (2) | | | Sub-Saharan Africa | OCC | | | 4,629,676 | Shoebox Gifts | FMV |
| (3) | | | Sub-Saharan Africa | OCC | | | 4,293,556 | Shoebox Gifts | FMV |
| (4) | | | Sub-Saharan Africa | OCC | | | 4,293,556 | Shoebox Gifts | FMV |
| (5) | | | Central America/Caribbean | OCC | | | 3,765,325 | Shoebox Gifts | FMV |
| (6) | | | Sub-Saharan Africa | OCC | | | 3,557,808 | Shoebox Gifts | FMV |
| (7) | | | East Asia/Pacific | OCC | | | 3,468,646 | Shoebox Gifts | FMV |
| (8) | | | Sub-Saharan Africa | OCC | | | 3,306,925 | Shoebox Gifts | FMV |
| (9) | | | Sub-Saharan Africa | OCC | | | 2,865,997 | Shoebox Gifts | FMV |
| (10) | | | Sub-Saharan Africa | OCC | | | 2,676,973 | Shoebox Gifts | FMV |
| (11) | | | Sub-Saharan Africa | OCC | | | 2,638,700 | Shoebox Gifts | FMV |
| (12) | | | Sub-Saharan Africa | OCC | | | 2,418,806 | Shoebox Gifts | FMV |
| (13) | | | South Asia | OCC | | | 2,378,706 | Shoebox Gifts | FMV |
| (14) | | | Russia & Neighboring States | OCC-Neighbor State | | | 1,946,230 | Shoebox Gifts | FMV |
| (15) | | | Russia & Neighboring States | OCC-Neighbor State | | | 1,786,127 | Shoebox Gifts | FMV |
| (16) | | | Sub-Saharan Africa | OCC | | | 1,741,021 | Shoebox Gifts | FMV |

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

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|-----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Sub-Saharan Africa | OCC | | | 1,539,229 | Shoebox Gifts | FMV |
| (2) | | | South Asia | OCC | | | 1,513,724 | Shoebox Gifts | FMV |
| (3) | | | Russia & Neighboring States | OCC-Neighbor State | | | 1,502,755 | Shoebox Gifts | FMV |
| (4) | | | Russia & Neighboring States | OCC-Neighbor State | | | 1,467,450 | Shoebox Gifts | FMV |
| (5) | | | Sub-Saharan Africa | OCC | | | 1,334,171 | Shoebox Gifts | FMV |
| (6) | | | Russia & Neighboring States | OCC-Neighbor State | | | 1,305,759 | Shoebox Gifts | FMV |
| (7) | | | Sub-Saharan Africa | OCC | | | 1,305,759 | Shoebox Gifts | FMV |
| (8) | | | Russia & Neighboring States | OCC-Neighbor State | | | 1,162,799 | Shoebox Gifts | FMV |
| (9) | | | East Asia/Pacific | OCC | | | 1,143,228 | Shoebox Gifts | FMV |
| (10) | | | Central America/Caribbean | OCC | | | 1,073,397 | Shoebox Gifts | FMV |
| (11) | | | Sub-Saharan Africa | OCC | | | 1,073,397 | Shoebox Gifts | FMV |
| (12) | | | Europe | OCC | | | 929,568 | Shoebox Gifts | FMV |
| (13) | | | East Asia/Pacific | OCC | | | 884,282 | Shoebox Gifts | FMV |
| (14) | | | East Asia/Pacific | OCC | | | 804,441 | Shoebox Gifts | FMV |
| (15) | | | Sub-Saharan Africa | OCC | | | 669,243 | Shoebox Gifts | FMV |
| (16) | | | Central America/Caribbean | OCC | | | 644,038 | Shoebox Gifts | FMV |

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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.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|----------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Sub-Saharan Africa | OCC | | | 644,038 | Shoebox Gifts | FMV |
| (2) | | | Europe | OCC | | | 605,496 | Shoebox Gifts | FMV |
| (3) | | | Middle East & North Africa | OCC | | | 444,734 | Shoebox Gifts | FMV |
| (4) | | | Sub-Saharan Africa | OCC | | | 442,186 | Shoebox Gifts | FMV |
| (5) | | | Sub-Saharan Africa | OCC | | | 435,263 | Shoebox Gifts | FMV |
| (6) | | | South America | OCC | | | 429,359 | Shoebox Gifts | FMV |
| (7) | | | South America | OCC | | | 429,359 | Shoebox Gifts | FMV |
| (8) | | | East Asia/Pacific | OCC | | | 314,811 | Shoebox Gifts | FMV |
| (9) | | | East Asia/Pacific | OCC | | | 221,063 | Shoebox Gifts | FMV |
| (10) | | | Central America/Caribbean | OCC | | | 214,679 | Shoebox Gifts | FMV |
| (11) | | | Sub-Saharan Africa | OCC | | | 214,679 | Shoebox Gifts | FMV |
| (12) | | | Europe | OCC | | | 148,744 | Shoebox Gifts | FMV |
| (13) | | | East Asia/Pacific | OCC | | | 110,532 | Shoebox Gifts | FMV |
| (14) | | | Europe | OCC | | | 92,160 | Shoebox Gifts | FMV |
| (15) | | | Central America/Caribbean | OCC | | | 89,462 | Shoebox Gifts | FMV |
| (16) | | | East Asia/Pacific | OCC | | | 85,236 | Shoebox Gifts | 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 ..

