

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

| | | | | |
|---|--|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS | | D Employer identification number 23-6393344 |
| | | Doing Business As | | E Telephone number 443-451-1900 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7 EAST BALTIMORE STREET | G Gross receipts \$ 56,852,448. | |
| | | City or town, state or country, and ZIP + 4 BALTIMORE, MD 21202 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| F Name and address of principal officer: SAMUEL WOLGEMUTH SAME AS C ABOVE | | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.WR.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: 1946 M State of legal domicile: DE | | |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF WORLD RELIEF, AS ORIGINATED WITHIN THE NATIONAL ASSOCIATION OF EVANGELICALS, IS TO | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------------|--|---------------------------|--------------------|---|--------------------|--------------------|---|--------------------|--------------------|--|--------------------|--------------------|--|-----------------|-----------------|--|--------------------|--------------------|---|--------------------|--------------------|--|------------------|-------------------|
| | 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 17 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 17 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 Total number of employees (Part V, line 2a) | 5 644 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 Total number of volunteers (estimate if necessary) | 6 1000 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b 0. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Revenue | <table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td>49,878,050.</td> <td>54,452,324.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td>3,435,107.</td> <td>1,985,903.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td>46,085.</td> <td>62,855.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td>307,178.</td> <td>182,109.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td>53,666,420.</td> <td>56,683,191.</td> </tr> </tbody> </table> | | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 49,878,050. | 54,452,324. | 9 Program service revenue (Part VIII, line 2g) | 3,435,107. | 1,985,903. | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 46,085. | 62,855. | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 307,178. | 182,109. | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 53,666,420. | 56,683,191. | | | | | | |
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| Expenses | <table border="1"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td>9,500,679.</td> <td>11,421,602.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td></td> <td></td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td>24,789,997.</td> <td>23,867,305.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td></td> <td></td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,010,070.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)</td> <td>19,802,045.</td> <td>19,140,316.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td>54,092,721.</td> <td>54,429,223.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td>-426,301.</td> <td>2,253,968.</td> </tr> </tbody> </table> | | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 9,500,679. | 11,421,602. | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 24,789,997. | 23,867,305. | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,010,070. | | | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 19,802,045. | 19,140,316. | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 54,092,721. | 54,429,223. | 19 Revenue less expenses. Subtract line 18 from line 12 | -426,301. | 2,253,968. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 9,500,679. | 11,421,602. | | | | | | | | | | | | | | | | | | | | | | | |
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| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 24,789,997. | 23,867,305. | | | | | | | | | | | | | | | | | | | | | | | |
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| Net Assets or Fund Balances | <table border="1"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td>29,096,847.</td> <td>28,764,515.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td>11,396,341.</td> <td>8,165,384.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td>17,700,506.</td> <td>20,599,131.</td> </tr> </tbody> </table> | | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 29,096,847. | 28,764,515. | 21 Total liabilities (Part X, line 26) | 11,396,341. | 8,165,384. | 22 Net assets or fund balances. Subtract line 21 from line 20 | 17,700,506. | 20,599,131. | | | | | | | | | | | | |
| | | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | | | | | | |
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| 22 Net assets or fund balances. Subtract line 21 from line 20 | 17,700,506. | 20,599,131. | | | | | | | | | | | | | | | | | | | | | | | | |

Part II Signature Block

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

| | |
|-----------------------------------|---|
| Sign Here | Signature of officer _____ Date _____ |
| | KEVIN SANDERSON, SR VP FINANCE & IT Type or print name and title |
| Paid Preparer's Use Only | Preparer's signature ▶ _____ Date 02/22/11 Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) _____ |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ TAIT, WELLER & BAKER LLP 1818 MARKET STREET; SUITE 2400 PHILADELPHIA, PA 19103 |
| Phone no. ▶ (215) 979-8800 | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
TO EMPOWER THE LOCAL CHURCH TO SERVE THE MOST VULNERABLE. IN COMMUNITY WITH THE LOCAL CHURCH, WORLD RELIEF ENVISIONS THE MOST VULNERABLE PEOPLE TRANSFORMED ECONOMICALLY, SOCIALLY AND SPIRITUALLY.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 22,108,686. including grants of \$ 10,155,409.) (Revenue \$ 1,107,502.)
REFUGEE RESETTLEMENT - ASSIST AND PROVIDE BASIC NEEDS FOR 7,564 REFUGEES FORCED TO FLEE PERSECUTION IN THEIR HOMELANDS THROUGH 22 U.S. RESETTLEMENT OFFICES. PROVIDE 30,816 IMMIGRANTS LEGAL SERVICES. ALSO ASSIST REFUGEES AND DISPLACED IN OVERSEAS LOCATIONS TO RE-ESTABLISH THEMSELVES AND THEIR LIVELIHOODS.

4b (Code:) (Expenses \$ 8,803,058. including grants of \$ 995,402.) (Revenue \$ 172,800.)
EMERGENCY RELIEF - MEET IMMEDIATE NEEDS, SUPPLYING FOOD, CLEAN WATER, SHELTER, SEEDS, TOOLS, ETC., PROVIDE PSYCHO-SOCIAL/TRAUMA CARE AND SUPPORT PROGRAMS THAT TEACH AND EQUIP COMMUNITIES FOR SELF-SUSTAINING TRANSFORMATION FOLLOWING AN EMERGENCY. 838,198 BENEFICIARIES; SUDAN, HAITI, DEMOCRATIC REPUBLIC OF CONGO, PAKISTAN AND CHILE.

4c (Code:) (Expenses \$ 2,192,948. including grants of \$) (Revenue \$ 0.)
MATERNAL & CHILD HEALTH: PROVIDE GRASSROOTS PREVENTATIVE HEALTH EDUCATION AND SERVICES TO REDUCE SICKNESS AND DEATH IN YOUNG CHILDREN AND THEIR CAREGIVERS. 1,646,121 BENEFICIARIES; BURUNDI, CAMBODIA, HAITI, INDIA, INDONESIA, MALAWI, MOZAMBIQUE AND RWANDA.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 10,942,988. including grants of \$ 270,791.) (Revenue \$ 705,601.)

4e Total program service expenses ► \$ 44,047,680.

**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

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> | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | | 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> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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> | | 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> | | 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> | | X |
| 9 | Did the organization report an amount in Part X, line 21; 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> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | X | |
| | • 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> | | |
| | • 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> | | |
| | • 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> | | |
| | • 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> | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| | • 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? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> | X | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> | Yes X | No X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | X | |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | X | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | 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</i> | | 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> | | 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> | | X |
| 20 | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | X |

**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Form 990 (2009)

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 25</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) 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 |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | X | |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| 29 Did the organization receive more than \$25,000 in non-cash 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, Parts II, III, IV, and V, line 1</i> | X | |
| 35 Is any related organization 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 in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Form **990** (2009)

**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|--|---|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | |
| | 1a | 93 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| | 1b | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| | 1c | | |
| 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 | 644 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | X | |
| | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| | 3a | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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)? | X | |
| | 4a | | |
| b | If "Yes," enter the name of the foreign country: SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| | 4b | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| | 5a | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| | 5b | | |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| | 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? | | X |
| | 6a | | |
| 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? | | X |
| | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | X | |
| | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | |
| | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| | 9a | | |
| b | Did the 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 | |

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 in Schedule O. See instructions.

Section A. Governing Body and Management

| | | Yes | No |
|----|---|-----|----|
| 1a | Enter the number of voting members of the governing body | | |
| 1b | Enter the number of voting members that are independent | | |
| 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? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | X | |
| 8b | Each committee with authority to act on behalf of the governing body? | 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 in Schedule O | | X |

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

| | | Yes | No |
|--|--|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | | X |
| 10b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | X | |
| 13 | Does the organization have a written whistleblower policy? | X | |
| 14 | Does 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | X | |
| 15b | Other officers or key employees of the organization | | X |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA, CO, DC, DE, FL, GA, IL, IN, KS, KY, MA, MD**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KEVIN SANDERSON - (443) 451-1900**
7 EAST BALTIMORE ST., BALTIMORE, MD 21202

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SCOTT ARBEITER CHAIR | 3.00 | X | | X | | | | 0. | 0. | 0. |
| JOHN GRIFFIN, CPA TREASURER | 3.00 | X | | X | | | | 0. | 0. | 0. |
| LEITH ANDERSON EX OFFICIO/DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| KATHERINE BARNHART DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. DONALD BRAY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| TIM BREENE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| REV. JOHN CHUNG DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. JUDITH M. DEAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| REV. DR. DERRICK HARKINS SECRETARY | 3.00 | X | | X | | | | 0. | 0. | 0. |
| DR. TIMOTHY EK EX OFFICIO/DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| REV. DR. CASELY ESSAMAUH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| STEVE MOORE EX OFFICIO/DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| MAJOR GEORGE POLAREK DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| J. STEPHEN SIMMS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. ROY TAYLOR DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| KATHY VASELKIV DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| BILL WESTRATE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|-----------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SANDERS WILSON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| SAMMY MAH (SEE SCH J, PART III) CEO/PRESIDENT | 40.00 | | | X | | | 294,227. | 0. | 29,075. | |
| JANET KARY SR. VP OF MARKETING | 40.00 | | | X | | | 126,645. | 0. | 17,314. | |
| KEVIN SANDERSON SR. VP OF FINANCE & IT | 40.00 | | | X | | | 95,075. | 0. | 21,960. | |
| SAMUEL WOLGEMUTH INTERIM CEO | 40.00 | | | X | | | 0. | 0. | 0. | |
| DONALD GOLDEN SR. VP CHURCH ENGAGEMENT | 40.00 | | | X | | | 105,133. | 0. | 22,577. | |
| STEPHAN BAUMAN SR. VP OF PROGRAMS | 40.00 | | | X | | | 80,172. | 0. | 55,041. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Total | | | | | | | 701,252. | 0. | 145,967. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | 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.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| TRUE SENSE MARKETING 155 COMMERCE DRIVE, FREEDOM, PA 15042 | MARKETING | 772,532. |
| CGLIC BLOOMFIELD EASC, 900 COTTAGE GROVE ROAD, BLOOMFIELD, CT 06152 | CIGNA HEALTH BENEFITS | 360,871. |
| SPEEDY SUPPLIES.COM, 6899 PEACHTREE INDUSTRIAL BLVD., NORCROSS, GA 30092 | RELIEF SUPPLIES | 142,838. |
| MANEKIN, 120 E. BALTIMORE ST., STE. 2200, BALTIMORE, MD 21202 | BUILDING MAINTENANCE | 114,510. |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Form 990 (2009)

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| Part VIII Statement of Revenue | | | | | | | |
|--|---|---|-----------------------------|--|--|---|--|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 32701335. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 21750989. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 434,297. | | | | |
| | h Total. Add lines 1a-1f | | 54452324. | | | | |
| | Program Service Revenue | 2 a TRAVEL LOAN COMMISSION | Business Code 900099 | 1,024,328. | 1,024,328. | | |
| b CLIENT FEES | | 900099 | 722,667. | 722,667. | | | |
| c SERVICE FEES | | 900099 | 234,736. | 234,736. | | | |
| d MICRO-LOAN INCOME | | 900099 | 4,172. | 4,172. | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 1,985,903. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 10,641. | | | 10,641. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross Rents | (i) Real | 79,338. | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | 79,338. | | | | |
| | d Net rental income or (loss) | | 79,338. | | | 79,338. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 166,947. | | | | |
| | | (ii) Other | 54,524. | | | | |
| | | b Less: cost or other basis and sales expenses | 169,257. | | | | |
| | | c Gain or (loss) | -2,310. | 54,524. | | | |
| | d Net gain or (loss) | | 52,214. | | | 52,214. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less: cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a MISCELLANEOUS | 900099 | 102,771. | 102,771. | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 102,771. | | | | | |
| 12 Total revenue. See instructions. | | 56683191. | 2,088,674. | | 0. | 142,193. | |

**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

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) but are not required to complete columns (B), (C), and (D).**

| 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 governments and organizations in the U.S. See Part IV, line 21 | 1,189,414. | 1,189,414. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 9,318,759. | 9,318,759. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 913,429. | 913,429. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 766,713. | | 451,314. | 315,399. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 19,189,995. | 14,761,272. | 2,834,218. | 1,594,505. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 2,706,314. | 2,185,837. | 327,314. | 193,163. |
| 10 Payroll taxes | 1,204,283. | 942,923. | 162,600. | 98,760. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 98,103. | 38,838. | 43,721. | 15,544. |
| c Accounting | 348,363. | 105,881. | 237,588. | 4,894. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 818,146. | 452,436. | 135,595. | 230,115. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 4,163,937. | 2,812,789. | 231,931. | 1,119,217. |
| 14 Information technology | 189,061. | 121,828. | 37,874. | 29,359. |
| 15 Royalties | | | | |
| 16 Occupancy | 1,373,736. | 1,018,901. | 343,978. | 10,857. |
| 17 Travel | 2,023,314. | 1,461,063. | 341,077. | 221,174. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 439,668. | 11,042. | 420,702. | 7,924. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 313,633. | 173,822. | 139,811. | |
| 23 Insurance | 253,860. | 5,195. | 248,665. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a PROGRAM COST | 6,720,593. | 6,716,031. | | 4,562. |
| b PERSONNEL | 961,712. | 758,186. | 171,601. | 31,925. |
| c MISCELLANEOUS | 792,592. | 435,937. | 225,499. | 131,156. |
| d GIFTS IN KIND | 397,358. | 397,358. | | |
| e BAD DEBT | 220,180. | 209,809. | 10,371. | |
| f All other expenses | 26,060. | 16,930. | 7,614. | 1,516. |
| 25 Total functional expenses. Add lines 1 through 24f | 54,429,223. | 44,047,680. | 6,371,473. | 4,010,070. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ... | | | | |

WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS

Form 990 (2009)

