

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

7 EAST BALTIMORE STREET

City or town, state or province, country, and ZIP or foreign postal code

BALTIMORE, MD 21202**F** Name and address of principal officer: **STEPHAN BAUMAN
SAME AS C ABOVE****D** Employer identification number**23-6393344****E** Telephone number**443-451-1900****G** Gross receipts \$ **58,480,127.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.WR.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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: TO EMPOWER THE LOCAL CHURCH TO SERVE THE MOST VULNERABLE.
	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) 16
	4	Number of independent voting members of the governing body (Part VI, line 1b) 16
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a) 723
	6	Total number of volunteers (estimate if necessary) 100000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, line 34 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 53,218,236.
	9	Program service revenue (Part VIII, line 2g) 2,435,995.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 178,902.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,009,516.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 56,842,649.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 27,181,874.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,373,676.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,489,076.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 56,395,485.
19	Revenue less expenses. Subtract line 18 from line 12 447,164.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 26,796,875.
	21	Total liabilities (Part X, line 26) 6,283,120.
	22	Net assets or fund balances. Subtract line 21 from line 20 20,513,755.

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
	BARRY HOWARD, CFO/SVP FINANCE, HR AND ADMIN Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name STACY CULLEN	Preparer's signature (Signed) Stacy Cullen
	Firm's name ▶ TAIT, WELLER & BAKER LLP Firm's address ▶ 1818 MARKET STREET; SUITE 2400 PHILADELPHIA, PA 19103	Date 02/16/15 Check if self-employed <input type="checkbox"/> PTIN P00974308 Firm's EIN ▶ 23-1144520 Phone no. 215.979.8800

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

Form 990 (2013)

23-6393344 Page 2

Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

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

4a (Code:) (Expenses \$ 27,380,927. including grants of \$ 12,232,998.) (Revenue \$ 1,334,478.)
REFUGEE ASSISTANCE - PROVIDED BASIC NEEDS AND INITIAL RESETTLEMENT SERVICES, IN PARTNERSHIP WITH LOCAL CHURCHES AND VOLUNTEERS, TO 8,148 REFUGEES FORCED TO FLEE PERSECUTION IN THEIR HOMELANDS. OTHER EXTENDED SERVICES WERE PROVIDED TO THESE AND 5,360 OTHERS INCLUDING ENGLISH LANGUAGE TRAINING, EMPLOYMENT ASSISTANCE, EXTENDED CASE MANAGEMENT AND OTHER SOCIAL ADJUSTMENT SERVICES. TOTAL BENEFICIARIES: 13,508

4b (Code:) (Expenses \$ 4,976,114. including grants of \$ 528,606.) (Revenue \$ 839,403.)
SERVICES TO IMMIGRANTS: PROVIDED LEGAL ASSISTANCE TO 11,000 IMMIGRANTS; SUPPORTED CHURCH-CENTERED MINISTRIES AND CHRISTIAN NON-PROFITS THAT PROVIDE IMMIGRATION LEGAL SERVICES IN AMERICA'S MOST VULNERABLE COMMUNITIES; PROVIDED NATIONWIDE TRAINING AND EDUCATION TO LAWYERS, BIA REPRESENTATIVES, CHURCHES AND OTHER INTERESTED INDIVIDUALS REGARDING IMMIGRANT LEGAL SERVICES. TOTAL BENEFICIARIES: 26,000

4c (Code:) (Expenses \$ 3,960,188. including grants of \$) (Revenue \$)
MATERNAL AND CHILD HEALTH: WORLD RELIEF EQUIPS THE CHURCH TO HELP THEIR COMMUNITIES ADAPT PRACTICAL METHODOLOGIES IN NUTRITION, HYGIENE, SANITATION, CHILD DEVELOPMENT AND DISEASE MANAGEMENT - METHODOLOGIES THAT DECREASE CHILD MORTALITY AND INCREASE POSITIVE HEALTH OUTCOMES. 74,358 MOTHERS REACHED WITH REPRODUCTIVE HEALTH MESSAGING, NUTRITION SCREENING AND IMMUNIZATION VACCINES. 576,147 HOUSEHOLD VISITS BY COMMUNITY CARE GROUP MEMBERS AND HEALTH CARE WORKERS OVER THE YEAR. 31,731 VOLUNTEERS. BURUNDI, KENYA, MALAWI, MOZAMBIQUE, RWANDA, SOUTH SUDAN AND CAMBODIA.

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

(Expenses \$ 15,892,365. including grants of \$ 2,606,293.) (Revenue \$ 1,350,756.)

4e Total program service expenses 52,209,594.