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.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|-------------|-------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | Middle East | OCC East & North Africa | | | 40,340 | Shoebox Gifts | FMV |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (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 III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-----------------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) Children's Ministry | South America | 9 | 116,334 | Wire | | | |
| (2) Medical Assistance | Middle East & North Africa | 2 | 98,000 | Wire | | | |
| (3) Children's Ministry | Sub-Saharan Africa | 5 | 60,000 | Wire | | | |
| (4) Missionary Assistance | Middle East & North Africa | 3 | 55,578 | Cash | | | |
| (5) Children's Ministry | East Asia/Pacific | 4 | 52,785 | Wire | | | |
| (6) Community Development | Middle East & North Africa | 4 | 36,000 | Cash | | | |
| (7) Missionary Assistance | Europe | 1 | 25,000 | Wire | | | |
| (8) Christian Education | Middle East & North Africa | 2 | 20,475 | Cash/Wire | | | |
| (9) Medical Assistance | South Asia | 1 | 20,000 | Wire | | | |
| (10) Ukraine-Missionary Assist | Russia & Neighboring States | 1 | 15,000 | Wire | | | |
| (11) Missionary Assistance | Sub-Saharan Africa | 1 | 14,366 | Wire | | | |
| (12) Emergency Relief | Middle East & North Africa | 2 | 12,600 | Cash/Wire | | | |
| (13) Christian Education | South America | 1 | 5,500 | Cash | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

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

Schedule F (Form 990) (Rev. 12-2024)

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 | \$ 7,046,117 | \$ 0 |
| Central America/Caribbean | \$ 42,728,361 | \$ 0 |
| East Asia/Pacific | \$ 9,941,996 | \$ 0 |
| East Asia/Pacific | \$ 34,884,327 | \$ 0 |
| Europe | \$ 485,117 | \$ 0 |
| Europe | \$ 3,281,883 | \$ 0 |
| Middle East & North Africa | \$ 19,578,835 | \$ 0 |
| Middle East & North Africa | \$ 17,123,458 | \$ 0 |
| North America | \$ 836,880 | \$ 0 |
| North America | \$ 27,655,332 | \$ 0 |
| Russia & Neighboring States | \$ 21,604,359 | \$ 0 |
| Russia & Neighboring States | \$ 26,600,364 | \$ 0 |
| South America | \$ 9,860,468 | \$ 0 |
| South America | \$ 54,596,492 | \$ 0 |
| South Asia | \$ 162,899 | \$ 0 |
| South Asia | \$ 5,512,777 | \$ 0 |
| Sub-Saharan Africa | \$ 130,933,921 | \$ 0 |
| Sub-Saharan Africa | \$ 171,211,962 | \$ 0 |

Part V - Additional Information**Part I, Line 3:**

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 reference occurs many times throughout Schedule F.

Program Service and Grant amounts reported in the Russia & Neighboring States Region are related to work performed in Ukraine and other neighboring states.

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | ServingHim Healthcare International 2001 W Plano Parkway, Suite 1213 Plano TX 75075 | 75-2863425 | 3 | 3,000,000 | | | | Community Develop. |
| (2) | JAARS, Inc. PO Box 248 Waxhaw NC 28173-0248 | 56-0818833 | 3 | 2,800,000 | | | | Missionary Assist. |
| (3) | The Mailbox Club, Inc. 404 Eager Road Valdosta GA 31602 | 23-7229445 | 3 | 2,000,000 | | | | Missionary Assist. |
| (4) | Missionary Flights International 3170 Airmans Drive Fort Pierce FL 34946-9131 | 23-7199063 | 3 | 1,000,000 | | | | Missionary Assist. |
| (5) | Billy Graham Evangelistic Assoc. PO Box 668129 Charlotte NC 28209 | 45-2588350 | 3 | 650,000 | | | | Missionary Assist. |
| (6) | Alliance Defending Freedom 15100 N 90th Street Scottsdale AZ 85260 | 54-1660459 | 3 | 500,000 | | | | Missionary Assist. |
| (7) | WorldVenture 20 Inverness Pl E Englewood CO 80112 | 36-2216163 | 3 | 493,094 | | | | Emergency Relief |
| (8) | Kenai Classical, Inc. 35555 Kenai Spur Highway #522 Soldotna AK 99669 | 83-3643214 | 3 | 250,000 | | | | Community Develop. |
| (9) | Rio Grande Bible Institute, Inc. 4300 S Business Highway 281 Edinburg TX 78539 | 74-6066216 | 3 | 250,000 | | | | Christian Education |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **71**