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Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|-------------|--------------------|------------------|
| Assets | 1 Cash - non-interest-bearing | 3,633,117. | 1 | 5,209,860. | |
| | 2 Savings and temporary cash investments | 201,973. | 2 | 108,145. | |
| | 3 Pledges and grants receivable, net | 3,917,471. | 3 | 3,745,021. | |
| | 4 Accounts receivable, net | 372,600. | 4 | 135,663. | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | 5 42,666. |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | | | 6 |
| | 7 Notes and loans receivable, net | | | | 7 |
| | 8 Inventories for sale or use | | | | 8 |
| | 9 Prepaid expenses and deferred charges | 835,371. | 9 | 677,610. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 7,790,486. | | | |
| | b Less: accumulated depreciation | 10b 4,870,159. | 2,980,292. | 10c | 2,920,327. |
| | 11 Investments - publicly traded securities | 105,593. | 11 | 110,701. | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 Investments - program-related. See Part IV, line 11 | 7,962,903. | 13 | 13,465,774. | |
| | 14 Intangible assets | | 14 | | |
| | 15 Other assets. See Part IV, line 11 | 9,087,527. | 15 | 2,348,748. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 29,096,847. | 16 | 28,764,515. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,340,908. | 17 | 2,863,006. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 300,175. | 19 | 9,599. | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 7,073,879. | 23 | 4,992,779. | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities. Complete Part X of Schedule D | 681,379. | 25 | 300,000. | |
| | 26 Total liabilities. Add lines 17 through 25 | 11,396,341. | 26 | 8,165,384. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 16,449,349. | 27 | 16,477,320. | |
| | 28 Temporarily restricted net assets | 1,251,157. | 28 | 4,121,811. | |
| | 29 Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| | 33 Total net assets or fund balances | 17,700,506. | 33 | 20,599,131. | |
| 34 Total liabilities and net assets/fund balances | 29,096,847. | 34 | 28,764,515. | | |

Form 990 (2009)

Part XI Financial Statements and Reporting

| | | 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 in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 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? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 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 in Schedule O and describe any steps taken to undergo such audits. | X | |

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS** Employer identification number **23-6393344**

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|-----------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
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| Total | | | | | | | | | |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 48489987. | 48217841. | 49937980. | 49878050. | 54452324. | 250976182 |
| 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 | 48489987. | 48217841. | 49937980. | 49878050. | 54452324. | 250976182 |
| 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. | | | | | | 250976182 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 48489987. | 48217841. | 49937980. | 49878050. | 54452324. | 250976182 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 278,617. | 268,941. | 325,859. | 74,365. | 10,641. | 958,423. |
| 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 IV.) | 315,330. | 693,865. | 2945750. | 268,328. | 112,472. | 4335745. |
| 11 Total support. Add lines 7 through 10 | | | | | | 256270350 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 20,977,178. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-------------------------------------|-------|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.93 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 97.63 | % |
| 16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 IV 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 - 2008. 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 IV 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 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2009. 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 - 2008. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS** Employer identification number **23-6393344**

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an 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 in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 organization answered "Yes" to 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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) | | |
| 3a(ii) | | |
| 3b | | |

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land | | 10,000. | | 10,000. |
| b Buildings | | 2,028,689. | 538,564. | 1,490,125. |
| c Leasehold improvements | | 1,324,404. | 476,629. | 847,775. |
| d Equipment | | 4,415,996. | 3,854,966. | 561,030. |
| e Other | | 11,397. | | 11,397. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 2,920,327. |

WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

Part VII Investments - Other Securities. 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 |
|---|----------------|--|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
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| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► | | |

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| INVESTMENT IN URWEGO | | |
| OPPORTUNITY BANK | 884,249. | END-OF-YEAR MARKET VALUE |
| INVESTMENT IN LLC | 12,581,525. | END-OF-YEAR MARKET VALUE |
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| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► | 13,465,774. | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| MICROENTERPRISE AND OTHER LOANS | 2,048,748. |
| MICROENTERPRISE AND AGRICULTURAL ASSETS TO BE TRANSFERRED | 300,000. |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ► | 2,348,748. |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount |
|--|-----------------|
| Federal income taxes | |
| NET ASSETS TO BE TRANSFERRED | 300,000. |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ► | 300,000. |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 56,683,191. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 54,429,223. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 2,253,968. |
| 4 | Net unrealized gains (losses) on investments | 4 | 1,268. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | 643,389. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 644,657. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 2,898,625. |

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

| | | | |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 67,909,651. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 1,268. |
| b | Donated services and use of facilities | 2b | 237,894. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 10,987,298. |
| e | Add lines 2a through 2d | 2e | 11,226,460. |
| 3 | Subtract line 2e from line 1 | 3 | 56,683,191. |
| 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 XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 56,683,191. |

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

| | | | |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 64,711,026. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 237,894. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 10,043,909. |
| e | Add lines 2a through 2d | 2e | 10,281,803. |
| 3 | Subtract line 2e from line 1 | 3 | 54,429,223. |
| 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 XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 54,429,223. |

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF

THE OPEN TAX YEAR (2007-2009) OR EXPECTED TO BE TAKEN IN WORLD RELIEF'S

2010 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN

TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

EQUITY EARNINGS IN LLC: 1036247.

EXCESS EXPENSES OVER REVENUE OF MICROENTERPRISE NET ASSETS TO BE

Part XIV Supplemental Information (continued)

TRANSFERRED: -300000.

EQUITY IN LOSS ON INVESTMENT IN MICROFINANCE INSTITUTION

INCLUDED IN INCOME: -92858.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EQUITY IN LOSS ON INVESTMENT IN MICROFINANCE INSTITUTION

INCLUDED IN INCOME: -92858.

ELIMINATION OF MICROFINANCE ACTIVITY: 9854259.

EQUITY EARNINGS IN LLC: 1036247.

NEGATIVE EXPENSE SHOWN AS AS REVENUE ON FINANCIAL STATEMENTS: 189650.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATION OF MICROFINANCE ENTITY ACTIVITY: 9854259.

NEGATIVE EXPENSE SHOWN AS AS REVENUE ON FINANCIAL STATEMENTS: 189650.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization
**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Employer identification number
23-6393344

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN | 2 | 67 | PROGRAM SERVICES | AIDS (ABY), OVC, MCH, CHURCH ENGAGEMENT, CONFERENCES, DISASTER RESPONSE. | 2,663,051. |
| EAST ASIA AND THE PACIFIC | 20 | 811 | PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN THE REGION, MICROCREDIT SERVICES | HEALTH EDUCATION, HIV AIDS, DR, AGRICULTURAL VALUE CHAIN DEVELOPMENT, MATERNAL & CHILD HEALTH, | 2,410,596. |
| SOUTH ASIA | 1 | 3 | PROGRAM SERVICE | | 66,551. |
| SUB-SAHARAN AFRICA | 31 | 634 | PROGRAM SERVICES, FUNDRAISING, MICROCREDIT SERVICES | REFUGEE SHELTER REHABILITATION, CHILD SURVIVOR, CHURCH MOBILIZATION, HIV&AIDS, | 13,710,518. |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| Totals | 54 | 1515 | | | 18,850,716. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2009

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS

23-6393344

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Use Schedule F-1 (Form 990) if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|--|--------------------------|--|-----------------------------------|---|---|
| | | SUB-SAHARAN AFRICA | COMMERCIALIZATION OF SMALLHOLDER AGRICULTURAL PRODUCERS IN THE | 97,000. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | TO PROVIDE FUNDING SUPPORT ON DIFFERENT ACTIVITIES LIKE HIV/AIDS, AND MEDICAL | 30,819. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA | TO BRING A LASTING IMPACT ON THE EDUCATION AND YOUTH OF SOUTH SUDAN | 661,388. | WIRE TRANSFER DIRECTLY FROM DANIDA TO DUTABARANE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | TO SUPPORT AND REINFORCE KEY MESSAGES AND COMMUNITY EMPOWERMENT | 19,040. | WIRE TRANSFER | 0. | EQUIPMENT FOR USE OF PROJECTS, LAPTOPS, PRINTERS, | |
| | | EAST ASIA AND THE PACIFIC | TO PARTICIPATE TOGETHER TOWARD THE COMPLETION OF PROJECT "WEST SUMATRA | 51,133. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | TO TRAIN LOCAL CHURCH VOLUNTEERS IN LOTU WITH CARE GROUP MODEL. IT WILL BE THE | 21,029. | WIRE FROM HEADQUARTERS | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | CHILE EARTHQUAKE RESPONSE. | 12,500. | WIRE FROM HEADQUARTERS | 0. | | |

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

SEE PART IV FOR COLUMN (D) AND COLUMN (H) DESCRIPTIONS

**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

23-6393344

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) 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 non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|------------------------------------|------------------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| INITIAL REFUGEE GRANTS | CENTRAL AMERICA & THE CARIBBEAN | 3 | 500. | CHECK FROM HEADQUARTERS | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | CENTRAL AMERICA & THE CARIBBEAN | 122 | 5,676. | CHECK FROM HEADQUARTERS | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | CENTRAL AMERICA & THE CARIBBEAN | 7 | 0. | | 158. | FURNITURE | FMV |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | CENTRAL AMERICA & THE CARIBBEAN | 13 | 0. | | 107. | | FMV |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | CENTRAL AMERICA & THE CARIBBEAN | 10 | 3,020. | CHECK FROM HEADQUARTERS | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | CENTRAL AMERICA & THE CARIBBEAN | 38 | 1,986. | CHECK FROM HEADQUARTERS | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | CENTRAL AMERICA & THE CARIBBEAN | 25 | 0. | | -3,098. | MEDICAL & DENTAL | FMV |
| | | | | | | | |
| | | | | | | | |

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: HEALTH EDUCATION, HIV AIDS, DR, AGRICULTURAL VALUE CHAIN DEVELOPMENT, MATERNAL & CHILD HEALTH, CHURCH MOBILIZATION, TEMPORARY HOUSING PROJECT, MATERNAL CHILD HEALTH, TRAFFICKING PREVENTION, MICROCREDITS.

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: REFUGEE SHELTER REHABILITATION, CHILD SURVIVOR, CHURCH MOBILIZATION, HIV&AIDS, FOOD SECURITY ACTIVITIES, HEALTH EDUCATION, MATERNAL HEALTH EDUCATION, CHILD DEVELOPMENT, MICROFINANCE - MED, SUPPORTING ORPHANS AND VULNERABLE CHILDREN AFFECTED BY HIV/AIDS. DISASTER RESPONSE RELIEF. LOANS TO THE ECONOMICALLY ACTIVE POOR.

PART II, COLUMNS (D) AND (H):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: COMMERCIALIZATION OF SMALLHOLDER AGRICULTURAL PRODUCERS IN THE WESTERN PROVINCE WHO ARE MEMBERS OF PARTNER CHURCHES OF AFRICAWORKS AND PROMOTION/DEVELOPMENT OF TRADE FOR AGRICULTURAL COMMODITIES PRODUCED BY PROJECT BENEFICIARIES.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO PROVIDE FUNDING SUPPORT ON DIFFERENT ACTIVITIES LIKE HIV/AIDS, AND MEDICAL SERVICES TO THE CHURCHES AND COMMUNITIES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO BRING A LASTING IMPACT ON THE EDUCATION AND

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

YOUTH OF SOUTH SUDAN THROUGH THE CONSTRUCTION OF NEW SCHOOLS, DEVELOPMENT OF TEACHING AND CURRICULUM MATERIALS, AND TRAINING OF 2400 TEACHERS AND LOCAL GOVERNMENT OFFICERS.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT AND REINFORCE KEY MESSAGES AND COMMUNITY EMPOWERMENT THROUGH THE PRODUCTION OF STS OF INTEGRATED EDUCATION AUDIO PROGRAMS

(H) DESCRIPTION OF NON-CASH ASSISTANCE: EQUIPMENT FOR USE OF PROJECTS, LAPTOPS, PRINTERS, THURAYAS, PHOTO CAMERAS

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO PARTICIPATE TOGETHER TOWARD THE COMPLETION OF PROJECT "WEST SUMATRA EARTHQUAKE RESPONSE, TAPINA KANDIH', COMPLETION OF CORE HOUSEE.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO TRAIN LOCAL CHURCH VOLUNTEERS IN LOTU WITH CARE GROUP MODEL. IT WILL BE THE PROMOTERS OF HEALTH FACILITATION TO THE COMMUNITY THROUGH PARTNERSHIP WITH OTHER HEALTH INSTITUTIONS SUCH AS THE COMMUNITY HEALTH CENTER.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS** Employer identification number **23-6393344**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALBANY PARK COMMUNITY CENTER 3404 W. LAWRENCE AVE., SUITE 300 CHICAGO, IL 60625 | 36-2841886 | 501(C)(3) | 21,089. | 0. | | | WR-C SERVES AS THE LEAD AGENCY IN A CITIZENSHIP GRANT CALLED RIC1. APCC PROVIDES CITIZENSHIP |
| COLLEGE OF DUPAGE 425 FAWELL BLVD. GLEN ELLYN, IL 60137 | 36-2594972 | 501(C)(3) | 13,141. | 0. | | | PARTNERSHIP WITH WR-CITIZENSHIP PROGRAM TO AID REFUGEES |
| EXODUS WORLD SERVICE P.O. BOX 620 ITASCA, IL 601430620 | 36-3604920 | 501(C)(3) | 5,526. | 0. | | | PARTNERSHIP WITH WR-CITIZENSHIP PROGRAM TO AID REFUGEES |
| JESUIT VOLUNTEER -JVC: MIDWEST 7333 W 7 MILE RD DETROIT, MI 48221-2121 | 38-2282665 | 501(C)(3) | 7,000. | 0. | | | WR-C CONTRACTS WITH JVC TO RECEIVE YEAR-LONG FULL-TIME VOLUNTEER WHO PROVIDES DIRECT SERVICES |
| FLORESTA USA INCORPORATED - PLANT WITH PURPOSE - 4903 MORENA BLVD., STE 1215 - SAN DIEGO, CA 92117 | 33-0052976 | 501(C)(3) | 225,000. | 0. | | | AGRICULTURE LIVELIHOOD REHABILITATION |
| LIFE OF FREEDOM | 91-1577847 | 501(C)(3) | 10,382. | 0. | | | A SUBCONTRACT FOR PROVIDING CITIZENSHIP SERVICES TO ELIGIBLE CLIENTS IN REGION 3 OF WA |

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) 2009

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 3384 | 0. | 274,102. | FMV | FOOD AND HOUSEHOLD ITEMS |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 286 | 0. | 57,626. | FMV | INSTRUCTIONAL MATERIALS |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 24 | 0. | 3,661. | FMV | DAY CARE SUPPLIES |
| FUNDS FOR STAFF DEVELOPMENT | 21 | 3,252. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 1985 | 243,864. | 0. | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY PARK COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: WR-C SERVES AS THE LEAD AGENCY IN A CITIZENSHIP GRANT CALLED RIC1. APCC PROVIDES CITIZENSHIP CLASSES FOR THE GRANT