Form 990 (2013)

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Form 990 (2013)

23-6393344 Page **3**

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 <i>Schedule B, Schedule of Contributors</i> ?	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	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	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form **990** (2013)

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Form 990 (2013)

23-6393344 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2013)

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Form 990 (2013)

23-6393344 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	101		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	
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	723		
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 (see instructions)			2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation 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)?			4a X	
b If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h
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			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	

Form 990 (2013)

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Form 990 (2013)

23-6393344 Page 6

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.

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Form 990 (2013)

23-6393344 Page 7

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) STEVE MOORE CHAIR	1.00	X		X				0.	0.	0.
(2) JOHN GRIFFIN, CPA TREASURER	1.00	X		X				0.	0.	0.
(3) LEITH ANDERSON EX OFFICIO/DIRECTOR	1.00	X						0.	0.	0.
(4) KATHERINE BARNHART DIRECTOR	1.00	X						0.	0.	0.
(5) PAUL BORTHWICK DIRECTOR	1.00	X						0.	0.	0.
(6) TIM BREENE DIRECTOR	1.00	X						0.	0.	0.
(7) REV. DR. DERRICK HARKINS DIRECTOR	1.00	X						0.	0.	0.
(8) DR. JUDITH M. DEAN DIRECTOR	1.00	X						0.	0.	0.
(9) DR. TIMOTHY EK EX OFFICIO/DIRECTOR	1.00	X						0.	0.	0.
(10) REV. DR. CASELY ESSAMAUH SECRETARY	1.00	X		X				0.	0.	0.
(11) SANDY WILSON VICE CHAIR	1.00	X		X				0.	0.	0.
(12) J. STEPHEN SIMMS DIRECTOR	1.00	X						0.	0.	0.
(13) DR. ROY TAYLOR EX OFFICIO/DIRECTOR	1.00	X						0.	0.	0.
(14) TIM TRAUDT DIRECTOR	1.00	X						0.	0.	0.
(15) KATHY VASELKIV DIRECTOR	1.00	X						0.	0.	0.
(16) BILL WESTRATE DIRECTOR	1.00	X						0.	0.	0.
(17) STEPHAN BAUMAN CEO/PRESIDENT	40.00			X				109,673.	0.	82,481.

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Form 990 (2013)

23-6393344 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) KEVIN SANDERSON SVP INTERNATIONAL PROGRAMS	40.00			X				118,098.	0.	21,130.
(19) BARRY HOWARD CFO/SVP FINANCE, HR & ADMI	40.00			X				113,044.	0.	19,180.
(20) AMY LUCIA SVP, STRATEGIC ENGAGEMENT/CHIEF MARK	40.00			X				114,436.	0.	7,095.
(21) DAN KOSTEN SVP US PROGRAMS	40.00			X				100,593.	0.	20,605.
(22) EEVA SIMARD CHIEF OF STAFF	40.00			X				36,908.	0.	11,114.
1b Sub-total								592,752.	0.	161,605.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								592,752.	0.	161,605.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CONNECTICUT HEALTH & LIFE INS. CO. P.O. BOX 644546, PITTSBURGH, PA 15264-4546	BENEFITS	318,147.
CRYSTAL & COMPANY, 3 BETHESDA METRO CTR, STE 709, BETHESDA, MD 20814	INSURANCE	176,342.
AETNA LIFE AND CASUALTY 151 FARMINGTON AVENUE, HARTFORD, CT 06156	INTERNATIONAL MEDICAL	175,657.
RIDGE PRINTING CORPORATION 8900 YELLOW BRICK RD., ROSEDALE, MD 21237	PRINTING/MARKETING	138,227.
FIRST INSURANCE FUNDING CORP. 450 SKOKIE BOULEVARD, NORTHBROOK, IL 60062	PROPERTY, LIABILITY, VEHICLE & UMBRELLA	133,850.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Form 990 (2013)

23-6393344 Page **9**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	41,161,003.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,616,401.				
	g Noncash contributions included in lines 1a-1f: \$		1,263,374.				
	h Total. Add lines 1a-1f			54,777,404.			
Program Service Revenue	2 a TRAVEL LOAN COMMISSION	Business Code	900099	1,334,478.	1,334,478.		
	b CLIENT FEES		900099	839,403.	839,403.		
	c SERVICE FEES		900099	70,077.	70,077.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,243,958.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			131,760.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses				39,325.			
c Rental income or (loss)				0.			
d Net rental income or (loss)				39,325.			39,325.
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses				7,001.			
c Gain or (loss)				4,113.	0.		
d Net gain or (loss)				-4,113.	7,001.		
e Total. Add lines 7a-7d				2,888.			2,888.
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	1,280,679.	1,280,679.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			1,280,679.				
12 Total revenue. See instructions.			58,476,014.	3,524,637.	0.	173,973.	