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | The Christian Health Service Corps. PO Box 132 Fruitvale TX 75127 | 27-1505747 | 3 | 227,908 | | | | Medical Assist. |
| (2) | Goodword Partnership PO Box 24104 Minneapolis MN 55424 | 20-3545214 | 3 | 210,000 | | | | Children's Ministry |
| (3) | Montreat College PO Box 1267, Box 802 Montreat NC 28757 | 56-0543261 | 3 | 195,000 | | | | Missionary Assist. |
| (4) | Serge Global, Inc. 101 W Avenue, Suite 305 Jenkintown PA 19046-2039 | 23-2223692 | 3 | 172,341 | | | | Medical Assist. |
| (5) | Frontiers PO Box 60730 Phoenix AZ 85082-0730 | 95-3731505 | 3 | 150,000 | | | | Christian Education |
| (6) | World Gospel Mission PO Box 948 Marion IN 46952-0948 | 35-0911947 | 3 | 116,010 | | | | Medical Assist. |
| (7) | Friends of Kijabe 2629 Oakmeade Drive Charlotte NC 28270 | 47-5469826 | 3 | 100,425 | | | | Community Develop. |
| (8) | Assoc. of Baptists for World Evang. PO Box 8585 Harrisburg PA 17105-8585 | 23-1445623 | 3 | 76,541 | | | | Medical Assist. |
| (9) | St. Luke's Health Care Foundation PO Box 4465 Wheaton IL 60189-4465 | 36-4532820 | 3 | 65,000 | | | | Medical Assist. |

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

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Allegro Organizational Solutions 5535 Memorial Dr. Suite F-811 Houston TX 77007 | 26-1197590 | 3 | 50,000 | | | | Emergency Relief |
| (2) | Big Creek Freewill Baptist Church 14 Big Creek Church Road Green Mountain NC 28740 | 56-2187621 | 3 | 50,000 | | | | Community Develop. |
| (3) | Craig Church Ministries, Inc. PO Box 1467 North Wilkesboro NC 28659 | 26-1385977 | 3 | 50,000 | | | | Emergency Relief |
| (4) | International ALERT Academy 1 Academy Blvd. Big Sandy TX 75755 | 30-0085343 | 3 | 50,000 | | | | Emergency Relief |
| (5) | Kingdom Overflow Ministries PO Box 1121 Boone NC 28607 | 85-3978110 | 3 | 50,000 | | | | Missionary Assist. |
| (6) | Missionary Aviation Repair Center 595 Funny River Road Soldotna AK 99669 | 92-0032812 | 3 | 50,000 | | | | Children's Ministry |
| (7) | Mount Paran MBC 3511 Airport Blvd. Houston TX 77051 | 76-0406713 | 3 | 45,716 | | | | Community Develop. |
| (8) | Christian Medical & Dental Society PO Box 7500 Bristol TN 37621-7500 | 36-2284267 | 3 | 35,000 | | | | Medical Assist. |
| (9) | Hope Reformed Church 919 Grand Avenue Spencer IA 51301 | 42-0982960 | 3 | 35,000 | | | | Community Develop. |

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

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Friends of Tenwek, Inc. 1132 Greenbridge Drive Matthews NC 28105 | 45-4817136 | 3 | 30,175 | | | | Medical Assist. |
| (2) | Grace Community Church, Inc. 6689 ChangePoint Drive Anchorage AK 99518 | 92-0130090 | 3 | 30,000 | | | | Christian Education |
| (3) | Mennonite Disaster Service 583 Airport Road Lititz PA 17543 | 23-2713127 | 3 | 30,000 | | | | Community Develop. |
| (4) | Harvesting in Spanish, Inc. PO Box 331012 Murfreesboro TN 37133 | 84-0832744 | 3 | 26,575 | | | | Medical Assist. |
| (5) | The Becket Fund for Religious 1919 Pennsylvania Avenue NW Washington DC 20006 | 52-1858532 | 3 | 25,000 | | | | Missionary Assist. |
| (6) | Faith Aid PO Box 4326 Broadlands VA 20148 | 46-3260343 | 3 | 21,832 | | | | Medical Assist. |
| (7) | Brigade Air, Inc. PO Box 97 Clayton NC 27528 | 20-0896758 | 3 | 20,000 | | | | Missionary Assist. |
| (8) | Montagnard Christian Bible Church 2400 Old Chapman Street Greensboro NC 27403 | 56-2275213 | 3 | 20,000 | | | | Missionary Assist. |
| (9) | Ambassadors for Christ Intl. PO Box 470 Tucker GA 30085 | 58-2655669 | 3 | 19,070 | | | | Christian Education |

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

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
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OMB No. 1545-0047