NAME OF ORGANIZATION OR GOVERNMENT: JESUIT VOLUNTEER -JVC: MIDWEST

(H) PURPOSE OF GRANT OR ASSISTANCE: WR-C CONTRACTS WITH JVC TO RECEIVE YEAR-LONG FULL-TIME VOLUNTEER WHO PROVIDES DIRECT SERVICES IN OUR

Name of the organization **WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS** Employer identification number **23-6393344**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SEATTLE SLAVIC ASSOCIATION (SSA) | 61-1524206 | 501(C)(3) | 59,137. | 0. | | | A SUBCONTRACT FOR PROVIDING REFUGEE RESETTLEMENT ASSISTANCE (RRA) SERVICES TO |
| THE EPISCOPAL CHURCH IN WESTERN WASHINGTON | 91-0200430 | 501(C)(3) | 155,882. | 0. | | | PROVIDES EMPLOYMENT, ENGLISH AS A SECOND LANGUAGE (ESL) SERVICES, AND SKILLS TRAINING TO |
| WEST CHICAGO HIGH SCHOOL DISTRICT 94 | 36-6004531 | | 8,420. | 0. | | | PARTNERSHIP WITH WR-CITIZENSHIP PROGRAM TO AID REFUGEES |
| WORLD RELIEF MINNESOTA | 41-2763181 | 501(C)(3) | 638,923. | 0. | | | DIRECTLY FUNDED THE RESETTLEMENT AND PROCESSING OF REFUGEES |
| CHRISTIAN REFORMED WORLD RELIEF COMMITTEE - 2850 KALAMAZOO AVE. SE - GRAND RAPIDS, MI 49560 | 38-1708140 | 501(C)(3) | 43,225. | 0. | | | TO PROVIDE RELIEF FROM A HURRICANE IN HAITI (DR) |
| | | | | | | | |
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**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 77. | 6,293. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 112. | 0. | 36,268. | FMV | CLOTHING |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 1,105. | 0. | 307,877. | FMV | FURNITURE |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 235. | 0. | 14,089. | FMV | MEDICAL AND DENTAL SUPPLIES |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 25. | 14,343. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 1,453. | 269,132. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 6,869. | 0. | 2,839,000. | FMV | HOUSING |
| POCKET MONEY | 5,063. | 1,075,020. | 0. | | |
| INITIAL REFUGEE GRANTS | 13,398. | 4,177,271. | 0. | | |

WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 168. | -3,039. | 0. | | |
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Part IV Supplemental Information

IMMIGRANT LEGAL SERVICES CLINIC

NAME OF ORGANIZATION OR GOVERNMENT: LIFE OF FREEDOM

(H) PURPOSE OF GRANT OR ASSISTANCE: A SUBCONTRACT FOR PROVIDING
CITIZENSHIP SERVICES TO ELIGIBLE CLIENTS IN REGION 3 OF WA STATE

NAME OF ORGANIZATION OR GOVERNMENT: SEATTLE SLAVIC ASSOCIATION (SSA)

(H) PURPOSE OF GRANT OR ASSISTANCE: A SUBCONTRACT FOR PROVIDING REFUGEE
RESETTLEMENT ASSISTANCE (RRA) SERVICES TO REFUGEES AS WELL AS PROVIDING
CITIZENSHIP SERVICES TO ELIGIBLE CLIENTS IN REGION 3 OF WASHINGTON STATE

NAME OF ORGANIZATION OR GOVERNMENT:

THE EPISCOPAL CHURCH IN WESTERN WASHINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES EMPLOYMENT, ENGLISH AS A
SECOND LANGUAGE (ESL) SERVICES, AND SKILLS TRAINING TO REFUGEES

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS**

Employer identification number
23-6393344

Part I Questions Regarding Compensation

| | Yes | No |
|---|-----------|----------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| <input type="checkbox"/> First-class or charter travel | | |
| <input checked="" type="checkbox"/> Housing allowance or residence for personal use | | |
| <input 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 type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | X |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | X |
| 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. | | |
| <input checked="" type="checkbox"/> Compensation committee | | |
| <input checked="" type="checkbox"/> Written employment contract | | |
| <input type="checkbox"/> Independent compensation consultant | | |
| <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | |
| 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" to line 5a or 5b, describe in Part III. | | |
| 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" to line 6a or 6b, describe in Part III. | | |
| 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2009

WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS

23-6393344

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| SAMMY MAH (SEE SCH J, PART III) | (i) | 150,862. | 0. | 143,365. | 0. | 29,075. | 323,302. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

*THE AMOUNT OF COMPENSATION RECEIVED BY THE CEO INCLUDES
PAYMENTS PROVIDED FOR TRANSITIONAL HOUSING FROM MICHIGAN TO THE REQUIRED
WORK LOCATION AT HEADQUARTERS IN BALTIMORE. ALSO INCLUDED ARE CERTAIN TAX
PAYMENTS PROVIDED OF \$29,754 REQUIRED TO BE REPORTED AS INCOME TO THE CEO.

**DUE TO THE DIFFICULT TIMING AND EXTENDED BREADTH OF THE HOUSING MARKET
DECLINE IN MICHIGAN, CERTAIN PAYMENTS WERE PROVIDED TO ASSIST THE CEO IN
HIS TRANSITION TO BALTIMORE. WORLD RELIEF HAS NO FORMAL STANDING POLICY ON
CEO HOUSING PAYMENTS, TAX INDEMNIFICATION OR GROSS-UP PAYMENTS. THE FUNDS
PROVIDED WERE SEPARATELY APPROVED BY THE BOARD AND ARE NOT INTENDED TO
BECOME PART OF A STANDING POLICY.

BREAKDOWN OF CEO COMPENSATION

SALARY \$155,472

BENEFITS \$ 29,075

HOUSING RENT \$ 9,000

HOUSING TRANSITION ALLOWANCE \$129,754

SCHEDULE L
(Form 990 or 990-EZ)

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. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization **WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS** Employer identification number **23-6393344**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|---------|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| | DONALD GOLDEN - R | | | | X | 53,022. | 42,666. | | X | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | ▶ \$ | 42,666. | | | | | |

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 and type of assistance |
|-------------------------------|---|-----------------------------------|
| | | |
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| | | |

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| LORELEI MAH | WIFE OF CEO/PRESIDE | 77,489. | SALARY | | X |
| BROTHERHOOD MUTUAL | ENTITY IN WHICH CEO | 277,273. | INSURANCE V | | X |
| | | | | | |
| | | | | | |
| | | | | | |

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS** Employer identification number **23-6393344**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|----------------------------|--------------------------------|--|---------------------------------------|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | X | | 1,013. | |
| 5 Clothing and household goods | X | | 106,470. | FMV |
| 6 Cars and other vehicles | X | 28 | 37,601. | FMV |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 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 | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 67 | 90,364. | FMV |
| 20 Drugs and medical supplies | X | 2 | 1,600. | FMV |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (FURNITURE) | X | 679 | 132,729. | FMV |
| 26 Other ▶ (ELECTRONICS) | X | 97 | 21,200. | FMV |
| 27 Other ▶ (PERSONAL ITEM) | X | 77 | 8,973. | FMV |
| 28 Other ▶ (APPLIANCES) | X | 68 | 8,212. | FMV |

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

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | 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 non-standard 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 did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2009

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

OFFICE SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 21

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4414.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHOOL SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 35

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4033.

(D) METHOD OF DETERMINING REVENUE: FMV

BABY ITEMS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 60

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3876.

(D) METHOD OF DETERMINING REVENUE: FMV

RELIEF SUPPLY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2963.

(D) METHOD OF DETERMINING REVENUE: FMV

TOYS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 49

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1865.

(D) METHOD OF DETERMINING REVENUE: FMV

BICYCLE

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 15

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1380.

(D) METHOD OF DETERMINING REVENUE: FMV

SHOES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 12

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1143.

(D) METHOD OF DETERMINING REVENUE: FMV

HOLIDAY GIFTS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 3

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 237.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPOWER THE LOCAL CHURCH TO SERVE THE MOST VULNERABLE. IN COMMUNITY
WITH THE LOCAL CHURCH, WORLD RELIEF ENVISIONS THE MOST VULNERABLE
PEOPLE TRANSFORMED ECONOMICALLY, SOCIALLY, AND SPIRITUALLY.

WORLD RELIEF SEEKS TO ASSIST A CHARITABLE CLASS INTERNALLY REFERRED TO
AS THE "POOREST OF THE POOR". PROPOSALS FOR PROGRAMS DESIGNED TO
BENEFIT THIS GROUP ARE EVALUATED BY STAFF IN ONE OF WORLD RELIEF'S
FIELD OFFICES IN THE USA OR OVERSEAS BEFORE APPROVAL OF FUNDING BY
WORLD RELIEF'S MANAGEMENT. THESE FIELD OFFICES ARE STAFFED WITH
COMPASSIONATE INDIVIDUALS, WHO MAKE TRIPS TO THE PROPOSED SITES BEFORE
AND DURING A PROJECT TO ENSURE THAT THE FUNDING IS DIRECTED TO THE
QUALIFIED AND APPROVED CHARITABLE PURPOSES OF THE ORGANIZATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE:

AGRICULTURE: SUPPORT AGRICULTURAL CREDIT, EXTENSION, MARKETING AND
VALUE CHAIN PROJECTS THAT HELP FARM FAMILIES AND SMALL RURAL
AGRICULTURAL RELATED BUSINESSES. THIS PROGRAM AREA ALSO WORKS IN FOOD
SECURITY AND AGRICULTURAL REHABILITATION IN AREAS AFFECTED BY DISASTERS
SUCH AS DROUGHT, FLOODS, CIVIL WAR, HURRICANES, ETC. 85,000
BENEFICIARIES RECORDED FOR FY 10. BURUNDI, INDONESIA, MALAWI,
MOZAMBIQUE, NICARAGUA, RWANDA, ZAMBIA.

ANTI-TRAFFICKING: IDENTIFYING TRAFFICKING VICTIMS AND WORKING WITH

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

PARTNERS TO HELP THEM BY PROVIDING COMPREHENSIVE SERVICES THAT INCLUDE
EMERGENCY HOUSING, FOOD, CLOTHING, MEDICAL CARE, TRAUMA COUNSELING,
LEGAL ASSISTANCE, AND JOB TRAINING. 8154 BENEFICIARIES; UNITED STATES,
CAMBODIA

LOCAL PARTNER STRENGTHENING: STRENGTHEN THE LOCAL CHURCH AND OTHER
ORGANIZATIONS THAT IT FOSTERS TO MEET THE NEEDS OF THE POOR AND
SUFFERING THROUGH LEADERSHIP DEVELOPMENT, TRAINING IN GENERAL PROJECT
DEVELOPMENT AND IMPLEMENTATION, ACCOUNTING, FINANCIAL MANAGEMENT,
DISASTER PREPAREDNESS AND RESPONSE, AND SPECIFIC TECHNICAL TRAINING IN
SECTORAL AREAS OF HEALTH, EDUCATION, SOCIAL SERVICE, AND ECONOMIC
DEVELOPMENT. 8000 BENEFICIARIES INCLUDING LAY LEADERS, VOLUNTEERS, AND
PASTORS. BURUNDI, KENYA, RWANDA, MALAWI, MOZAMBIQUE AND CAMBODIA.

HIV/AIDS: EQUIP LOCAL CHURCHES TO START AND SUSTAIN PREVENTION AND CARE
MINISTRIES, INCLUDING SUPPORTING THE SICK, EDUCATING CONGREGATIONS AND
COMMUNITIES, PROVIDING AIDS ABSTINENCE EDUCATION TO YOUTH AND REFERRING
PEOPLE TO OTHER NEEDED SERVICES. 24,748 BENEFICIARIES; BURUNDI,
CAMBODIA, CHINA, HAITI, INDIA, INDONESIA, KENYA, MALAWI, MOZAMBIQUE,
AND RWANDA

MICROECONOMIC DEVELOPMENT: EMPOWER PEOPLE THROUGH INCOME-GENERATING
INITIATIVES. 119,214 BENEFICIARIES; BANGLADESH, HAITI, INDIA, KOSOVO,
LIBERIA, AND RWANDA.

SERVICE TO IMMIGRANTS: PROVIDE IMMIGRATION RESOURCES AND REFERRAL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

| | | | |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS | Employer identification number | 23-6393344 |
|--------------------------|--|--------------------------------|------------|

ASSISTANCE AND SUPPORT CHURCH-CENTERED MINISTRIES WORKING IN SOME OF AMERICA'S MOST IMPOVERISHED COMMUNITIES. 172,000 BENEFICIARIES. EXPENSES \$ 10942988. INCLUDING GRANTS OF \$ 270791. REVENUE \$ 705601.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BURUNDI, CAMBODIA, CHINA, CONGO, DEM REP,

HAITI, INDIA, INDONESIA, KENYA,

SERBIA, MALAWI, MOZAMBIQUE, NICARAGUA,

RWANDA, SUDAN

FORM 990, PART VI, SECTION A, LINE 6: THE NATIONAL ASSOCIATION OF EVANGELICALS IS THE SOLE SHAREHOLDER IN WORLD RELIEF CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B: THE CHAIRMAN OF THE BOARD OF DIRECTORS HAS TO BE APPROVED BY THE STOCKHOLDERS.

FORM 990, PART VI, SECTION B, LINE 11: IT IS WORLD RELIEF'S POLICY THAT THE CORPORATION'S BOARD OF DIRECTORS ANNUALLY REVIEW IRS FORM 990 PRIOR TO ITS FILING WITH THE IRS. THE REVIEW IS ACCOMPLISHED THROUGH THE AUDIT COMMITTEE OF WORLD RELIEF'S BOARD OF DIRECTORS. UPON COMPLETION, THE APPROVED FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE AND THE ENTIRE BOARD OF DIRECTORS VIA ELECTRONIC MAIL. ADDITIONALLY, THE FORM IS POSTED TO WORLD RELIEF'S INTERNAL BOARD OF DIRECTORS SHAREPOINT SITE AT LEAST FIVE DAYS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS AND ALL

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

OFFICERS OF WORLD RELIEF CORPORATION ARE REQUIRED TO ANNUALLY SIGN A
STATEMENT STATING THEY HAVE READ AND INTEND TO COMPLY WITH THE
BOARD-APPROVED CONFLICT OF INTEREST STATEMENT. ALL EMPLOYEES OF WORLD
RELIEF ARE REQUIRED AT THEIR TIME OF HIRE TO READ AND SIGN A BOARD-APPROVED
CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15A: WORLD RELIEF ADHERES TO A
BOARD-APPROVED EXECUTIVE COMPENSATION POLICY WHICH OUTLINES THE PROCESS BY
WHICH COMPENSATION OF THE CEO IS REVIEWED ANNUALLY AND APPROVED BY THE
BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA, CO, DC, DE, FL, GA, IL, IN, KS, KY, MA, MD, ME, MI, MN, MT, NC, ND, NH, NJ, NM, NV, OH, OK, OR
PA, SC, TN, UT, VA, WA, WI, WV, CT, LA

FORM 990, PART VI, SECTION C, LINE 19: WORLD RELIEF WILL COMPLY WITH ALL
UNITED STATES FEDERAL AND STATE PUBLIC DISCLOSURE REQUIREMENTS WITH RESPECT
TO ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION, BYLAWS AND IRS
DETERMINATION LETTER), CONFLICT OF INTEREST POLICY AND OTHER CORPORATE
POLICIES OF OUR ORGANIZATION EITHER BY POSTING THEM TO OUR CORPORATE
WEBSITE OR BY FULFILLING ALL REQUESTS MADE IN PERSON OR IN WRITING OR BY
SOME COMBINATION OF THESE AVENUES.