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Form 990 (2013)

23-6393344 Page **10**

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,600,423.	1,600,423.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	11,670,422.	11,670,422.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	2,097,052.	2,097,052.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	767,787.		547,771.	220,016.
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	22,601,218.	18,251,434.	2,989,105.	1,360,679.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	386,421.	316,927.	50,798.	18,696.
9 Other employee benefits	4,269,528.	3,345,336.	644,314.	279,878.
10 Payroll taxes	1,444,133.	1,127,976.	233,884.	82,273.
11 Fees for services (non-employees):				
a Management				
b Legal	130,706.	30,098.	99,597.	1,011.
c Accounting	295,924.	119,081.	173,431.	3,412.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,302,702.	1,384,535.	243,478.	674,689.
12 Advertising and promotion				
13 Office expenses	3,708,074.	3,088,445.	274,256.	345,373.
14 Information technology	184,926.	104,515.	47,875.	32,536.
15 Royalties				
16 Occupancy	1,712,429.	1,502,052.	205,120.	5,257.
17 Travel	2,369,344.	1,623,593.	447,316.	298,435.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	109,834.	230.	102,556.	7,048.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	369,890.	172,594.	197,296.	
23 Insurance	385,282.	141,074.	244,208.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM COST	4,165,565.	4,165,565.		
b STRATEGIC PARTNERSHIP	1,135,086.	1,135,086.		
c MISCELLANEOUS	449,016.	274,676.	129,967.	44,373.
d BAD DEBT EXPENSE	68,716.	58,480.	10,236.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	62,224,478.	52,209,594.	6,641,208.	3,373,676.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Form 990 (2013)

23-6393344 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,105,882.	1	4,674,087.
	2 Savings and temporary cash investments	125,414.	2	159,834.
	3 Pledges and grants receivable, net	5,719,385.	3	4,169,894.
	4 Accounts receivable, net	258,676.	4	55,732.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	35,009.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	451,183.	9	576,763.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	9,911,094.		
	b Less: accumulated depreciation	5,858,639.		
	11 Investments - publicly traded securities	113,714.	11	236,685.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	9,363,748.	13	9,187,581.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,327,288.	15	903,641.
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,796,875.	16	24,016,672.	
Liabilities	17 Accounts payable and accrued expenses	2,720,713.	17	2,924,108.
	18 Grants payable		18	
	19 Deferred revenue	198,406.	19	363,661.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	3,364,001.	23	3,711,993.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	6,283,120.	26	6,999,762.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	16,250,255.	27	13,252,637.
	28 Temporarily restricted net assets	4,263,500.	28	3,764,273.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	20,513,755.	33	17,016,910.
	34 Total liabilities and net assets/fund balances	26,796,875.	34	24,016,672.

Form 990 (2013)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	58,476,014.
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,224,478.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,748,464.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,513,755.
5	Net unrealized gains (losses) on investments	5	-2,414.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	254,033.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,016,910.

Part XII Financial Statements and Reporting

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

☒

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

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2013

Open to Public Inspection

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization WORLD RELIEF CORP. 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, conference, 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 - Non-functionally integrated

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?

(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? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013

WORLD RELIEF CORP. OF NATIONAL

Schedule A (Form 990 or 990-EZ) 2013 ASSOCIATION OF EVANGELICALS

23-6393344 Page 2

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54452324.	50207794.	51828435.	53218236.	54777404.	264484193
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	54452324.	50207794.	51828435.	53218236.	54777404.	264484193
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.						264484193

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	54452324.	50207794.	51828435.	53218236.	54777404.	264484193
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,641.	62,669.	311,019.	220,721.	171,085.	776,135.
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.)	112,472.	382,022.	138,107.	952,144.	128,067.	286,542.
11 Total support. Add lines 7 through 10						268,125,752
12 Gross receipts from related activities, etc. (see instructions)					12	11,703,524.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	98.64	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.03	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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"/>		

Schedule A (Form 990 or 990-EZ) 2013

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

Employer identification number

23-6393344

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules**☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS	Employer identification number 23-6393344
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF STATE PM/DDTC, SA-1, 12TH FLOOR, 2401 E STREET NW, ROOM H1200 WASHINGTON, DC 20522-0112	\$ 17,394,707.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE SOUTHWEST WASHINGTON, DC 20201	\$ 10,213,669.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT RONALD REAGAN BUILDING WASHINGTON, DC 20523-1000	\$ 5,466,283.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WASHINGTON STATE DSHS P.O. BOX 11699 TACOMA, WA 98411-9905	\$ 1,424,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

23-6393344

[illegible]

Name of organization

Employer identification number

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

23-6393344

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

OMB No. 1545-0047

2013
Open to Public
Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **WORLD RELIEF CORP. 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 education)	<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, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 b Permanent endowment %
 c Temporarily restricted endowment %