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Inspection

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

Part I General Information on Grants and Assistance

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

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Koyukon Camp Ministries, Inc. 4091 S Big Lake Road Big Lake AK 99652 | 92-0170749 | 3 | 17,964 | | | | Missionary Assist. |
| (2) | Church of the Nazarene 17001 Prairie Star Parkway Lenexa KS 66220 | 44-0552034 | 3 | 16,099 | | | | Medical Assist. |
| (3) | Bibles For The World 4775 Granby Circle Colorado Springs CO 80919 | 36-2434228 | 3 | 15,000 | | | | Missionary Assist. |
| (4) | Hope Pregnancy Resource Center 208 Howard Street Boone NC 28607 | 58-1859569 | 3 | 15,000 | | | | Medical Assist. |
| (5) | Open Door Foundation PO Box 292 Edmonds WA 98020 | 20-3777240 | 3 | 15,000 | | | | Missionary Assist. |
| (6) | The Psalm 119 Association, Inc. PO Box 2013 Titusville FL 32781 | 46-2049340 | 3 | 15,000 | | | | Christian Education |
| (7) | 24:14 World PO Box 6160 Charlottesville VA 22906 | 54-1386851 | 3 | 12,502 | | | | Missionary Assist. |
| (8) | Congo Impact 10333 Maybrook Avenue Whittier CA 90603 | 82-2531868 | 3 | 12,354 | | | | Medical Assist. |
| (9) | Team Healthcare, Inc. 4 Fidelian Way Towaco NJ 07082 | 22-3548278 | 3 | 12,000 | | | | Medical Assist. |

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

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Blessed Hope Foundation PO Box 1005 Ripley WV 25271 | 26-3752269 | 3 | 11,400 | | | | Medical Assist. |
| (2) | Ambassador Christian School, Inc. 2520 Ambassador Christian Way Huntersville NC 28078 | 88-2959342 | 3 | 10,000 | | | | Missionary Assist. |
| (3) | Brigada Especial Busqueda 4102 S 12th Avenue Tucson AZ 85714 | 88-3504576 | 3 | 10,000 | | | | Emergency Relief |
| (4) | Centro Cristiano de Restauracion 713 N Schuerbach Road Mission TX 78572 | 30-0697054 | 3 | 10,000 | | | | Emergency Relief |
| (5) | Iglesia Bautista Capernaum 6560 Carolina Pine Brownsville TX 78526-3013 | 90-0890536 | 3 | 10,000 | | | | Emergency Relief |
| (6) | Iglesia Cristiana 1843 Dan Street Brownsville TX 78521 | 82-1409864 | 3 | 10,000 | | | | Emergency Relief |
| (7) | Iglesia Cristiana un Nuevo Pacto 1401 Lomaland Drive El Paso TX 79935 | 74-2895398 | 3 | 10,000 | | | | Emergency Relief |
| (8) | Northwest Arkansas Womens Res. 3610 W Southern Hills Blvd. Rogers AR 72758 | 58-1813130 | 3 | 10,000 | | | | Emergency Relief |
| (9) | Texas Gulf Hispanic District Counc. 1429 E Tamarack Avenue McAllen TX 78501 | 45-3730079 | 3 | 10,000 | | | | Emergency Relief |

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

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Young Living Stones 1701 Gillis Avenue Del Rio TX 78840 | 84-4845325 | 3 | 10,000 | | | | Emergency Relief |
| (2) | Youth For Tomorrow 11835 Hazel Circle Drive Bristow VA 20136 | 52-1342268 | 3 | 10,000 | | | | Missionary Assist. |
| (3) | Youth With A Mission-SpringsofLife 15850 Richardson Springs Road Chico CA 95973-9043 | 95-2500089 | 3 | 10,000 | | | | Emergency Relief |
| (4) | Youth With a Mission-South Texas 2160 Mile 1E Mercedes TX 78570 | 87-2465384 | 3 | 10,000 | | | | Emergency Relief |
| (5) | The Christian and Missionary All. One Alliance Place Reynoldsburg OH 43068 | 13-1623940 | 3 | 6,000 | | | | Community Develop. |
| (6) | Missionary Aviation Repair Center 595 Funny River Road Soldotna AK 99669 | 92-0032812 | 3 | | 241,913 | FMV | Mission Aircrft | Missionary Assist. |
| (7) | Four Holes Baptist Church 1622 Four Holes Road Orangeburg SC 29115 | 57-0762333 | 3 | | 206,451 | FMV | Medical Mtls. | Medical Assistance |
| (8) | Hope Ministries 1519 River Street Wilkesboro NC 28697 | 56-0556746 | 3 | | 76,698 | FMV | Medical Mtls. | Medical Assistance |
| (9) | Thanks to Calvary Baptist Church 1522 Austin Traphill Road Elkin NC 28621 | 26-2153664 | 3 | | 54,918 | FMV | Medical Mtls. | Medical Assistance |