FORM 990, PART XI, LINE 2C

THE BOARD OF WORLD RELIEF HAS AN AUDIT COMMITTEE WHICH MEETS REGULARLY
AND REVIEWS ISSUES RELATED TO THE ANNUAL AUDIT, THE 990 AND ANY OTHER

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

| | | | |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS | Employer identification number | 23-6393344 |
|--------------------------|--|--------------------------------|------------|

ADDITIONAL AUDITS BEING CONDUCTED IN THE ORGANIZATION. THE AUDIT COMMITTEE IS ALSO RESPONSIBLE FOR THE SELECTION OF AN INDEPENDENT AUDIT FIRM TO CONDUCT THE ANNUAL AUDIT.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: DONALD GOLDEN

(A) PURPOSE OF LOAN: RELOCATION FROM MICHIGAN TO BALTIMORE

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LORELEI MAH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF CEO/PRESIDENT

(A) NAME OF PERSON: BROTHERHOOD MUTUAL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ENTITY IN WHICH CEO SAMMY MAH SERVED ON THE BOARD OF DIRECTORS

(D) DESCRIPTION OF TRANSACTION: INSURANCE VENDOR

FORM 990, SCHEDULE J, PART II

BREAKDOWN OF CEO COMPENSATION

SALARY \$155,472

BENEFITS \$ 29,075

HOUSING RENT \$ 9,000

HOUSING TRANSITION ALLOWANCE \$129,754

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

FORM 990, SCHEDULE R, PART IV

AS A PART OF OUR CHARITABLE MISSION, WORLD RELIEF DEVELOPS SMALL SCALE
 LOAN AND CREDIT INSTITUTIONS (MFIS) TO PROVIDE LOAN AND SAVINGS
 OPPORTUNITIES TO MICRO AND SMALL BUSINESSES IN COUNTRIES RECOVERING
 FROM DISASTERS. THESE MICROFINANCE PROGRAMS HELP CREATE STABILITY AT
 HOME, TEACH INDIVIDUALS HOW TO THRIVE, AND FOSTER SELF-RESPECT AND
 COMMUNITY WELL-BEING. THESE ENTITIES ARE SET UP AND MANAGED AS STOCK
 HOLDING CORPORATIONS TO ALLOW FOR THEIR DEVELOPMENT AS MARKET BASED
 INSTITUTIONS AND OVER TIME TO ENABLE OTHER ENTITIES TO PARTNER WITH
 WORLD RELIEF IN PROVIDING FUNDING FOR THIS SAME PURPOSE. THESE ENTITIES
 ARE FORMED WITH THEIR OWN BOARD OF DIRECTORS AND WORLD RELIEF DEVELOPS
 SEPARATE GOVERNANCE STRUCTURES AND THE ENTITIES BECOME SELF-SUSTAINING.
 THERE ARE CURRENTLY 5 SUCH ENTITIES THAT HAVE BECOME SELF-SUSTAINING.
 THEIR LOCATIONS, NAMES AND WORLD RELIEF'S PERCENTAGE OF OWNERSHIP
 FOLLOW: CAMBODIA (CREDIT) 81.66% OWNERSHIP BY WR; KOSOVO (BZMF), 100%
 OWNERSHIP BY WR; BURUNDI (TURAME), 88.03% OWNERSHIP BY WR; THE
 DEMOCRATIC REPUBLIC OF CONGO (HEKIMA), 100% OWNERSHIP BY WR; AND RWANDA
 (URWEGO OPPORTUNITY BANK), 20.5% OWNERSHIP BY WR.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS** **Employer identification number** **23-6393344**

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

| (a) Name, address, and EIN 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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|
| NATIONAL ASSOCIATION OF EVANGELICALS 1023 15TH ST. NW, STE. 500 WASHINGTON, DC 20005 | | DISTRICT OF COLUMBIA | 501(C)(3) | 1 | |
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**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Schedule R (Form 990) 2009

23-6393344 Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportion- ate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|
| | | | | | | | Yes | No | | Yes | No |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| IMF HEKIMA SOCIETE CIVILE AVENUE CANNAS, NO. 94 GOMA, CONGO, DEMO. REP. OF CREDIT LIMITED NO 18 STREET 422 | MICROENTERPRISE | CONGO, DEMO. REP | | C CORP | 0. | 0. | 100% |
| PHNOM PEHN, CAMBODIA TURAME COMMUNITY FINANCE, S.A. P.O. BOX 6549 | MICROENTERPRISE | CAMBODIA | | C CORP | 0. | 0. | 81.66% |
| BUJUMBURA, BURUNDI BESELIDHJA ZAVET MICRO FINANCE LLC RR UCK, NO. 18 PRISTINA, SERBIA | MICROENTERPRISE | BURUNDI | | C CORP | 0. | 0. | 88.03% |
| | | ST. KITTS | | | 0. | 0. | 100% |
| | | | | | | | |
| | | | | | | | |
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**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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?

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

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 other organization(s) | (b) Transaction type (a-r) | (c) Amount involved |
|--------------------------------------|----------------------------------|------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of- year assets | (f) Dispropor- tionate allocations? | | (g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|--|-------------------------|--|--|----|--|--|----|---|---|----|
| | | | Yes | No | | Yes | No | | Yes | No |
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| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--------------------------|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | VARIOUS FIXED ASSETS | VARIABLES | SL | 10.00 | 16 | 8598727. | | | 8598727. | 6022956. | | 859,873. |
| | * TOTAL 990 PAGE 10 DEPR | | | | | 8598727. | | 0. | 8598727. | 6022956. | 0. | 859,873. |
| | | | | | | | | | | | | |
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Information Return of U.S. Persons With Respect To Certain Foreign Corporations

▶ See separate instructions.

(Rev. December 2007)

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning _____, _____, and ending _____, _____, _____.

Attachment
Sequence No. **121**

| | |
|---|--|
| Name of person filing this return WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> 7 EAST BALTIMORE STREET City or town, state, and ZIP code BALTIMORE, MD 21202 | A Identifying number 23-6393344 B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 81.66 % |
| Filer's tax year beginning OCT 1 , 2009 , and ending SEP 30 , 2010 | |

D Person(s) on whose behalf this information return is filed:

| (1) Name | (2) Address | (3) Identifying number | (4) Check applicable box(es) | | |
|----------|-------------|------------------------|------------------------------|---------|----------|
| | | | Shareholder | Officer | Director |
| | | | | | |
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Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

| | | | | |
|---|--|--|--------------------------------------|--|
| 1a Name and address of foreign corporation CREDIT LIMITED NO 18 STREET 422 PHNOM PEHN CAMBODIA | b Employer identification number, if any c Country under whose laws incorporated CAMBODIA | | | |
| d Date of incorporation | e Principal place of business | f Principal business activity code number | g Principal business activity | h Functional currency U.S. , DOLLAR |

2 Provide the following information for the foreign corporation's accounting period stated above.

| | | | | | |
|--|---|-------------------------------------|--|--|--|
| a Name, address, and identifying number of branch office or agent (if any) in the United States | b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><i>(i)</i> Taxable income or (loss)</td> <td style="width:50%;"><i>(ii)</i> U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | <i>(i)</i> Taxable income or (loss) | <i>(ii)</i> U.S. income tax paid (after all credits) | | |
| <i>(i)</i> Taxable income or (loss) | <i>(ii)</i> U.S. income tax paid (after all credits) | | | | |
| | | | | | |
| c Name and address of foreign corporation's statutory or resident agent in country of incorporation | d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different | | | | |

| Schedule A Stock of the Foreign Corporation | | |
|--|--|---|
| (a) Description of each class of stock | (b) Number of shares issued and outstanding | |
| | <i>(i)</i> Beginning of annual accounting period | <i>(ii)</i> End of annual accounting period |
| | | |
| | | |
| | | |
| | | |

Schedule B U.S. Shareholders of Foreign Corporation

| (a) Name, address, and identifying number of shareholder | (b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a). | (c) Number of shares held at beginning of annual accounting period | (d) Number of shares held at end of annual accounting period | (e) Pro rata share of subpart F income (enter as a percentage) |
|--|--|--|--|--|
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Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

| | | Functional Currency | U.S. Dollars |
|---|--|---------------------|--------------|
| Income | 1a Gross receipts or sales | 1a | |
| | b Returns and allowances | 1b | |
| | c Subtract line 1b from line 1a | 1c | |
| | 2 Cost of goods sold | 2 | |
| | 3 Gross profit (subtract line 2 from line 1c) | 3 | |
| | 4 Dividends | 4 | |
| | 5 Interest | 5 | |
| | 6a Gross rents | 6a | |
| | b Gross royalties and license fees | 6b | |
| 7 Net gain or (loss) on sale of capital assets | 7 | | |
| 8 Other income (attach schedule) SEE STATEMENT 1 | 8 | 7,016,803. | 0. |
| 9 Total income (add lines 3 through 8) | 9 | 7,016,803. | 0. |
| Deductions | 10 Compensation not deducted elsewhere | 10 | 2,200,402. |
| | 11a Rents | 11a | 435,940. |
| | b Royalties and license fees | 11b | |
| | 12 Interest | 12 | 1,846,745. |
| | 13 Depreciation not deducted elsewhere | 13 | 190,171. |
| | 14 Depletion | 14 | |
| | 15 Taxes (exclude provision for income, war profits, and excess profits taxes) | 15 | |
| | 16 Other deductions (attach schedule - exclude provision for income, war profits, and excess profits taxes) SEE STATEMENT 2 | 16 | 1,727,175. |
| 17 Total deductions (add lines 10 through 16) | 17 | 6,400,433. | |
| Net Income | 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9) | 18 | 616,370. |
| | 19 Extraordinary items and prior period adjustments | 19 | |
| | 20 Provision for income, war profits, and excess profits taxes | 20 | |
| | 21 Current year net income or (loss) per books (combine lines 18 through 20) | 21 | 616,370. |

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

| (a) Name of country or U.S. possession | Amount of tax | | |
|---|----------------------------|------------------------|------------------------|
| | (b) In foreign currency | (c) Conversion rate | (d) In U.S. dollars |
| 1 U.S. | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 Total | | | |

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

| Assets | | (a) | (b) |
|--|-----|---------------------------------------|---------------------------------|
| | | Beginning of annual accounting period | End of annual accounting period |
| 1 Cash | 1 | 2,546,529. | 2,264,400. |
| 2a Trade notes and accounts receivable | 2a | | |
| b Less allowance for bad debts | 2b | () | () |
| 3 Inventories | 3 | | |
| 4 Other current assets (attach schedule) SEE STATEMENT 3 | 4 | 597,829. | 336,941. |
| 5 Loans to shareholders and other related persons | 5 | | |
| 6 Investment in subsidiaries (attach schedule) | 6 | | |
| 7 Other investments (attach schedule) SEE STATEMENT 4 | 7 | 79,269. | |
| 8a Buildings and other depreciable assets | 8a | 366,785. | 418,392. |
| b Less accumulated depreciation | 8b | () | () |
| 9a Depletable assets | 9a | | |
| b Less accumulated depletion | 9b | () | () |
| 10 Land (net of any amortization) | 10 | | |
| 11 Intangible assets: | | | |
| a Goodwill | 11a | | |
| b Organization costs | 11b | | |
| c Patents, trademarks, and other intangible assets | 11c | | |
| d Less accumulated amortization for lines 11a, b, and c | 11d | () | () |
| 12 Other assets (attach schedule) SEE STATEMENT 5 | 12 | 19,360,305. | 29,569,461. |
| 13 Total assets | 13 | 22,950,717. | 32,589,194. |
| Liabilities and Shareholders' Equity | | | |
| 14 Accounts payable | 14 | 1,582,037. | 1,289,448. |
| 15 Other current liabilities (attach schedule) SEE STATEMENT 6 | 15 | 578,113. | 1,852,193. |
| 16 Loans from shareholders and other related persons | 16 | | |
| 17 Other liabilities (attach schedule) SEE STATEMENT 7 | 17 | 16,093,660. | 24,057,540. |
| 18 Capital stock: | | | |
| a Preferred stock | 18a | | |
| b Common stock | 18b | | |
| 19 Paid-in or capital surplus (attach reconciliation) | 19 | | |
| 20 Retained earnings | 20 | 4,696,907. | 5,310,013. |
| 21 Less cost of treasury stock | 21 | () | () |
| 22 Total liabilities and shareholders' equity | 22 | 22,950,717. | 32,509,194. |

Schedule G Other Information

- | | | |
|--|--------------------------|-------------------------------------|
| | Yes | No |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required attachment. | | |
| 2 During the tax year, did the foreign corporation own an interest in any trust? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions). | | |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Schedule H Current Earnings and Profits

Important: Enter the amounts on lines 1 through 5c in functional currency.

| | | |
|---|---------------|------------------|
| 1 Current year net income or (loss) per foreign books of account | 1 | 616,370. |
| 2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions): | | |
| | Net Additions | Net Subtractions |
| a Capital gains or losses | | |
| b Depreciation and amortization | | |
| c Depletion | | |
| d Investment or incentive allowance | | |
| e Charges to statutory reserves | | |
| f Inventory adjustments | | |
| g Taxes | | |
| h Other (attach schedule) | | |
| 3 Total net additions | | |
| 4 Total net subtractions | | |
| 5a Current earnings and profits (line 1 plus line 3 minus line 4) | 5a | 616,370. |
| b DASTM gain or (loss) for foreign corporations that use DASTM | 5b | |
| c Combine lines 5a and 5b | 5c | 616,370. |
| d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) | 5d | |
| Enter exchange rate used for line 5d ▶ | | |