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,231.		1,231.
b Buildings		2,435,642.	815,060.	1,620,582.
c Leasehold improvements		1,347,647.	673,595.	674,052.
d Equipment		2,205,287.	2,169,895.	35,392.
e Other		3,921,287.	2,200,089.	1,721,198.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,052,455.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN URWEGO		
(2) OPPORTUNITY BANK	530,696.	COST
(3) INVESTMENT IN LLC	3,033,753.	COST
(4) INVESTMENT IN KREDIT	5,623,132.	COST
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	9,187,581.	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Schedule D (Form 990) 2013

23-6393344 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	62,053,005.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-2,414.
b	Donated services and use of facilities	2b	125,049.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	3,454,356.
e	Add lines 2a through 2d	2e	3,576,991.
3	Subtract line 2e from line 1	3	58,476,014.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
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	58,476,014.

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

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

1	Total expenses and losses per audited financial statements	1	64,375,102.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	125,049.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,025,575.
e	Add lines 2a through 2d	2e	2,150,624.
3	Subtract line 2e from line 1	3	62,224,478.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
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	62,224,478.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEARS (YEARS ENDED SEPTEMBER 30, 2011-2013) OR EXPECTED TO BE TAKEN IN WORLD RELIEF'S SEPTEMBER 30, 2014 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATION OF MICROFINANCE ACTIVITY	2,025,575.
EQUITY EARNINGS IN LLC	567,123.
GAIN ON EQUITY INVESTMENT	861,658.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	3,454,356.

332054
09-25-13

Schedule D (Form 990) 2013

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATION OF MICROFINANCE ENTITY ACTIVITY 2,025,575.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open to Public
Inspection

Name of the organization

WORLD RELIEF CORP. 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" on
Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	2	73	PROGRAM SERVICES	AIDS (ABY), OVC, MCH, CHURCH ENGAGEMENT, CONFERENCES, DISASTER RESPONSE.	1,250,822.
EAST ASIA AND THE PACIFIC	8	152	PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN THE REGION, MICROCREDIT SERVICES	HEALTH EDUCATION, HIV AIDS, DR, AGRICULTURAL VALUE CHAIN DEVELOPMENT, MATERNAL & CHILD HEALTH.	1,164,583.
SOUTH ASIA	1	1	PROGRAM SERVICES	HIV/AIDS	70,437.
SUB-SAHARAN AFRICA	35	889	PROGRAM SERVICES, FUNDRAISING, MICROCREDIT SERVICES	REFUGEE SHELTER REHABILITATION, CHILD SURVIVOR, CHURCH MOBILIZATION, HIV&AIDS.	16,071,033.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	PARTNERSHIP TO SERVE THE MOST DEVESTATED IN THE MIDDLE EAST	1,135,086.
3 a Sub-total	46	1115			19,691,961.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	46	1115			19,691,961.

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

Schedule F (Form 990) 2013

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	INVESTMENT FOR THE DEVELOPMENT OF BUSINESS INITIATIVES BASED ON AGRICULTURAL	365,587.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA	HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS AND THE CHRONICALLY ILL AND	38,277.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA	PROGRAMS TO ASSIST PEOPLE LIVING WITH HIV/AIDS.	20,585.	WIRE FROM HEADQUARTERS	0.		
		EAST ASIA AND THE PACIFIC	PROGRAMS TO ASSIST PEOPLE LIVING WITH HIV/AIDS	10,000.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT AGRIBUSINESS ACTIVITY IN COLLABORATION WITH A PARTNER ENTERPRISE	25,000.	WIRE FROM HEADQUARTERS	0.		
		EAST ASIA AND THE PACIFIC	EMERGENCY & RECOVERY NEEDS FOR PEOPLE AFFECTED BY TYPHOON HAIYAN	63,000.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA	SAVING FOR LIFE WORK WITH COMMUNITY GROUP, TRAINING AGENTS, CHURCHES AND	44,282.	WIRE FROM HEADQUARTERS	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY RELIEF SERVICES PROVIDED TO DISPLACED PERSONS	70,000.	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 **19**

3 Enter total number of other organizations or entities **0**

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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	HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS AND THE CHRONICALLY ILL AND	36,502	WIRE FROM HEADQUARTERS	0		
			SUB-SAHARAN AFRICA	HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS AND THE CHRONICALLY ILL AND	37,709	WIRE FROM HEADQUARTERS	0		
			SUB-SAHARAN AFRICA	HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS AND THE CHRONICALLY ILL AND	37,765	WIRE FROM HEADQUARTERS	0		
			MIDDLE EAST AND NORTH AFRICA	FUNDS TO SUPPORT PARTNERSHIP EFFORTS TO THE MOST DEVASTATED IN THE EMERGENCY & RECOVERY NEEDS FOR PEOPLE AFFECTED BY TYPHOON HAIYAN	1115934	WIRE FROM HEADQUARTERS	0		
			EAST ASIA AND THE PACIFIC	HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS AND THE CHRONICALLY ILL AND	185,466	WIRE FROM HEADQUARTERS	0		
			SUB-SAHARAN AFRICA	HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS AND THE CHRONICALLY ILL AND	36,022	WIRE FROM HEADQUARTERS	0		
			MIDDLE EAST AND NORTH AFRICA	EMERGENCY RELIEF SERVICES PROVIDED TO DISPLACED PERSONS	10,000	WIRE FROM HEADQUARTERS	0		

Part III can be duplicated if additional space is needed.