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

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Bat Cave Volunteer Fire Department 267 Gerton Highway Bat Cave NC 28710 | 23-7376425 | 3 | | 49,331 | FMV | Equipment | Emergency Relief |
| (2) | Robert Duncan Ministries 746 Town N Country Drive Wilkesboro NC 28697 | 56-2250610 | 3 | | 32,313 | FMV | Med/Relief | Med Assist/Emerg Rlf Mtls |
| (3) | First Calvary Baptist Church 401 Woodland Avenue Winston-Salem NC 27101 | 56-1041628 | 3 | | 17,360 | FMV | Medical | Medical Assistance Mtls. |
| (4) | Five Talents Faithful 102 E Main Street Mountain View AR 72560 | 85-1416118 | 3 | | 16,927 | FMV | Medical | Medical Assistance Mtls. |
| (5) | Pleasant Grove Baptist Church 1564 Silverstone Road Zionville NC 28698 | 56-1389326 | 3 | | 15,520 | FMV | Medical | Medical Assistance Mtls. |
| (6) | His Glory SRAT 1873 Greasy Creek Road Lenoir NC 28645 | 31-1591661 | 3 | | 12,234 | FMV | Medical | Medical Assistance Mtls. |
| (7) | World Vision PO Box 9716 Federal Way WA 98063 | 95-1922279 | 3 | | 10,130 | FMV | Relief | Emergency Relief Mtls. |
| (8) | Wilkes Partnership for Children 1915 W Park Drive, Suite 107 North Wilkesboro NC 28659 | 56-1875083 | 3 | | 9,191 | FMV | Medical | Medical Assistance Mtls. |
| (9) | | | | | | | | |

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

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

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 Emergency Relief | 8 | 475,490 | | | |
| 2 Personal Assistance | 144 | 267,997 | | | |
| 3 Missionary Assistance | 8 | 103,372 | | | |
| 4 Emergency Relief | 51 | | 189,455 | FMV | Relief Mtls. |
| 5 Operation Christmas Child | 4663 | | 139,453 | FMV | Shoebox Gifts |
| 6 Medical Assistance | 14 | | 23,185 | FMV | Medical Equip. |
| 7 | | | | | |

Part IV

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds
Grant recipients are required to submit to Samaritan's Purse an Acknowledgement of Funds form upon receipt of the grant. The form serves to confirm that the funds were received and to report how the funds were used. This process is closely monitored by the Projects Department and the North American Ministries staff.

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

SCHEDULE J**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

58-1437002**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-----------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| William Franklin Graham III | (i) | 466,325 | 0 | 407,543 | 47,750 | 23,875 | 945,493 | 0 |
| 1 Bd Mem/Chr/Pres/CEO | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Meredith Collie | (i) | 179,093 | 0 | 245,329 | 11,807 | 15,043 | 451,272 | 0 |
| 2 CFO Affiliate Office | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kenneth Isaacs | (i) | 353,603 | 0 | 6,327 | 27,550 | 35,875 | 423,355 | 0 |
| 3 VP-Prog/Govt Rel | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| James Harrelson | (i) | 352,452 | 0 | 7,561 | 23,837 | 34,802 | 418,652 | 0 |
| 4 VP-Op ChristmasChild | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| William Maupin | (i) | 329,344 | 0 | 8,569 | 26,676 | 32,110 | 396,699 | 0 |
| 5 VP-Info Technology | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Edward Graham | (i) | 309,757 | 0 | 30,790 | 24,881 | 28,419 | 393,847 | 0 |
| 6 Board Member/COO | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Paula Woodring | (i) | 328,752 | 0 | 9,552 | 26,412 | 26,828 | 391,544 | 0 |
| 7 Bd Mem/Executive VP | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ronald Wilcox | (i) | 312,740 | 0 | 7,144 | 25,302 | 29,451 | 374,637 | 0 |
| 8 FormerKeyEmp/ExecAdv | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Merrill Littlejohn | (i) | 317,148 | 0 | 5,911 | 25,517 | 25,952 | 374,528 | 0 |
| 9 Former Officer/CFO | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Luther Harrison | (i) | 315,345 | 0 | 396 | 24,230 | 18,441 | 358,412 | 0 |
| 10 VP-NorthAmericanMin | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cindy Rutz | (i) | 289,294 | 0 | 5,525 | 22,920 | 30,192 | 347,931 | 0 |
| 11 VP-Human Resources | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Steve Nickel | (i) | 299,685 | 0 | 1,490 | 23,640 | 21,544 | 346,359 | 0 |
| 12 VP-DonorMinistries | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| James Dailey | (i) | 286,973 | 0 | 5,267 | 23,323 | 30,289 | 345,852 | 0 |
| 13 VP-Communications | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Brandon Sutherland | (i) | 285,968 | 0 | 5,125 | 22,996 | 28,475 | 342,564 | 0 |
| 14 CFO | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Phyllis Payne | (i) | 265,761 | 0 | 8,836 | 21,303 | 29,319 | 325,219 | 0 |
| 15 Bd Mem/AstSec/EAPres | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Christopher Weeks | (i) | 9,498 | 0 | 304,770 | 3,419 | 381 | 318,068 | 0 |
| 16 FmrHighComp/Chairman | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Part II

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Donna Pierce Secretary/VP-Corp Af | (i) | 241,860 | 0 | 5,070 | 15,812 | 29,522 | 292,264 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 Jane Austin Lynch Bd Mem/SeniorAdvisor | (i) | 166,954 | 0 | 3,234 | 8,411 | 17,968 | 196,567 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

| | Severance | Nonqualified | Equity-based |
|-------------------|-----------|--------------|--------------|
| Christopher Weeks | 318,068 | 0 | 0 |

Part III - Other Additional Information**Part I, Line 1a - Fringe or Expense Explanation:****First-Class Travel:**

One key employee had a family member that traveled via a first-class train ticket one time for ministry purposes. The trip was approved by management.