Schedule I Summary of Shareholder's Income From Foreign Corporation

| | | |
|---|---|--|
| 1 Subpart F income (line 38b, Worksheet A in the instructions) | 1 | |
| 2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions) | 2 | |
| 3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions) | 3 | |
| 4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) | 4 | |
| 5 Factoring income | 5 | |
| 6 Total of lines 1 through 5. Enter here and on your income tax return | 6 | |
| 7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) | 7 | |
| 8 Exchange gain or (loss) on a distribution of previously taxed income | 8 | |

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| • Was any income of the foreign corporation blocked? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did any such income become unblocked during the tax year (see section 964(b))? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2005)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Identifying number

23-6393344

Name of foreign corporation

CREDIT LIMITED

| Important. Enter amounts in functional currency. | (a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance) | (b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance) |
|---|---|---|
| 1 Balance at beginning of year | 470,314. | |
| 2a Current year E&P | 616,370. | |
| b Current year deficit in E&P | | |
| 3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b) | 1,086,684. | |
| 4 Amounts included under section 951(a) or reclassified under section 959(c) in current year | | |
| 5a Actual distributions or reclassifications of previously taxed E&P | | |
| b Actual distributions of nonpreviously taxed E&P | | |
| 6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a) | | |
| b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b) | 1,086,684. | |
| 7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.) | 1,086,684. | |

| | (c) Previously Taxed E&P (sections 959(c)(1) and (2) balances) | | | (d) Total Section 964(a) E&P (combine columns (a), (b), and (c)) |
|-----------|---|---|------------------------|---|
| | (i) Earnings Invested in U.S. Property | (ii) Earnings Invested in Excess Passive Assets | (iii) Subpart F Income | |
| 1 | | | | 470,314. |
| 2a | | | | |
| b | | | | |
| 3 | | | | |
| 4 | | | | |
| 5a | | | | |
| b | | | | |
| 6a | | | | |
| b | | | | |
| 7 | | | | 1,086,684. |

**SCHEDULE M
(Form 5471)**

(Rev. December 2007)

Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0704

▶ Attach to Form 5471.

| | |
|--|---|
| Name of person filing Form 5471 WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS | Identifying number 23-6393344 |
|--|---|

Name of foreign corporation
CREDIT LIMITED

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

| (a) Transactions of foreign corporation | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|--|------------------------------------|--|---|--|---|
| 1 Sales of stock in trade (inventory) ... | | | | | |
| 2 Sales of tangible property other than stock in trade | | | | | |
| 3 Sales of property rights (patents, trademarks, etc.) | | | | | |
| 4 Buy-in payments received | | | | | |
| 5 Cost sharing payments received | | | | | |
| 6 Compensation received for technical, managerial, engineering, construction, or like services | | | | | |
| 7 Commissions received | | | | | |
| 8 Rents, royalties, and license fees received | | | | | |
| 9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income) | | | | | |
| 10 Interest received | | | | | |
| 11 Premiums received for insurance or reinsurance | | | | | |
| 12 Add lines 1 through 11 | | | | | |
| 13 Purchases of stock in trade (inventory) | | | | | |
| 14 Purchases of tangible property other than stock in trade | | | | | |
| 15 Purchases of property rights (patents, trademarks, etc.) | | | | | |
| 16 Buy-in payments paid | | | | | |
| 17 Cost sharing payments paid | | | | | |
| 18 Compensation paid for technical, managerial, engineering, construction, or like services | | | | | |
| 19 Commissions paid | | | | | |
| 20 Rents, royalties, and license fees paid | | | | | |
| 21 Dividends paid | | | | | |
| 22 Interest paid | | | | | |
| 23 Premiums paid for insurance or reinsurance | | | | | |
| 24 Add lines 13 through 23 | | | | | |
| 25 Amounts borrowed (enter the maximum loan balance during the year) - see instr. | | | | | |
| 26 Amounts loaned (enter the maximum loan balance during the year) - see instr. | | | | | |

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

▶ See separate instructions.

(Rev. December 2007)

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning _____, _____, and ending _____, _____, _____.

Attachment
Sequence No. **121**

| | |
|--|---|
| Name of person filing this return WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 7 EAST BALTIMORE STREET City or town, state, and ZIP code BALTIMORE, MD 21202 | A Identifying number 23-6393344 B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 % |
| Filer's tax year beginning OCT 1 , 2009 , and ending SEP 30 , 2010 | |

D Person(s) on whose behalf this information return is filed:

| (1) Name | (2) Address | (3) Identifying number | (4) Check applicable box(es) | | |
|----------|-------------|------------------------|------------------------------|---------|----------|
| | | | Shareholder | Officer | Director |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

| | | | | | |
|---|--------------------------------------|--|--------------------------------------|--|--|
| 1a Name and address of foreign corporation IMF HEKIMA SOCIETE CIVILE AVENUE CANNAS, NO. 94 GOMA CONGO, DEMO. REP. OF | | | | b Employer identification number, if any c Country under whose laws incorporated CONGO, DEMO. REP. OF | |
| d Date of incorporation | e Principal place of business | f Principal business activity code number | g Principal business activity | h Functional currency U.S. , DOLLAR | |

2 Provide the following information for the foreign corporation's accounting period stated above.

| | | | | | | |
|--|---|--|-------------------------------------|--|--|--|
| a Name, address, and identifying number of branch office or agent (if any) in the United States | b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"><i>(i)</i> Taxable income or (loss)</td> <td style="width:50%; vertical-align: top;"><i>(ii)</i> U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | <i>(i)</i> Taxable income or (loss) | <i>(ii)</i> U.S. income tax paid (after all credits) | | |
| <i>(i)</i> Taxable income or (loss) | <i>(ii)</i> U.S. income tax paid (after all credits) | | | | | |
| | | | | | | |
| c Name and address of foreign corporation's statutory or resident agent in country of incorporation | d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different | | | | | |

| Schedule A Stock of the Foreign Corporation | | |
|--|--|---|
| (a) Description of each class of stock | (b) Number of shares issued and outstanding | |
| | <i>(i)</i> Beginning of annual accounting period | <i>(ii)</i> End of annual accounting period |
| | | |
| | | |
| | | |
| | | |

Schedule B U.S. Shareholders of Foreign Corporation

| (a) Name, address, and identifying number of shareholder | (b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a). | (c) Number of shares held at beginning of annual accounting period | (d) Number of shares held at end of annual accounting period | (e) Pro rata share of subpart F income (enter as a percentage) |
|--|--|--|--|--|
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Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

| | | Functional Currency | U.S. Dollars |
|--|---|---------------------|--------------|
| Income | 1a Gross receipts or sales | 1a | |
| | b Returns and allowances | 1b | |
| | c Subtract line 1b from line 1a | 1c | |
| | 2 Cost of goods sold | 2 | |
| | 3 Gross profit (subtract line 2 from line 1c) | 3 | |
| | 4 Dividends | 4 | |
| | 5 Interest | 5 | |
| | 6a Gross rents | 6a | |
| | b Gross royalties and license fees | 6b | |
| 7 Net gain or (loss) on sale of capital assets | 7 | | |
| 8 Other income (attach schedule) | SEE STATEMENT 8 | 446,544. | 0. |
| 9 Total income (add lines 3 through 8) | 9 | 446,544. | 0. |
| Deductions | 10 Compensation not deducted elsewhere | 10 | 215,643. 0. |
| | 11a Rents | 11a | 22,350. 0. |
| | b Royalties and license fees | 11b | |
| | 12 Interest | 12 | 6,840. 0. |
| | 13 Depreciation not deducted elsewhere | 13 | 9,345. 0. |
| | 14 Depletion | 14 | |
| | 15 Taxes (exclude provision for income, war profits, and excess profits taxes) | 15 | |
| 16 Other deductions (attach schedule - exclude provision for income, war profits, and excess profits taxes) | SEE STATEMENT 9 | 283,802. | 0. |
| 17 Total deductions (add lines 10 through 16) | 17 | 537,980. | 0. |
| Net Income | 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9) | 18 | -91,436. 0. |
| | 19 Extraordinary items and prior period adjustments | 19 | |
| | 20 Provision for income, war profits, and excess profits taxes | 20 | |
| | 21 Current year net income or (loss) per books (combine lines 18 through 20) | 21 | -91,436. |

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

| (a) Name of country or U.S. possession | Amount of tax | | |
|---|----------------------------|------------------------|------------------------|
| | (b) In foreign currency | (c) Conversion rate | (d) In U.S. dollars |
| 1 U.S. | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 Total | | | |

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

| Assets | | (a) | (b) |
|---|-----|---------------------------------------|---------------------------------|
| | | Beginning of annual accounting period | End of annual accounting period |
| 1 Cash | 1 | 741,248. | 977,177. |
| 2a Trade notes and accounts receivable | 2a | | |
| b Less allowance for bad debts | 2b | () | () |
| 3 Inventories | 3 | | |
| 4 Other current assets (attach schedule) SEE STATEMENT 10 | 4 | 62,135. | 148,795. |
| 5 Loans to shareholders and other related persons | 5 | | |
| 6 Investment in subsidiaries (attach schedule) | 6 | | |
| 7 Other investments (attach schedule) | 7 | | |
| 8a Buildings and other depreciable assets | 8a | 16,372. | 42,769. |
| b Less accumulated depreciation | 8b | () | () |
| 9a Depletable assets | 9a | | |
| b Less accumulated depletion | 9b | () | () |
| 10 Land (net of any amortization) | 10 | | |
| 11 Intangible assets: | | | |
| a Goodwill | 11a | | |
| b Organization costs | 11b | | |
| c Patents, trademarks, and other intangible assets | 11c | | |
| d Less accumulated amortization for lines 11a, b, and c | 11d | () | () |
| 12 Other assets (attach schedule) SEE STATEMENT 11 | 12 | 882,180. | 1,128,324. |
| 13 Total assets | 13 | 1,701,935. | 2,297,065. |
| Liabilities and Shareholders' Equity | | | |
| 14 Accounts payable | 14 | 17,378. | 40,387. |
| 15 Other current liabilities (attach schedule) SEE STATEMENT 12 | 15 | 556,952. | 719,287. |
| 16 Loans from shareholders and other related persons | 16 | | |
| 17 Other liabilities (attach schedule) SEE STATEMENT 13 | 17 | 131,732. | 301,411. |
| 18 Capital stock: | | | |
| a Preferred stock | 18a | | |
| b Common stock | 18b | | |
| 19 Paid-in or capital surplus (attach reconciliation) | 19 | | |
| 20 Retained earnings | 20 | 995,873. | 1,235,980. |
| 21 Less cost of treasury stock | 21 | () | () |
| 22 Total liabilities and shareholders' equity | 22 | 1,701,935. | 2,297,065. |

Schedule G Other Information

- | | | |
|--|--------------------------|-------------------------------------|
| | Yes | No |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required attachment. | | |
| 2 During the tax year, did the foreign corporation own an interest in any trust? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions). | | |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Schedule H Current Earnings and Profits

Important: Enter the amounts on lines 1 through 5c in functional currency.

| | | |
|---|---------------|------------------|
| 1 Current year net income or (loss) per foreign books of account | 1 | -91,436. |
| 2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions): | | |
| | Net Additions | Net Subtractions |
| a Capital gains or losses | | |
| b Depreciation and amortization | | |
| c Depletion | | |
| d Investment or incentive allowance | | |
| e Charges to statutory reserves | | |
| f Inventory adjustments | | |
| g Taxes | | |
| h Other (attach schedule) | | |
| 3 Total net additions | | |
| 4 Total net subtractions | | |
| 5a Current earnings and profits (line 1 plus line 3 minus line 4) | 5a | -91,436. |
| b DASTM gain or (loss) for foreign corporations that use DASTM | 5b | |
| c Combine lines 5a and 5b | 5c | -91,436. |
| d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) | 5d | |
| Enter exchange rate used for line 5d ▶ | | |

Schedule I Summary of Shareholder's Income From Foreign Corporation

| | | |
|---|---|--|
| 1 Subpart F income (line 38b, Worksheet A in the instructions) | 1 | |
| 2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions) | 2 | |
| 3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions) | 3 | |
| 4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) | 4 | |
| 5 Factoring income | 5 | |
| 6 Total of lines 1 through 5. Enter here and on your income tax return | 6 | |
| 7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) | 7 | |
| 8 Exchange gain or (loss) on a distribution of previously taxed income | 8 | |

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| • Was any income of the foreign corporation blocked? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did any such income become unblocked during the tax year (see section 964(b))? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2005)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

23-6393344

Name of foreign corporation

IMF HEKIMA SOCIETE CIVILE

| Important. Enter amounts in functional currency. | (a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance) | (b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance) |
|---|---|---|
| 1 Balance at beginning of year | 105,575. | |
| 2a Current year E&P | | |
| b Current year deficit in E&P | 91,436. | |
| 3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b) | 14,139. | |
| 4 Amounts included under section 951(a) or reclassified under section 959(c) in current year | | |
| 5a Actual distributions or reclassifications of previously taxed E&P | | |
| b Actual distributions of nonpreviously taxed E&P | | |
| 6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a) | | |
| b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b) | 14,139. | |
| 7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.) | 14,139. | |

| | (c) Previously Taxed E&P (sections 959(c)(1) and (2) balances) | | | (d) Total Section 964(a) E&P (combine columns (a), (b), and (c)) |
|-----------|---|---|------------------------|---|
| | (i) Earnings Invested in U.S. Property | (ii) Earnings Invested in Excess Passive Assets | (iii) Subpart F Income | |
| 1 | | | | 105,575. |
| 2a | | | | |
| b | | | | |
| 3 | | | | |
| 4 | | | | |
| 5a | | | | |
| b | | | | |
| 6a | | | | |
| b | | | | |
| 7 | | | | 14,139. |

**SCHEDULE M
(Form 5471)**

(Rev. December 2007)

Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0704

▶ Attach to Form 5471.

| | |
|--|---|
| Name of person filing Form 5471 WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS | Identifying number 23-6393344 |
|--|---|

Name of foreign corporation
IMF HEKIMA SOCIETE CIVILE

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

| (a) Transactions of foreign corporation | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|--|------------------------------------|--|---|--|---|
| 1 Sales of stock in trade (inventory) ... | | | | | |
| 2 Sales of tangible property other than stock in trade | | | | | |
| 3 Sales of property rights (patents, trademarks, etc.) | | | | | |
| 4 Buy-in payments received | | | | | |
| 5 Cost sharing payments received | | | | | |
| 6 Compensation received for technical, managerial, engineering, construction, or like services | | | | | |
| 7 Commissions received | | | | | |
| 8 Rents, royalties, and license fees received | | | | | |
| 9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income) | | | | | |
| 10 Interest received | | | | | |
| 11 Premiums received for insurance or reinsurance | | | | | |
| 12 Add lines 1 through 11 | | | | | |
| 13 Purchases of stock in trade (inventory) | | | | | |
| 14 Purchases of tangible property other than stock in trade | | | | | |
| 15 Purchases of property rights (patents, trademarks, etc.) | | | | | |
| 16 Buy-in payments paid | | | | | |
| 17 Cost sharing payments paid | | | | | |
| 18 Compensation paid for technical, managerial, engineering, construction, or like services | | | | | |
| 19 Commissions paid | | | | | |
| 20 Rents, royalties, and license fees paid | | | | | |
| 21 Dividends paid | | | | | |
| 22 Interest paid | | | | | |
| 23 Premiums paid for insurance or reinsurance | | | | | |
| 24 Add lines 13 through 23 | | | | | |
| 25 Amounts borrowed (enter the maximum loan balance during the year) - see instr. | | | | | |
| 26 Amounts loaned (enter the maximum loan balance during the year) - see instr. | | | | | |

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

▶ See separate instructions.