[illegible]

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

Schedule F (Form 990) 2013

23-6393344 Page 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2013

Part V Supplemental Information

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

PART I, LINE 2:

EXPLANATION: WORLD RELIEF'S GRANT PROCESS INVOLVES BOTH FINANCIAL AND PROGRAMMATIC MONITORING OF GRANT FUNDS. PROGRAMMATIC MONITORING IS PERFORMED BY TECHNICAL PERSONNEL WHO VISIT IMPLEMENTATION SITES AND DO MONITORING AND EVALUATION. WORLD RELIEF ALSO HAS AN ESTABLISHED FINANCIAL PROCESS THAT INVOLVES AUDITING OF GRANTS AS REQUIRED BY SPECIFIC AGREEMENTS, AND THE HOME OFFICE PERFORMS MONTHLY INTERNAL ANALYSIS, REVIEW AND MONITORING OF ACTIVITIES.

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, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: INVESTMENT FOR THE DEVELOPMENT OF BUSINESS

Part V Supplemental Information

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

INITIATIVES BASED ON AGRICULTURAL PRODUCTION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS AND THE CHRONICALLY ILL AND CARE AND SUPPORT SERVICES FOR ORPHANS, VULNERABLE AND PRE AND POST PARTUM WOMEN.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT AGRIBUSINESS ACTIVITY IN COLLABORATION WITH A PARTNER ENTERPRISE IN RWANDA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SAVING FOR LIFE WORK WITH COMMUNITY GROUP, TRAINNING AGENTS, CHURCHES AND COMMUNITIES BASED ORGANIZATIONS TO IMPLEMENT SFL ACTIVITIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS AND THE CHRONICALLY ILL AND CARE AND SUPPORT FOR ORPHANS AND VULNERABLE AND PRE AND POST PARTUM WOMEN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS AND THE CHRONICALLY ILL AND CARE AND SUPPORT FOR ORPHANS AND VULNERABLE AND PRE AND POST PARTUM WOMEN

REGION: SUB-SAHARAN AFRICA

Part V Supplemental Information

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

(D) PURPOSE OF GRANT: HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS
AND THE CHRONICALLY ILL AND CARE AND SUPPORT FOR ORPHANS AND VULNERABLE
AND PRE AND POST PARTUM WOMEN

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: FUNDS TO SUPPORT PARTNERSHIP EFFORTS TO THE MOST
DEVASTATED IN THE MIDDLE EAST AND PROMOTE CHILD EDUCATION PROGRAMING IN
SYRIA AND IRAQ

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS
AND THE CHRONICALLY ILL AND CARE AND SUPPORT FOR ORPHANS AND VULNERABLE
AND PRE AND POST PARTUM WOMEN

**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS	Employer identification number 23-6393344
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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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE OF DUPAGE 425 FAWELL BLVD. GLEN ELLYN, IL 60137	36-2594972	501(C)(3)	15,771.	0.			PARTNERSHIP WITH WR-CITIZENSHIP PROGRAM TO AID REFUGEES
EXODUS WORLD SERVICE 109 FAIRFIELD WAY, #101 BLOOMINGDALE, IL 60108	36-3604920	501(C)(3)	8,749.	0.			PARTNERSHIP WITH WR-CITIZENSHIP PROGRAM TO AID REFUGEES
THE EPISCOPAL CHURCH IN WESTERN WASHINGTON - 1551 10TH AVE, E. - SEATTLE, WA 98102	91-0200430	501(C)(3)	145,784.	0.			PROVIDES EMPLOYMENT, ENGLISH AS A SECOND LANGUAGE (ESL) SERVICES, AND SKILLS TRAINING TO
WEST CHICAGO HIGH SCHOOL DISTRICT 94 - 326 JOLIET ST. - WEST CHICAGO, IL 60185	36-6004531	501(C)(3)	6,660.	0.			PARTNERSHIP WITH WR-CITIZENSHIP PROGRAM TO AID REFUGEES
WORLD RELIEF MINNESOTA 1515 EAST 66TH STREET RICHFIELD, MN 55423	41-2763181	501(C)(3)	757,200.	0.			DIRECTLY FUNDED THE RESETTLEMENT AND PROCESSING OF REFUGEES
MAP INTERNATIONAL 4700 GLYNCO PKWY BRUNSWICK, GA 31525	36-2586390	501(C)(3)	20,000.	0.			EMERGENCY & RECOVERY NEEDS FOR PEOPLE AFFECTED BY TYPHOON HAIYAN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2013)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