Two board members traveled via first-class airfare for ministry purposes for five total flights. In two instances, discounted first-class tickets were less expensive than the full-fare coach tickets available at the time of booking. The other three flights were approved by management. Two key employees traveled via first-class airfare for ministry purposes for nine total flights. On one trip, the discounted first-class ticket was less expensive than the full-fare coach ticket available at the time of booking.

Part III Supplemental Information

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

On another other trip, coach seating was not available. The other seven flights were approved by management.

Three board members had family members who traveled via first-class airfare for a total of eight flights. One key employee had a family member who traveled via first-class airfare for a total of four flights. All first-class flights for family members were approved by management.

Charter Travel (Ministry-owned aircraft, other missionary aviation, and charter trips):

Samaritan's Purse provides charter travel via the use of Ministry-owned aircraft based in Kenya, Liberia, Uganda, 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

Part III Supplemental Information

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compensation per IRS regulations.

Listed persons flown on charter flights were as follows:

Nine board members, one officer, three key employees, and one higher compensated employee traveled in Ministry-owned or chartered aircraft for ministry purposes. Portions of five board members' trips were personal. Value of travel expenses were imputed to and reported as taxable income.

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

Part III Supplemental Information

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(Ephesians 5:22-27, Revelation 21:2, 21:9). Samaritan's Purse acknowledges the unique, distinct, and elevated role of marriage and the family, and we desire to affirm God's design for marriage and the family as it pertains to carrying out our mission and ministry (Matthew 5:14-16).

The Board of Directors further recognizes that spouses and other family members are often passionate ambassadors and ministry partners whose familiarity, support, and direct involvement can expand the impact of our mission and purposes of furthering the Gospel of Jesus Christ (Acts 1:8). Management has implemented the Board's recommendation to actively cultivate the involvement of spouses and other family members of Board members and staff in 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:

Eight board members, one officer, two key employees, and two higher

Part III Supplemental Information

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compensated employees 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 either for volunteering on ministry projects or for duties related to their employment. The volunteer-related travel resulted in minimal, if any, additional expense to the Ministry.

Four board members and one higher compensated employee had travel by a guest, spouse and/or other family member(s) not on ministry activity.

The Board of Directors adopted a policy regarding the President/CEO's travel for family members that includes reporting any personal use as taxable compensation. Also, the Compensation Committee has established a guideline on the maximum amount that may be incurred by the President/CEO for personal use.

Tax Indemnification and Gross-up Payments:

Forty Years of Service Award:

The Board of Directors has adopted a policy where qualifying employees who

Part III Supplemental Information

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

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. Three employee/board members received taxable benefit gross-up payments pertaining to 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.

Part I, Line 4a - Severance Agreement:

The severance amount included regular wages and additional pay for healthcare premiums which were paid bi-weekly throughout 2024.

SCHEDULE L

(Form 990)
(Rev. December 2024)
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 organization
Samaritan's Purse

Employer identification number
58-1437002

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of org. revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|-------------------------------|----|
| | | | | Yes | No |
| (1) Corey Lynch | Spouse Dir | 209,440 | Comp/benefits | | X |
| (2) Austin Woodring | Son Director | 111,310 | Comp/benefits | | X |
| (3) Jeremy Zerkle | Sn-in-law FrmKE | 105,668 | Comp/benefits | | X |
| (4) Michelle Harrison | Spouse KeyEmp | 93,105 | Comp/benefits | | X |
| (5) Marty Cottrell | Son-in-law Dir | 90,072 | Comp/benefits | | X |
| (6) Joshua Scott | Son Director | 64,728 | Comp/benefits | | X |
| (7) John Payne | Spouse Dir | 59,144 | Comp/benefits | | X |
| (8) Jane Graham | Spouse Dir | 54,922 | Comp/benefits | | X |
| (9) Felicia Cottrell | Daughter Dir | 45,750 | Comp/benefits | | X |
| (10) Andrew Harrelson | Son KeyEmp | 43,143 | Comp/benefits | | X |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

| Schedule L, Part IV - Business Transactions Involving Interested Persons | | | |
|--|--|-----------|---------------------------|
| Name and Relationship | | Amount | Description Share Revenue |
| Kristen Graham | | \$ 29,868 | |
| Spouse Dir | | | Comp/benefits |
| Jessica Zerkle | | \$ 26,158 | |
| Daughter FrmKE | | | Compensation |
| Ricky Woodring | | \$ 16,785 | |
| Spouse Dir | | | Compensation |

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

Name of the organization

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2024**Open To Public
Inspection****Samaritan's Purse**