(Rev. December 2007)

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning _____, _____, and ending _____, _____, _____.

Attachment
Sequence No. **121**

| | |
|---|--|
| Name of person filing this return WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> 7 EAST BALTIMORE STREET City or town, state, and ZIP code BALTIMORE, MD 21202 | A Identifying number 23-6393344 B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 88.03 % |
| Filer's tax year beginning OCT 1 , 2009, and ending SEP 30 , 2010 | |

D Person(s) on whose behalf this information return is filed:

| (1) Name | (2) Address | (3) Identifying number | (4) Check applicable box(es) | | |
|----------|-------------|------------------------|------------------------------|---------|----------|
| | | | Shareholder | Officer | Director |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

| | | | | |
|--|--------------------------------------|--|--------------------------------------|---|
| 1a Name and address of foreign corporation TURAME COMMUNITY FINANCE, S.A. P.O. BOX 6549 BUJUMBURA BURUNDI | | | | b Employer identification number, if any c Country under whose laws incorporated |
| d Date of incorporation | e Principal place of business | f Principal business activity code number | g Principal business activity | h Functional currency U.S. , DOLLAR |

2 Provide the following information for the foreign corporation's accounting period stated above.

| | | | | | |
|--|---|-------------------------------------|--|--|--|
| a Name, address, and identifying number of branch office or agent (if any) in the United States | b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><i>(i)</i> Taxable income or (loss)</td> <td style="width:50%;"><i>(ii)</i> U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | <i>(i)</i> Taxable income or (loss) | <i>(ii)</i> U.S. income tax paid (after all credits) | | |
| <i>(i)</i> Taxable income or (loss) | <i>(ii)</i> U.S. income tax paid (after all credits) | | | | |
| | | | | | |
| c Name and address of foreign corporation's statutory or resident agent in country of incorporation | d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different | | | | |

| Schedule A Stock of the Foreign Corporation | | |
|--|--|---|
| (a) Description of each class of stock | (b) Number of shares issued and outstanding | |
| | <i>(i)</i> Beginning of annual accounting period | <i>(ii)</i> End of annual accounting period |
| | | |
| | | |
| | | |
| | | |

Schedule B U.S. Shareholders of Foreign Corporation

| (a) Name, address, and identifying number of shareholder | (b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a). | (c) Number of shares held at beginning of annual accounting period | (d) Number of shares held at end of annual accounting period | (e) Pro rata share of subpart F income (enter as a percentage) |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

| | | Functional Currency | U.S. Dollars |
|---|---|---------------------|--------------|
| Income | 1a Gross receipts or sales | 1a | |
| | b Returns and allowances | 1b | |
| | c Subtract line 1b from line 1a | 1c | |
| | 2 Cost of goods sold | 2 | |
| | 3 Gross profit (subtract line 2 from line 1c) | 3 | |
| | 4 Dividends | 4 | |
| | 5 Interest | 5 | |
| | 6a Gross rents | 6a | |
| | b Gross royalties and license fees | 6b | |
| | 7 Net gain or (loss) on sale of capital assets | 7 | |
| 8 Other income (attach schedule) SEE STATEMENT 14 | 8 966,790. | 0. | |
| 9 Total income (add lines 3 through 8) | 9 966,790. | 0. | |
| Deductions | 10 Compensation not deducted elsewhere | 10 467,683. | 0. |
| | 11a Rents | 11a 111,986. | 0. |
| | b Royalties and license fees | 11b | |
| | 12 Interest | 12 545. | 0. |
| | 13 Depreciation not deducted elsewhere | 13 33,558. | 0. |
| | 14 Depletion | 14 | |
| | 15 Taxes (exclude provision for income, war profits, and excess profits taxes) | 15 | |
| | 16 Other deductions (attach schedule - exclude provision for income, war profits, and excess profits taxes) SEE STATEMENT 15 | 16 394,955. | 0. |
| 17 Total deductions (add lines 10 through 16) | 17 1,008,727. | 0. | |
| Net Income | 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9) | 18 -41,937. | 0. |
| | 19 Extraordinary items and prior period adjustments | 19 | |
| | 20 Provision for income, war profits, and excess profits taxes | 20 | |
| | 21 Current year net income or (loss) per books (combine lines 18 through 20) | 21 -41,937. | 0. |

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

| (a) Name of country or U.S. possession | Amount of tax | | |
|---|----------------------------|------------------------|------------------------|
| | (b) In foreign currency | (c) Conversion rate | (d) In U.S. dollars |
| 1 U.S. | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 Total | | | |

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

| Assets | | (a) | (b) |
|--|-----|---------------------------------------|---------------------------------|
| | | Beginning of annual accounting period | End of annual accounting period |
| 1 Cash | 1 | 217,967. | 313,839. |
| 2a Trade notes and accounts receivable | 2a | | |
| b Less allowance for bad debts | 2b | () | () |
| 3 Inventories | 3 | | |
| 4 Other current assets (attach schedule) SEE STATEMENT 16 | 4 | 40,576. | 28,686. |
| 5 Loans to shareholders and other related persons | 5 | | |
| 6 Investment in subsidiaries (attach schedule) | 6 | | |
| 7 Other investments (attach schedule) | 7 | | |
| 8a Buildings and other depreciable assets | 8a | 163,086. | 168,807. |
| b Less accumulated depreciation | 8b | () | () |
| 9a Depletable assets | 9a | | |
| b Less accumulated depletion | 9b | () | () |
| 10 Land (net of any amortization) | 10 | | |
| 11 Intangible assets: | | | |
| a Goodwill | 11a | | |
| b Organization costs | 11b | | |
| c Patents, trademarks, and other intangible assets | 11c | | |
| d Less accumulated amortization for lines 11a, b, and c | 11d | () | () |
| 12 Other assets (attach schedule) SEE STATEMENT 17 | 12 | 1,179,422. | 1,858,058. |
| 13 Total assets | 13 | 1,601,051. | 2,369,390. |
| Liabilities and Shareholders' Equity | | | |
| 14 Accounts payable | 14 | 308,034. | 18,091. |
| 15 Other current liabilities (attach schedule) SEE STATEMENT 18 | 15 | | 675,738. |
| 16 Loans from shareholders and other related persons | 16 | | |
| 17 Other liabilities (attach schedule) SEE STATEMENT 19 | 17 | | 55,300. |
| 18 Capital stock: | | | |
| a Preferred stock | 18a | | |
| b Common stock | 18b | | |
| 19 Paid-in or capital surplus (attach reconciliation) | 19 | | |
| 20 Retained earnings | 20 | 1,324,505. | 1,620,261. |
| 21 Less cost of treasury stock | 21 | () | () |
| 22 Total liabilities and shareholders' equity | 22 | 1,632,539. | 2,369,390. |

Schedule G Other Information

- | | | |
|--|--------------------------|-------------------------------------|
| | Yes | No |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required attachment. | | |
| 2 During the tax year, did the foreign corporation own an interest in any trust? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions). | | |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Schedule H Current Earnings and Profits

Important: Enter the amounts on lines 1 through 5c in functional currency.

| | | | |
|---|---|------------------|----------|
| 1 Current year net income or (loss) per foreign books of account | 1 | | -41,937. |
| 2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions): | Net Additions | Net Subtractions | |
| | a Capital gains or losses | | |
| | b Depreciation and amortization | | |
| | c Depletion | | |
| | d Investment or incentive allowance | | |
| | e Charges to statutory reserves | | |
| | f Inventory adjustments | | |
| | g Taxes | | |
| | h Other (attach schedule) | | |
| 3 Total net additions | | | |
| 4 Total net subtractions | | | |
| 5a Current earnings and profits (line 1 plus line 3 minus line 4) | 5a | | -41,937. |
| b DASTM gain or (loss) for foreign corporations that use DASTM | 5b | | |
| c Combine lines 5a and 5b | 5c | | -41,937. |
| d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) | 5d | | |
| Enter exchange rate used for line 5d ▶ | | | |

Schedule I Summary of Shareholder's Income From Foreign Corporation

| | | | |
|---|---|--|--|
| 1 Subpart F income (line 38b, Worksheet A in the instructions) | 1 | | |
| 2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions) | 2 | | |
| 3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions) | 3 | | |
| 4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) | 4 | | |
| 5 Factoring income | 5 | | |
| 6 Total of lines 1 through 5. Enter here and on your income tax return | 6 | | |
| 7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) | 7 | | |
| 8 Exchange gain or (loss) on a distribution of previously taxed income | 8 | | |

- | | | |
|--|--------------------------|--------------------------|
| • Was any income of the foreign corporation blocked? | Yes | No |
| • Did any such income become unblocked during the tax year (see section 964(b))? | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2005)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

23-6393344

Name of foreign corporation

TURAME COMMUNITY FINANCE, S.A.

| Important. Enter amounts in functional currency. | (a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance) | (b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance) |
|---|---|---|
| 1 Balance at beginning of year | - 248,272. | |
| 2a Current year E&P | | |
| b Current year deficit in E&P | 41,937. | |
| 3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b) | - 290,209. | |
| 4 Amounts included under section 951(a) or reclassified under section 959(c) in current year | | |
| 5a Actual distributions or reclassifications of previously taxed E&P | | |
| b Actual distributions of nonpreviously taxed E&P | | |
| 6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a) | | |
| b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b) | - 290,209. | |
| 7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.) | - 290,209. | |

| | (c) Previously Taxed E&P (sections 959(c)(1) and (2) balances) | | | (d) Total Section 964(a) E&P (combine columns (a), (b), and (c)) |
|-----------|---|---|------------------------|---|
| | (i) Earnings Invested in U.S. Property | (ii) Earnings Invested in Excess Passive Assets | (iii) Subpart F Income | |
| 1 | | | | - 248,272. |
| 2a | | | | |
| b | | | | |
| 3 | | | | |
| 4 | | | | |
| 5a | | | | |
| b | | | | |
| 6a | | | | |
| b | | | | |
| 7 | | | | - 290,209. |

**SCHEDULE M
(Form 5471)**

(Rev. December 2007)

Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0704

▶ Attach to Form 5471.

| | |
|--|---|
| Name of person filing Form 5471 WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS | Identifying number 23-6393344 |
|--|---|

Name of foreign corporation
TURAME COMMUNITY FINANCE, S.A.

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

| (a) Transactions of foreign corporation | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|--|------------------------------------|--|---|--|---|
| 1 Sales of stock in trade (inventory) ... | | | | | |
| 2 Sales of tangible property other than stock in trade | | | | | |
| 3 Sales of property rights (patents, trademarks, etc.) | | | | | |
| 4 Buy-in payments received | | | | | |
| 5 Cost sharing payments received | | | | | |
| 6 Compensation received for technical, managerial, engineering, construction, or like services | | | | | |
| 7 Commissions received | | | | | |
| 8 Rents, royalties, and license fees received | | | | | |
| 9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income) | | | | | |
| 10 Interest received | | | | | |
| 11 Premiums received for insurance or reinsurance | | | | | |
| 12 Add lines 1 through 11 | | | | | |
| 13 Purchases of stock in trade (inventory) | | | | | |
| 14 Purchases of tangible property other than stock in trade | | | | | |
| 15 Purchases of property rights (patents, trademarks, etc.) | | | | | |
| 16 Buy-in payments paid | | | | | |
| 17 Cost sharing payments paid | | | | | |
| 18 Compensation paid for technical, managerial, engineering, construction, or like services | | | | | |
| 19 Commissions paid | | | | | |
| 20 Rents, royalties, and license fees paid | | | | | |
| 21 Dividends paid | | | | | |
| 22 Interest paid | | | | | |
| 23 Premiums paid for insurance or reinsurance | | | | | |
| 24 Add lines 13 through 23 | | | | | |
| 25 Amounts borrowed (enter the maximum loan balance during the year) - see instr. | | | | | |
| 26 Amounts loaned (enter the maximum loan balance during the year) - see instr. | | | | | |

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

▶ See separate instructions.

(Rev. December 2007)
Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning _____, _____, and ending _____, _____, _____.