23-6393344 Page 1

23-6393344

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

[illegible]

Schedule I (Form 990)

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

23-6393344

Page 2

Schedule I (Form 990) (2013)

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SPECIFIC ASSISTANCE TO INDIVIDUALS	4104	0.	357,313.FMV		FOOD AND HOUSEHOLD ITEMS
SPECIFIC ASSISTANCE TO INDIVIDUALS	262	0.	42,523.FMV		CLOTHING
SPECIFIC ASSISTANCE TO INDIVIDUALS	17	2,058.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	57	5,119.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	828	0.	402,769.FMV		FURNITURE

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

PART I, LINE 2:

EXPLANATION: WORLD RELIEF'S GRANT PROCESS INVOLVES BOTH FINANCIAL AND PROGRAMMATIC MONITORING OF GRANT FUNDS. PROGRAMMATIC MONITORING IS PERFORMED BY TECHNICAL PERSONNEL WHO VISIT IMPLEMENTATION SITES AND DO MONITORING AND EVALUATION. WORLD RELIEF ALSO HAS AN ESTABLISHED FINANCIAL PROCESS THAT INVOLVES AUDITING OF GRANTS AS REQUIRED BY SPECIFIC AGREEMENTS, AND THE HOME OFFICE PERFORMS MONTHLY INTERNAL ANALYSIS, REVIEW AND MONITORING OF ACTIVITIES.

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Part III 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	8,668.	0.	3,244,797.	FMV	HOUSING
SPECIFIC ASSISTANCE TO INDIVIDUALS	200.	29,001.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	443.	20,382.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	735.	195,354.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	5,596.	1,458,633.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	773.	210,103.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	20.	3,875.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	3,792.	337,396.	0.		
INITIAL REFUGEE GRANTS	14,228.	5,361,099.	0.		

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Employer identification number

23-6393344

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☒ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ 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

Yes

No

X

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2

Yes

No

X

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☒ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ 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

Yes

No

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

Yes

No

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

Yes

No

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

Yes

No

X

b Any related organization?

5b

Yes

No

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

Yes

No

X

b Any related organization?

6b

Yes

No

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

Yes

No

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

Yes

No

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

Yes

No

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

Schedule J (Form 990) 2013

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

Schedule J (Form 990) 2013

23-6393344

Page 3

Part III Supplemental Information

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

PART I, LINE 1A:

EXPLANATION: STEPHEN BAUMAN QUALIFIES FOR A PASTORAL HOUSING ALLOWANCE
PER THE BOARD'S APPROVAL, BASED ON HIS STATUS AS AN ORDAINED MINISTER AND
IN ACCORDANCE WITH IRS PUBLICATION 517. THE VALUE OF THIS BENEFIT IS
INCLUDED AS OTHER COMPENSATION IN PART VII, COLUMN (F) AND HIS SALARY IS
REDUCED FOR THE AMOUNT OF THIS BENEFIT.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2013

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Employer identification number
23-6393344

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		538,974.	FMV
6 Cars and other vehicles	X	12	33,252.	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	150	561,380.	FMV
20 Drugs and medical supplies	X	71	76,176.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SCHOOL SUPPLI)	X	216	21,460.	FMV
26 Other ▶ (ELECTRONICS)	X	102	11,033.	FMV
27 Other ▶ (OFFICE SUPPLI)	X	35	8,812.	FMV
28 Other ▶ (BICYCLE)	X	38	4,754.	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 Acknowledgement

29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a

X

31

X

32a

X

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

Schedule M (Form 990) (2013)

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

PART I, OTHER TYPES OF PROPERTY:**MEDIA PRODUCTS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 3

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4249.

(D) METHOD OF DETERMINING REVENUE: FMV

HOLIDAY GIFTS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 24

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3234.

(D) METHOD OF DETERMINING REVENUE: FMV

ESL MATERIALS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 50.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization	WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS	Employer identification number 23-6393344
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF WORLD RELIEF, AS ORIGINATED WITHIN THE NATIONAL
ASSOCIATION OF EVANGELICALS, IS 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.

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: WORLD RELIEF'S FINANCIAL AND AGRICULTURE PROGRAMS GIVE
PEOPLE, FAMILIES AND ENTIRE COMMUNITIES A CHANCE TO OVERCOME DEPENDENCY
AND ACHIEVE THEIR OWN SUCCESS, AN OPPORTUNITY TOO OFTEN DENIED TO THE
WORLD'S POOREST. 6,401 FARMERS IN 211 FARMER GROUPS RECEIVED SUPPORT.
7,725 FARMERS RECEIVED TECHNICAL TRAINING TO PRODUCE 1,102,189 KG OF
PRODUCE, 1,148 HECTARES FARMED. CAMBODIA, DRC, HAITI, INDONESIA, KENYA,
MALAWI, MOZAMBIQUE, SOUTH SUDAN, SUDAN.