Employer identification number

58-1437002**Part I Types of Property**

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art — Works of art | | | | |
| 2 Art — Historical treasures | | | | |
| 3 Art — Fractional interests | | | | |
| 4 Books and publications | X | | 241,801 | Cost |
| 5 Clothing and household goods | X | | 2,499,670 | Cost/Selling Price |
| 6 Cars and other vehicles | X | 3 | 296,000 | Selling Price |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities — Publicly traded | X | 1861 | 34,461,287 | 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 | 3 | 887,318 | Appraisal/Selling Price |
| 16 Real estate — Commercial | | | | |
| 17 Real estate — Other | | | | |
| 18 Collectibles | X | 13 | 301,471 | Selling Price/Mkt. Value |
| 19 Food inventory | X | 24 | 3,700,487 | Cost |
| 20 Drugs and medical supplies | X | 527 | 1,376,715 | Cost |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (Shoebox Gifts) | X | 10514243 | 315,787,762 | Cost |
| 26 Other (Agri./Livestock) | X | 87 | 336,393 | Selling Price |
| 27 Other (Equip./Improv.) | X | 31 | 449,643 | Cost |
| 28 Other (Cryptocurrency) | X | 37 | 87,446 | Selling Price |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement | 29 | 13 | | |

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2024

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

Part I, Line 32b - Third Party Used to Process Noncash Contributions
Samaritan's Purse utilizes the services of various third parties to assist in liquidating noncash assets donated to the Ministry. The third parties include a brokerage firm for liquidation of publicly traded securities, real estate agents, and consignment agents.

Schedule M - Supplemental Information
Part I, Column (b) - Number of contributions or items contributed
Samaritan's Purse reports a combination of number of contributions and number of items received, depending on the item donated.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002**Form 990 - Organization's Mission**

Samaritan's Purse is a nondenominational evangelical Christian organization providing spiritual and physical aid to hurting people around the world. Since 1970, Samaritan's Purse has helped meet 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.

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

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

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002

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

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

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

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

If you want to receive God's free gift of salvation, you can pray a simple prayer like this one: Dear God, I am a sinner. I am sorry for my sins. Please forgive me. Help me to turn from my sinful life. I believe by faith that Jesus Christ is Your Son who died for my sins, and whom You have raised to life. I want to trust Jesus as my Savior and follow Him as my Lord from this day forward and forevermore. Amen.

If you have prayed this, or would like some spiritual help, please call the following number to speak with a counselor: 1-888-388-2683. 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.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

**Open to Public
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Samaritan's Purse

Employer identification number

58-1437002

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 2024 season, we were able to have 179 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 13 years, more than 1,800 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 21 times in 2024. "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 over 85 languages so that children who participate in the program learn how to follow Christ and share Him with others. In 2024, 5.5 million boys and girls participated in The Greatest Journey, and over 3 million made 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).

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 56 patients in 2024. Since 1997, we have provided surgery for over 1,550 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 2024, we arranged short-term trips for 750 healthcare volunteers to serve in 41 mission hospitals in 28 countries. Our Post-Residency Program sends Christian physicians and dentists to one of our partner Christian mission hospitals where they serve for two years within their specialty alongside career missionaries. Since 2004, we have commissioned 252 post-residents to serve at 39 hospitals in 31 countries in Jesus' Name.

DEMOCRATIC REPUBLIC OF THE CONGO (DRC): The DRC is one of many countries where Samaritan's Purse operates field offices to work in Jesus' Name to meet local needs. We distributed 633 metric tons of food in a region where people have been uprooted by conflict, provided acute malnutrition care to over 16,000 people, and distributed water to nearly 27,000. We also presented the Gospel of Jesus Christ to more than 40,000 souls through program activities, home and hospital ministry visits, and open-air

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Samaritan's Purse

Employer identification number

58-1437002**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 2024, Samaritan's Purse helped complete a project to build a state-of-the-art medical center-the Tenwek Cardiothoracic Center-which will serve patients from across Africa. This new medical center has capacity to treat 2,000 cases a year and will focus on heart disease and esophageal cancer. It is the largest dedicated cardiothoracic unit in sub-Saharan Africa. Tenwek is also the home of a hospital chaplain training program that Samaritan's Purse has duplicated at mission hospitals worldwide. In addition to its work at Tenwek, Samaritan's Purse operates in communities across Kenya to provide clean water, support agricultural projects, and provide other assistance.

UKRAINE: Since the Russian invasion in February 2022, Samaritan's Purse has distributed 264 million pounds of food, provided over 121 million liters of clean water, gave out more than 1.1 million Bibles, and provided 13,000 wood stoves and 114,000 solar lights to hurting families. We set up mobile medical and dental units, which allowed our medical teams to care for thousands of patients. We also trained more than 18,000 local medical professionals in areas such as intensive care, trauma response, burn treatment, and infection control. NOTE: The geographic regions of the IRS classifies Ukraine as part of "Russia & Neighboring States." This reference occurs many times throughout Sch. F.