Attachment
Sequence No. **121**

| | |
|--|--|
| Name of person filing this return WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 7 EAST BALTIMORE STREET City or town, state, and ZIP code BALTIMORE, MD 21202 | A Identifying number 23-6393344 B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 20.50 % |
| Filer's tax year beginning OCT 1 , 2009 , and ending SEP 30 , 2010 | |

D Person(s) on whose behalf this information return is filed:

| (1) Name | (2) Address | (3) Identifying number | (4) Check applicable box(es) | | |
|----------|-------------|------------------------|------------------------------|---------|----------|
| | | | Shareholder | Officer | Director |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

| | | | | |
|--|---|--|--|--|
| 1a Name and address of foreign corporation URWEGO OPPORTUNITY BANK PLOT 1230 NYARUGENGE AVENUE DE LA PAIX KIGALI RWANDA | | | | b Employer identification number, if any c Country under whose laws incorporated RWANDA |
| d Date of incorporation 06/30/07 | e Principal place of business RWANDA | f Principal business activity code number MICRO LENDING | g Principal business activity MICRO LENDING | h Functional currency RWANDA |

2 Provide the following information for the foreign corporation's accounting period stated above.

| | | | | | |
|--|---|------------------------------|---|--|--|
| a Name, address, and identifying number of branch office or agent (if any) in the United States | b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">(i) Taxable income or (loss)</td> <td style="width:50%; vertical-align: top;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | (i) Taxable income or (loss) | (ii) U.S. income tax paid (after all credits) | | |
| (i) Taxable income or (loss) | (ii) U.S. income tax paid (after all credits) | | | | |
| | | | | | |
| c Name and address of foreign corporation's statutory or resident agent in country of incorporation | d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different | | | | |

| Schedule A Stock of the Foreign Corporation | | |
|--|---|--------------------------------------|
| (a) Description of each class of stock | (b) Number of shares issued and outstanding | |
| | (i) Beginning of annual accounting period | (ii) End of annual accounting period |
| | | |
| | | |
| | | |
| | | |

Schedule B U.S. Shareholders of Foreign Corporation

Table with 5 columns: (a) Name, address, and identifying number of shareholder; (b) Description of each class of stock held by shareholder; (c) Number of shares held at beginning of annual accounting period; (d) Number of shares held at end of annual accounting period; (e) Pro rata share of subpart F income (enter as a percentage).

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

Income Statement table with columns for Functional Currency and U.S. Dollars. Rows include Income (1a-9), Deductions (10-17), and Net Income (18-21).

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

| (a) Name of country or U.S. possession | Amount of tax | | |
|---|----------------------------|------------------------|------------------------|
| | (b) In foreign currency | (c) Conversion rate | (d) In U.S. dollars |
| 1 U.S. | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 Total | | | |

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

| Assets | | (a) | (b) |
|---|-----|---------------------------------------|---------------------------------|
| | | Beginning of annual accounting period | End of annual accounting period |
| 1 Cash | 1 | | |
| 2a Trade notes and accounts receivable | 2a | | |
| b Less allowance for bad debts | 2b | () | () |
| 3 Inventories | 3 | | |
| 4 Other current assets (attach schedule) | 4 | | |
| 5 Loans to shareholders and other related persons | 5 | | |
| 6 Investment in subsidiaries (attach schedule) | 6 | | |
| 7 Other investments (attach schedule) | 7 | | |
| 8a Buildings and other depreciable assets | 8a | | |
| b Less accumulated depreciation | 8b | () | () |
| 9a Depletable assets | 9a | | |
| b Less accumulated depletion | 9b | () | () |
| 10 Land (net of any amortization) | 10 | | |
| 11 Intangible assets: | | | |
| a Goodwill | 11a | | |
| b Organization costs | 11b | | |
| c Patents, trademarks, and other intangible assets | 11c | | |
| d Less accumulated amortization for lines 11a, b, and c | 11d | () | () |
| 12 Other assets (attach schedule) | 12 | | |
| 13 Total assets | 13 | | |
| Liabilities and Shareholders' Equity | | | |
| 14 Accounts payable | 14 | | |
| 15 Other current liabilities (attach schedule) | 15 | | |
| 16 Loans from shareholders and other related persons | 16 | | |
| 17 Other liabilities (attach schedule) | 17 | | |
| 18 Capital stock: | | | |
| a Preferred stock | 18a | | |
| b Common stock | 18b | | |
| 19 Paid-in or capital surplus (attach reconciliation) | 19 | | |
| 20 Retained earnings | 20 | | |
| 21 Less cost of treasury stock | 21 | () | () |
| 22 Total liabilities and shareholders' equity | 22 | | |

Schedule G Other Information

- 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?
2 During the tax year, did the foreign corporation own an interest in any trust?
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners...
4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement?
5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?

Schedule H Current Earnings and Profits

Important: Enter the amounts on lines 1 through 5c in functional currency.

Table with columns for Net Additions and Net Subtractions, and rows for current year net income, adjustments (Capital gains, Depreciation, etc.), and total earnings and profits.

Schedule I Summary of Shareholder's Income From Foreign Corporation

Table with 8 rows for Subpart F income, earnings invested in U.S. property, previously excluded income, factoring income, dividends received, and exchange gain/loss.

- Was any income of the foreign corporation blocked?
Did any such income become unblocked during the tax year (see section 964(b))?

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2005)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

23-6393344

Name of foreign corporation

URWEGO OPPORTUNITY BANK

| | (a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance) | (b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance) |
|---|---|---|
| Important. Enter amounts in functional currency. | | |
| 1 Balance at beginning of year | | |
| 2a Current year E&P | | |
| b Current year deficit in E&P | | |
| 3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b) | | |
| 4 Amounts included under section 951(a) or reclassified under section 959(c) in current year | | |
| 5a Actual distributions or reclassifications of previously taxed E&P | | |
| b Actual distributions of nonpreviously taxed E&P | | |
| 6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a) | | |
| b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b) | | |
| 7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.) | | |

| | (c) Previously Taxed E&P (sections 959(c)(1) and (2) balances) | | | (d) Total Section 964(a) E&P (combine columns (a), (b), and (c)) |
|-----------|---|---|------------------------|---|
| | (i) Earnings Invested in U.S. Property | (ii) Earnings Invested in Excess Passive Assets | (iii) Subpart F Income | |
| 1 | | | | |
| 2a | | | | |
| b | | | | |
| 3 | | | | |
| 4 | | | | |
| 5a | | | | |
| b | | | | |
| 6a | | | | |
| b | | | | |
| 7 | | | | |

**SCHEDULE M
(Form 5471)**

(Rev. December 2007)

Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0704

▶ Attach to Form 5471.

| | |
|--|---|
| Name of person filing Form 5471 WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS | Identifying number 23-6393344 |
|--|---|

Name of foreign corporation
URWEGO OPPORTUNITY BANK

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

| (a) Transactions of foreign corporation | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|--|------------------------------------|--|---|--|---|
| 1 Sales of stock in trade (inventory) ... | | | | | |
| 2 Sales of tangible property other than stock in trade | | | | | |
| 3 Sales of property rights (patents, trademarks, etc.) | | | | | |
| 4 Buy-in payments received | | | | | |
| 5 Cost sharing payments received | | | | | |
| 6 Compensation received for technical, managerial, engineering, construction, or like services | | | | | |
| 7 Commissions received | | | | | |
| 8 Rents, royalties, and license fees received | | | | | |
| 9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income) | | | | | |
| 10 Interest received | | | | | |
| 11 Premiums received for insurance or reinsurance | | | | | |
| 12 Add lines 1 through 11 | | | | | |
| 13 Purchases of stock in trade (inventory) | | | | | |
| 14 Purchases of tangible property other than stock in trade | | | | | |
| 15 Purchases of property rights (patents, trademarks, etc.) | | | | | |
| 16 Buy-in payments paid | | | | | |
| 17 Cost sharing payments paid | | | | | |
| 18 Compensation paid for technical, managerial, engineering, construction, or like services | | | | | |
| 19 Commissions paid | | | | | |
| 20 Rents, royalties, and license fees paid | | | | | |
| 21 Dividends paid | | | | | |
| 22 Interest paid | | | | | |
| 23 Premiums paid for insurance or reinsurance | | | | | |
| 24 Add lines 13 through 23 | | | | | |
| 25 Amounts borrowed (enter the maximum loan balance during the year) - see instr. | | | | | |
| 26 Amounts loaned (enter the maximum loan balance during the year) - see instr. | | | | | |

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

▶ See separate instructions.

(Rev. December 2007)
Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning _____, _____, and ending _____, _____, _____.

Attachment
Sequence No. **121**

| | |
|--|--|
| Name of person filing this return WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 7 EAST BALTIMORE STREET City or town, state, and ZIP code BALTIMORE, MD 21202 | A Identifying number 23-6393344 B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 % |
| Filer's tax year beginning OCT 1 , 2009 , and ending SEP 30 , 2010 | |

D Person(s) on whose behalf this information return is filed:

| (1) Name | (2) Address | (3) Identifying number | (4) Check applicable box(es) | | |
|----------|-------------|------------------------|------------------------------|---------|----------|
| | | | Shareholder | Officer | Director |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

| | | | | |
|--|---|--|--------------------------------------|------------------------------|
| 1a Name and address of foreign corporation BESELIDHJA ZAVET MICRO FINANCE LLC MAIN STREET, P.O. BOX 556 CHARLESTOWN ST. KITTS | b Employer identification number, if any c Country under whose laws incorporated ST. KITTS | | | |
| d Date of incorporation | e Principal place of business | f Principal business activity code number | g Principal business activity | h Functional currency |

2 Provide the following information for the foreign corporation's accounting period stated above.

| | | | | | |
|--|---|-------------------------------------|--|--|--|
| a Name, address, and identifying number of branch office or agent (if any) in the United States | b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"><i>(i)</i> Taxable income or (loss)</td> <td style="width:50%; vertical-align: top;"><i>(ii)</i> U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | <i>(i)</i> Taxable income or (loss) | <i>(ii)</i> U.S. income tax paid (after all credits) | | |
| <i>(i)</i> Taxable income or (loss) | <i>(ii)</i> U.S. income tax paid (after all credits) | | | | |
| | | | | | |
| c Name and address of foreign corporation's statutory or resident agent in country of incorporation | d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different | | | | |

| Schedule A Stock of the Foreign Corporation | | |
|--|--|---|
| (a) Description of each class of stock | (b) Number of shares issued and outstanding | |
| | <i>(i)</i> Beginning of annual accounting period | <i>(ii)</i> End of annual accounting period |
| | | |
| | | |
| | | |
| | | |

Schedule B U.S. Shareholders of Foreign Corporation

| (a) Name, address, and identifying number of shareholder | (b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a). | (c) Number of shares held at beginning of annual accounting period | (d) Number of shares held at end of annual accounting period | (e) Pro rata share of subpart F income (enter as a percentage) |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

| | | Functional Currency | U.S. Dollars |
|--|---|---------------------|-----------------|
| Income | 1a Gross receipts or sales | 1a | |
| | b Returns and allowances | 1b | |
| | c Subtract line 1b from line 1a | 1c | |
| | 2 Cost of goods sold | 2 | |
| | 3 Gross profit (subtract line 2 from line 1c) | 3 | |
| | 4 Dividends | 4 | |
| | 5 Interest | 5 | |
| | 6a Gross rents | 6a | |
| | b Gross royalties and license fees | 6b | |
| 7 Net gain or (loss) on sale of capital assets | 7 | | |
| 8 Other income (attach schedule) SEE STATEMENT 20 | 8 | 1,458,879. | 0. |
| 9 Total income (add lines 3 through 8) | 9 | 1,458,879. | 0. |
| Deductions | 10 Compensation not deducted elsewhere | 10 | 526,966. 0. |
| | 11a Rents | 11a | 173,845. 0. |
| | b Royalties and license fees | 11b | |
| | 12 Interest | 12 | 201,901. 0. |
| | 13 Depreciation not deducted elsewhere | 13 | 47,573. 0. |
| | 14 Depletion | 14 | |
| | 15 Taxes (exclude provision for income, war profits, and excess profits taxes) | 15 | |
| 16 Other deductions (attach schedule - exclude provision for income, war profits, and excess profits taxes) SEE STATEMENT 21 | 16 | 956,835. | 0. |
| 17 Total deductions (add lines 10 through 16) | 17 | 1,907,120. | 0. |
| Net Income | 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9) | 18 | -448,241. 0. |
| | 19 Extraordinary items and prior period adjustments | 19 | |
| | 20 Provision for income, war profits, and excess profits taxes | 20 | |
| | 21 Current year net income or (loss) per books (combine lines 18 through 20) | 21 | -448,241. |

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

| (a) Name of country or U.S. possession | Amount of tax | | |
|---|----------------------------|------------------------|------------------------|
| | (b) In foreign currency | (c) Conversion rate | (d) In U.S. dollars |
| 1 U.S. | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 Total | | | |

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

| Assets | | (a) | (b) |
|--|-----|---------------------------------------|---------------------------------|
| | | Beginning of annual accounting period | End of annual accounting period |
| 1 Cash | 1 | 63,405. | 902,222. |
| 2a Trade notes and accounts receivable | 2a | | |
| b Less allowance for bad debts | 2b | () | () |
| 3 Inventories | 3 | | |
| 4 Other current assets (attach schedule) SEE STATEMENT 22 | 4 | -46,771. | 66,319. |
| 5 Loans to shareholders and other related persons | 5 | | |
| 6 Investment in subsidiaries (attach schedule) | 6 | | |
| 7 Other investments (attach schedule) | 7 | | |
| 8a Buildings and other depreciable assets | 8a | 110,493. | 235,892. |
| b Less accumulated depreciation | 8b | () | () |
| 9a Depletable assets | 9a | | |
| b Less accumulated depletion | 9b | () | () |
| 10 Land (net of any amortization) | 10 | | |
| 11 Intangible assets: | | | |
| a Goodwill | 11a | | |
| b Organization costs | 11b | | |
| c Patents, trademarks, and other intangible assets | 11c | | |
| d Less accumulated amortization for lines 11a, b, and c | 11d | () | () |
| 12 Other assets (attach schedule) SEE STATEMENT 23 | 12 | 6,219,348. | 7,319,539. |
| 13 Total assets | 13 | 6,346,475. | 8,523,972. |
| Liabilities and Shareholders' Equity | | | |
| 14 Accounts payable | 14 | 13,459. | 101,005. |
| 15 Other current liabilities (attach schedule) SEE STATEMENT 24 | 15 | 36,018. | 85,453. |
| 16 Loans from shareholders and other related persons | 16 | | |
| 17 Other liabilities (attach schedule) SEE STATEMENT 25 | 17 | 1,513,484. | 4,002,240. |
| 18 Capital stock: | | | |
| a Preferred stock | 18a | | |
| b Common stock | 18b | | |
| 19 Paid-in or capital surplus (attach reconciliation) | 19 | | |
| 20 Retained earnings | 20 | 4,783,514. | 4,335,274. |
| 21 Less cost of treasury stock | 21 | () | () |
| 22 Total liabilities and shareholders' equity | 22 | 6,346,475. | 8,523,972. |

Schedule G Other Information

- | | | |
|---|--------------------------|-------------------------------------|
| | Yes | No |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required attachment. | | |
| 2 During the tax year, did the foreign corporation own an interest in any trust? <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions). | | |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Schedule H Current Earnings and Profits

Important: Enter the amounts on lines 1 through 5c in functional currency.