Name of the organization **WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Employer identification number
23-6393344

ANTI-TRAFFICKING: CHURCH AND CARE GROUP MEMBERS, LOCAL LEADERS, TEENS AND CHILDREN ARE EDUCATED AND EQUIPPED WITH PREVENTION MESSAGES WHICH THEY CAN PASS ALONG TO OTHERS THROUGH MENTORSHIP, IN-HOME PRESENTATIONS, AND GENERAL WORD-OF-MOUTH. LOCAL LEADERS ARE TRAINED ON TRAFFICKING PREVENTION, COMMUNITY PROTECTION AND SAFE MIGRATION. COMPREHENSIVE SERVICES ARE ALSO PROVIDED TO SURVIVORS. 3,393 PEOPLE TRAINED TO PREVENT HT, 9 HT VICTIMS ASSISTED, 908 NEW CHILDREN'S AND TEEN CLUBS STARTED TO EDUCATE YOUTH ON THE DANGERS OF HUMAN TRAFFICKING IN CAMBODIA. IN THE U.S., WORLD RELIEF PROVIDES RESTORATIVE SERVICES TO SURVIVORS OF HUMAN TRAFFICKING AND THEIR FAMILY MEMBERS, AND RAISES AWARENESS IN LOCAL COMMUNITIES TO INCREASE VICTIM IDENTIFICATION AND RESCUE. A COLLABORATIVE NETWORK IS BUILT THROUGH PARTNERSHIP WITH CHURCHES, LAW ENFORCEMENT, UNIVERSITIES AND SERVICE PROVIDERS. 42 SURVIVORS AND 10 OF THEIR FAMILY MEMBERS RECEIVED COMPREHENSIVE SERVICES TO SUPPORT THEIR PHYSICAL, EMOTIONAL, SOCIAL AND SPIRITUAL HEALING. 6,397 COMMUNITY MEMBERS WERE EDUCATED ABOUT HUMAN TRAFFICKING IN THEIR COMMUNITY AND HOW THEY CAN BECOME INVOLVED. TOTAL U.S. BENEFICIARIES: 6,449.

CHILD DEVELOPMENT: CHILDREN AND TEENS ARE ENGAGED IN VARIOUS PROGRAMS FOR PSYCHOSOCIAL DEVELOPMENT, CARETAKING, AND CHARACTER-BUILDING. 66,414 NEW CHILDREN & TEENS IN NURSERIES AND PROGRAMS. CAMBODIA, MALAWI, RWANDA, JORDAN.

HIV/AIDS: COUPLES ARE TAUGHT AND ENCOURAGED TO SHARE MESSAGES OF SENSITIVITY, INCREASING THEIR OWN WILLINGNESS TO RECEIVE TESTING AND TREATMENT. YOUTH ARE REACHED WITH PREVENTION MESSAGES AND CHALLENGED TO

Name of the organization **WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Employer identification number
23-6393344

COMMIT TO DISEASE-REDUCTION LIFESTYLE CHOICES. THOSE AFFECTED AND AT RISK ARE PROVIDED COMPREHENSIVE SUPPORT THROUGH BASIC SERVICES AND COMMUNITY MOBILIZATION. 86,748 UNDERWENT TRAINING IN HIV/AIDS PREVENTION, CARE FOR THOSE LIVING WITH AIDS. 51,156 YOUTH REACHED WITH PREVENTION MESSAGES. 26,890 PEOPLE LIVING WITH HIV/AIDS, ORPHANS AND VULNERABLE CHILDREN AND CAREGIVERS SUPPORTED. BURUNDI, CAMBODIA, DRC, INDIA, INDONESIA, KENYA, MALAWI, MOZAMBIQUE, RWANDA, INDIA.

LOCAL PARTNER STRENGTHENING: WORLD RELIEF WORKS TO STRENGTHEN THE LOCAL CHURCH AND OTHER ORGANIZATIONS TO MEET THE NEEDS OF THE POOR AND SUFFERING THROUGH LEADERSHIP DEVELOPMENT, TRAINING IN GENERAL PROJECT DEVELOPMENT AND IMPLEMENTATION, DISASTER PREPAREDNESS AND RESPONSE, FINANCIAL MANAGEMENT AND SPECIFIC TECHNICAL TRAINING IN SECTORAL AREAS OF HEALTH, EDUCATION, SOCIAL SERVICE, PEACE-BUILDING, AND ECONOMIC DEVELOPMENT. 3,525 LOCAL CHURCHES AND PARTNER ORGANIZATIONS WORKING WITH WR, 148 COMMUNITY BASED RESOLUTION MECHANISMS ESTABLISHED AND FUNCTIONING, 5,789 INDIVIDUALS/VOLUNTEERS TRAINED AS VILLAGE PEACE AGENTS, OR RECEIVING TRAINING IN CONFLICT RESOLUTION. 44 NEW PEACE COMMITTEES ESTABLISHED. BURUNDI, CAMBODIA, DRC, HAITI, INDIA, INDONESIA, KENYA, MALAWI, MOZAMBIQUE, RWANDA, SUDAN.