OTHER INTERNATIONAL PROJECTS: Worldwide emergency responses require airlift capacity, and our fleet of aircraft allows us to respond immediately to disasters and crisis situations. In 2024, Samaritan's Purse conducted 18 airlifts, including two unprecedented flood-relief missions to Vietnam, where God opened doors for us to provide disaster relief following Typhoon Yagi. Our DC-8 and 757 aircraft delivered more than 400 tons of emergency supplies, including Emergency Field Hospitals to war-torn Sudan and hurricane-stricken Grenada. After flooding displaced over 600,000 people in southern Brazil, we delivered water filtration systems that produced nearly 179,000 liters of clean water to local communities.

Also, throughout 2024, Samaritan's Purse had field offices in many countries that worked to meet local needs in the Name of Jesus Christ.

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries
Australia, Bolivia, Burma, Cambodia, Colombia, Congo (Kinshasa), Ethiopia, Great Britain (UK), Haiti, Iraq, Japan, Kenya, Korea (South), Liberia, Mongolia, New Zealand, 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

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(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
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Attach to Form 990 or Form 990-EZ.

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

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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 towards a quorum.

The current composition of the Executive Committee is four (4) with two (2) being independent board members and one (1) being an emeritus board member.

Scope of Committee's Authority - Pursuant to the Ministry's Bylaws, the Executive Committee may hold meetings between meetings of the Board of Directors to act on behalf of the Board of Directors. The Executive Committee may act on matters of business, financial, or spiritual concern except for matters precluded by the Bylaws. The Executive Committee does not have power to amend the Articles of Incorporation or Bylaws of the Ministry, and may not authorize the dissolution or merger of the Ministry, remove or elect board members, hire or dismiss the CEO, distribute or sell substantially all of the assets of the Ministry, or take any other action in conflict with the Articles of Incorporation or Bylaws of the Ministry. All actions of the Executive Committee are ratified by the Board of Directors.

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

William Franklin Graham III
Bd/Chair/CEO
Family

Jane Austin Lynch
Bd/SrAdvisor

William Franklin Graham III
Bd/Chair/CEO
Family

Edward Graham
Bd Mem/COO

Edward Graham
Bd Mem/COO
Family

Jane Austin Lynch
Bd/SrAdvisor

Corey Furman
Board Member
Family

James Furman
Officer

Bobby Idol
Board Member
Family

Sterling Carroll
Officer

Form 990, Part VI, Line 5 - Material Diversion of Assets

While responding to the desperate needs of people on both sides of Israel's

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conflict in Gaza, the Ministry experienced a significant diversion of assets. In total, \$445,915.90 worth of tents, hygiene kits, and other supplies were looted within Gaza before they reached their intended beneficiaries. The theft was not perpetrated by anyone who was involved with or associated with the Ministry. Following each incident, a thorough investigation was completed and action was taken to ensure the safety of staff, partners, and beneficiaries as well as to mitigate the risk of financial loss. Since the beginning of our response in the fall of 2023, in addition to distribution of food and supplies within Gaza, we also partnered with local churches and Christian organizations to help those affected by the conflict.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The Ministry's Form 990 is prepared by the Finance Department of the Ministry with assistance and review by the Chief Financial Officer, Vice President of Corporate Affairs, Vice President of Communications, and the Vice President of Public Policy and General Counsel. The return is also reviewed by an independent Certified Public Accounting firm, the Internal Audit Director, the Chief Operating Officer, the Senior Executive Advisor, and the Chief Executive Officer. After this review, the return is reviewed and accepted by the Audit Committee of the Board of Directors. The return is then provided to the Board of Directors prior to filing with the Internal Revenue Service.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
The Ministry's Conflict of Interest policy covers all "Responsible Persons," which includes Board Members, Officers, Vice Presidents, members of Executive Management, and employees of the Ministry with 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

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described in writing and provided to the CEO prior to entering into the transaction. The CEO will review the transaction to determine if it is fair and in the best interest of the Ministry.

If the person with the potential conflict of interest is a Disqualified 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 2024 compensation arrangement for the CEO and reported to the Board of Directors. For calendar year 2024, 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

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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 2024 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 CEO and COO, Executive Advisor to the President/Assistant Secretary, and reported to the Board of Directors. For calendar year 2024, 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.

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 | \$ -4,472,977 |
| Planned Giving Admin. Fees | \$ -406,870 |
| Planned Giving Admin. Fees | \$ 406,870 |
| Total | \$ -4,472,977 |

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 reference occurs many times

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|--------------------------|--------------------------------|
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| Samaritan's Purse | 58-1437002 |

throughout Schedule F.

Program Service and Grant amounts reported in the Russia & Neighboring States Region on Schedule F are related to work performed in Ukraine and other neighboring states.

SCHEDULE R
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |

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

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

Part III

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

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

Part IV

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1)Charitable remainder unitrust (7) | Trust | NC | N/A | T | | | | | |
| | | | | | | | | X | |
| (2)Charitable remainder unitrust (1) | Trust | NC | N/A | T | | | | | |
| | | | | | | | | | X |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

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)

o

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

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |
|--|----------------------------------|------------------------|--|
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) (Rev. 12-2024)

DAA

Part VI

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

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

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

Supplemental Information.