| | | |
|---|---------------|------------------|
| 1 Current year net income or (loss) per foreign books of account | 1 | - 448,241. |
| 2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions): | | |
| | Net Additions | Net Subtractions |
| a Capital gains or losses | | |
| b Depreciation and amortization | | |
| c Depletion | | |
| d Investment or incentive allowance | | |
| e Charges to statutory reserves | | |
| f Inventory adjustments | | |
| g Taxes | | |
| h Other (attach schedule) | | |
| 3 Total net additions | | |
| 4 Total net subtractions | | |
| 5a Current earnings and profits (line 1 plus line 3 minus line 4) | 5a | - 448,241. |
| b DASTM gain or (loss) for foreign corporations that use DASTM | 5b | |
| c Combine lines 5a and 5b | 5c | - 448,241. |
| d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) | 5d | |
| Enter exchange rate used for line 5d ▶ | | |

Schedule I Summary of Shareholder's Income From Foreign Corporation

| | | |
|---|---|--|
| 1 Subpart F income (line 38b, Worksheet A in the instructions) | 1 | |
| 2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions) | 2 | |
| 3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions) | 3 | |
| 4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) | 4 | |
| 5 Factoring income | 5 | |
| 6 Total of lines 1 through 5. Enter here and on your income tax return | 6 | |
| 7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) | 7 | |
| 8 Exchange gain or (loss) on a distribution of previously taxed income | 8 | |

- | | | |
|--|--------------------------|--------------------------|
| • Was any income of the foreign corporation blocked? <input type="checkbox"/> <input type="checkbox"/> | Yes | No |
| • Did any such income become unblocked during the tax year (see section 964(b))? <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2005)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

23-6393344

Name of foreign corporation

BESELIDHJA ZAVET MICRO FINANCE LLC

| Important. Enter amounts in functional currency. | (a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance) | (b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance) |
|---|---|---|
| 1 Balance at beginning of year | | |
| 2a Current year E&P | | |
| b Current year deficit in E&P | 448,241. | |
| 3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b) | -448,241. | |
| 4 Amounts included under section 951(a) or reclassified under section 959(c) in current year | | |
| 5a Actual distributions or reclassifications of previously taxed E&P | | |
| b Actual distributions of nonpreviously taxed E&P | | |
| 6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a) | | |
| b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b) | -448,241. | |
| 7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.) | -448,241. | |

| | (c) Previously Taxed E&P (sections 959(c)(1) and (2) balances) | | | (d) Total Section 964(a) E&P (combine columns (a), (b), and (c)) |
|-----------|---|---|------------------------|---|
| | (i) Earnings Invested in U.S. Property | (ii) Earnings Invested in Excess Passive Assets | (iii) Subpart F Income | |
| 1 | | | | |
| 2a | | | | |
| b | | | | |
| 3 | | | | |
| 4 | | | | |
| 5a | | | | |
| b | | | | |
| 6a | | | | |
| b | | | | |
| 7 | | | | -448,241. |

**SCHEDULE M
(Form 5471)**

(Rev. December 2007)

Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0704

▶ Attach to Form 5471.

Name of person filing Form 5471

**WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Identifying number

23-6393344

Name of foreign corporation

BESELIDHJA ZAVET MICRO FINANCE LLC

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

| (a) Transactions of foreign corporation | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|--|------------------------------------|--|---|--|---|
| 1 Sales of stock in trade (inventory) ... | | | | | |
| 2 Sales of tangible property other than stock in trade | | | | | |
| 3 Sales of property rights (patents, trademarks, etc.) | | | | | |
| 4 Buy-in payments received | | | | | |
| 5 Cost sharing payments received | | | | | |
| 6 Compensation received for technical, managerial, engineering, construction, or like services | | | | | |
| 7 Commissions received | | | | | |
| 8 Rents, royalties, and license fees received | | | | | |
| 9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income) | | | | | |
| 10 Interest received | | | | | |
| 11 Premiums received for insurance or reinsurance | | | | | |
| 12 Add lines 1 through 11 | | | | | |
| 13 Purchases of stock in trade (inventory) | | | | | |
| 14 Purchases of tangible property other than stock in trade | | | | | |
| 15 Purchases of property rights (patents, trademarks, etc.) | | | | | |
| 16 Buy-in payments paid | | | | | |
| 17 Cost sharing payments paid | | | | | |
| 18 Compensation paid for technical, managerial, engineering, construction, or like services | | | | | |
| 19 Commissions paid | | | | | |
| 20 Rents, royalties, and license fees paid | | | | | |
| 21 Dividends paid | | | | | |
| 22 Interest paid | | | | | |
| 23 Premiums paid for insurance or reinsurance | | | | | |
| 24 Add lines 13 through 23 | | | | | |
| 25 Amounts borrowed (enter the maximum loan balance during the year) - see instr. | | | | | |
| 26 Amounts loaned (enter the maximum loan balance during the year) - see instr. | | | | | |

FORM 5471 OTHER INCOME STATEMENT 1

| DESCRIPTION | FUNCTIONAL CURRENCY | EXCHANGE RATE | U.S. DOLLAR |
|-----------------------------------|---------------------|---------------|-------------|
| MICROFINANCE INCOME | 7,016,803. | | 0. |
| TOTAL TO 5471, SCHEDULE C, LINE 8 | 7,016,803. | | 0. |

FORM 5471

OTHER DEDUCTIONS

STATEMENT 2

| DESCRIPTION | FUNCTIONAL CURRENCY | EXCHANGE RATE | U.S. DOLLAR |
|------------------------------------|------------------------|------------------|-------------|
| PERSONNEL BENEFITS | 314,851. | | 0. |
| TRAVEL | 87,830. | | 0. |
| OFFICE EXPENSES | 257,937. | | 0. |
| EQUIPMENT COSTS | 90,407. | | 0. |
| PERSONNEL EXPENSES | 78,072. | | 0. |
| BAD DEBT | -23,838. | | 0. |
| PROFESSIONAL FEES | 173,854. | | 0. |
| MISCELLENAEIOUS | 373,418. | | 0. |
| CURRENCY EXCHANGE | 161,575. | | 0. |
| VEHICLE EXPENSE | 213,069. | | 0. |
| TOTAL TO 5471, SCHEDULE C, LINE 16 | 1,727,175. | | 0. |

FORM 5471

OTHER CURRENT ASSETS

STATEMENT 3

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|---|--|---------------------------------------|
| OTHER RECEIVABLES | 444,345. | 55,680. |
| PREPAID EXPENSES AND OTHER ASSETS | 153,484. | 281,261. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4 | <u>597,829.</u> | <u>336,941.</u> |

FORM 5471

OTHER INVESTMENTS

STATEMENT 4

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|---|--|---------------------------------------|
| INVESTMENTS AT MARKET | 79,269. | 0. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 7 | 79,269. | 0. |

FORM 5471

OTHER ASSETS

STATEMENT 5

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|--|--|---------------------------------------|
| MICROENTERPRISE AND AGRICULTURAL LOANS | 19,360,305. | 29,569,461. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 12 | 19,360,305. | 29,569,461. |

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 6

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|--|--|---------------------------------------|
| OTHER LIABILITIES | 578,113. | 1,852,193. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15 | 578,113. | 1,852,193. |

FORM 5471

OTHER LIABILITIES

STATEMENT 7

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|--|--|---------------------------------------|
| MICROENTERPRISE/AG DEVELOPMENT LOANS | 16,093,660. | 24,057,540. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17 | 16,093,660. | 24,057,540. |

FORM 5471 OTHER INCOME STATEMENT 8

| DESCRIPTION | FUNCTIONAL CURRENCY | EXCHANGE RATE | U.S. DOLLAR |
|-----------------------------------|------------------------|------------------|-------------|
| MICROFINANCE INCOME | 446,544. | | 0. |
| TOTAL TO 5471, SCHEDULE C, LINE 8 | 446,544. | | 0. |

FORM 5471

OTHER DEDUCTIONS

STATEMENT 9

| DESCRIPTION | FUNCTIONAL CURRENCY | EXCHANGE RATE | U.S. DOLLAR |
|---|------------------------|------------------|-------------|
| PERSONNEL BENEFITS | 23,284. | | 0. |
| TRAVEL | 62,934. | | 0. |
| OFFICE EXPENSES | 67,502. | | 0. |
| EQUIPMENT COSTS | 5,564. | | 0. |
| PERSONNEL EXPENSES | 21,259. | | 0. |
| PROFESSIONAL FEES | 21,320. | | 0. |
| COMPUTER EXPENSE | 1,829. | | 0. |
| BAD DEBT | 21,562. | | 0. |
| MISCELLENANEOUS | 37,818. | | 0. |
| VEHICLE EXPENSE | 20,730. | | 0. |
| TOTAL TO 5471, SCHEDULE C, LINE 16 | 283,802. | | 0. |

FORM 5471

OTHER CURRENT ASSETS

STATEMENT 10

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|---|--|---------------------------------------|
| OTHER RECEIVABLES | 1,162. | 0. |
| PREPAID EXPENSES AND OTHER ASSETS | 60,973. | 148,795. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4 | 62,135. | 148,795. |

FORM 5471

OTHER ASSETS

STATEMENT 11

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|--|--|---------------------------------------|
| MICROENTERPRISE AND AGRICULTURAL LOANS | 882,180. | 1,128,324. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 12 | 882,180. | 1,128,324. |

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 12

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|--|--|---------------------------------------|
| OTHER LIABILITIES | 556,952. | 719,287. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15 | 556,952. | 719,287. |

FORM 5471

OTHER LIABILITIES

STATEMENT 13

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|--|--|---------------------------------------|
| MICROENTERPRISE/AG DEVELOPMENT LOANS | 131,732. | 301,411. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17 | 131,732. | 301,411. |

FORM 5471

OTHER INCOME

STATEMENT 14

| DESCRIPTION | FUNCTIONAL CURRENCY | EXCHANGE RATE | U.S. DOLLAR |
|-----------------------------------|------------------------|------------------|-------------|
| MICROFINANCE INCOME | 966,790. | | 0. |
| TOTAL TO 5471, SCHEDULE C, LINE 8 | 966,790. | | 0. |

FORM 5471

OTHER DEDUCTIONS

STATEMENT 15

| DESCRIPTION | FUNCTIONAL CURRENCY | EXCHANGE RATE | U.S. DOLLAR |
|---|------------------------|------------------|-------------|
| PERSONNEL BENEFITS | 54,711. | | 0. |
| TRAVEL | 68,358. | | 0. |
| OFFICE EXPENSES | 88,789. | | 0. |
| EQUIPMENT COSTS | 10,330. | | 0. |
| PERSONNEL EXPENSES | 97,518. | | 0. |
| PROFESSIONAL FEES | 39,270. | | 0. |
| COMPUTER EXPENSE | 8,006. | | 0. |
| BAD DEBT | 9,485. | | 0. |
| MISCELLENAEOUS | -7,476. | | 0. |
| VEHICLE EXPENSE | 25,964. | | 0. |
| TOTAL TO 5471, SCHEDULE C, LINE 16 | 394,955. | | 0. |

FORM 5471

OTHER CURRENT ASSETS

STATEMENT 16

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|---|--|---------------------------------------|
| PREPAID EXPENSES AND OTHER ASSETS | 36,812. | 28,686. |
| OTHER RECEIVABLES | 3,764. | 0. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4 | <u>40,576.</u> | <u>28,686.</u> |

FORM 5471

OTHER ASSETS

STATEMENT 17

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|--|--|---------------------------------------|
| MICROENTERPRISE AND AGRICULTURAL LOANS | 1,179,422. | 1,858,058. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 12 | 1,179,422. | 1,858,058. |

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 18

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|--|--|---------------------------------------|
| OTHER LIABILITIES | 0. | 645,807. |
| DEFERRED REVENUE | 0. | 29,931. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15 | 0. | 675,738. |

FORM 5471

OTHER LIABILITIES

STATEMENT 19

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|--|--|---------------------------------------|
| MICROENTERPRISE/AG DEVELOPMENT LOANS | 0. | 55,300. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17 | 0. | 55,300. |

FORM 5471

OTHER INCOME

STATEMENT 20

| DESCRIPTION | FUNCTIONAL CURRENCY | EXCHANGE RATE | U.S. DOLLAR |
|-----------------------------------|------------------------|------------------|-------------|
| MICROFINANCE INCOME | 1,458,879. | | 0. |
| TOTAL TO 5471, SCHEDULE C, LINE 8 | 1,458,879. | | 0. |

FORM 5471

OTHER DEDUCTIONS

STATEMENT 21

| DESCRIPTION | FUNCTIONAL CURRENCY | EXCHANGE RATE | U.S. DOLLAR |
|------------------------------------|------------------------|------------------|-------------|
| PERSONNEL BENEFITS | 112,518. | | 0. |
| TRAVEL | 29,170. | | 0. |
| OFFICE EXPENSES | 126,124. | | 0. |
| EQUIPMENT COSTS | 8,951. | | 0. |
| PERSONNEL EXPENSES | 6,573. | | 0. |
| COMPUTER EXPENSE | 9,489. | | 0. |
| PROFESSIONAL FEES | 23,238. | | 0. |
| CURRENCY EXCHANGE | 371,235. | | 0. |
| VEHICLE EXPENSE | 66,855. | | 0. |
| BAD DEBT | 174,734. | | 0. |
| MISCELLENAEIOUS | 27,948. | | 0. |
| TOTAL TO 5471, SCHEDULE C, LINE 16 | 956,835. | | 0. |

FORM 5471

OTHER CURRENT ASSETS

STATEMENT 22

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|---|--|---------------------------------------|
| PREPAID EXPENSES AND OTHER ASSETS | 24,136. | 66,319. |
| OTHER RECEIVABLES | -70,907. | 0. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4 | -46,771. | 66,319. |

FORM 5471

OTHER ASSETS

STATEMENT 23

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|--|--|---------------------------------------|
| MICROENTERPRISE AND AGRICULTURAL LOANS | 6,219,348. | 7,319,539. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 12 | 6,219,348. | 7,319,539. |

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 24

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|--|--|---------------------------------------|
| DEFERRED REVENUE | 36,018. | 85,453. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15 | 36,018. | 85,453. |

FORM 5471

OTHER LIABILITIES

STATEMENT 25

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|--|--|---------------------------------------|
| MICROENTERPRISE/AG DEVELOPMENT LOANS | 1,513,484. | 4,002,240. |
| TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17 | 1,513,484. | 4,002,240. |