MICROECONOMIC DEVELOPMENT: WORLD RELIEF'S FINANCIAL AND AGRICULTURE PROGRAMS GIVE PEOPLE, FAMILIES AND ENTIRE COMMUNITIES A CHANCE TO OVERCOME DEPENDENCY AND ACHIEVE THEIR OWN SUCCESS, AN OPPORTUNITY TOO OFTEN DENIED TO THE WORLD'S POOREST. 394,677 CLIENTS INVOLVED IN MICROFINANCE PROGRAMMING, 34,220 SAVINGS GROUP MEMBERS CURRENTLY UNDER WR SUPERVISION AND TRAINING. ZAMBIA, DR CONGO, BURUNDI, HAITI, RWANDA, KENYA, MALAWI, MOZAMBIQUE, SOUTH SUDAN AND CAMBODIA.

Name of the organization **WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Employer identification number
23-6393344

INTEGRATED PROGRAMS: WORLD RELIEF IS IMPLEMENTING A CURRICULUM TO EQUIP THE LOCAL CHURCH TO INTEGRATE THE WORK THEY DO EACH DAY WITH THE SPIRITUAL NATURE OF THEIR LIVES. MUCH OF THE INTEGRATED PROGRAMMING IS CONNECTED WITH LOCAL PARTNER STRENGTHENING. 16,050 PEOPLE TRAINED IN WR CURRICULUM.

EXPENSES \$ 15,892,365. INCL GRANTS OF \$ 2,606,293. REVENUE \$ 1,350,756.

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:

EXPLANATION: THE NATIONAL ASSOCIATION OF EVANGELICALS IS THE SOLE SHAREHOLDER IN WORLD RELIEF CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: THE CHAIRMAN OF THE BOARD OF DIRECTORS HAS TO BE APPROVED BY THE STOCKHOLDER.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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.

Name of the organization **WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Employer identification number
23-6393344

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:

EXPLANATION: THE BOARD OF DIRECTORS AND ALL 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:

EXPLANATION: 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:

EXPLANATION: WORLD RELIEF COMPLIES 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 9, CHANGES IN NET ASSETS:

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

EQUITY EARNINGS IN LLC	567,123.
LOSS ON DISCONTINUED OPERATIONS	-1,174,748.
GAIN ON EQUITY INVESTMENT	861,658.
TOTAL TO FORM 990, PART XI, LINE 9	254,033.

FORM 990, PART XI, LINE 2C

EXPLANATION: 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 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 R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Employer identification number
23-6393344

OMB No. 1545-0047
2013

Open to Public
Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WORLD RELIEF GLOBAL DEVELOPMENT LLC 45-3236548, 7 EAST BALTIMORE STREET, BALTIMORE, MD 21202	MICROFINANCE	DELAWARE			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NATIONAL ASSOCIATION OF EVANGELICALS 1023 15TH ST NW, STE. 500 WASHINGTON, DC 20005		DISTRICT OF COLUMBIA	501(C)(3)	1			X

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

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related

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

332162 09-12-13 51 Schedule R (Form 990) 2013

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

[illegible]

Part VII

Supplemental Information

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

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME AND ADDRESS OF RELATED ORGANIZATION:

IMF HEKIMA SOCIETE CIVILE

GALLERIE BENEDICTION, AVENUE TOURISTES N 12

GOMA, PROVINCE OF NORTH-KIVU, CONGO, DEMO. REP. OF

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
1	VARIOUS FIXED ASSETS		VARIESSL	10.00	16	9911094.			9911094.	5488749.		369,890.
	* TOTAL 990 PAGE 10 DEPR					9911094.		0.	9911094.	5488749.	0.	369,890.

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

OMB No. 1545-0704

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service► For more information about Form 5471, see www.irs.gov/form5471.

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 CORP. 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 21202Filer's tax year beginning **OCT 1**, 2013, and ending **SEP 30**, 2014

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

**KREDIT LTD.
BLDG. NO. 71, STREET 163, TOUL SVAY PREY I
PHNOM PEHN
CAMBODIA**

b(1) Employer identification number, if any

000000000

b(2) Reference ID number (see instructions)

KREDIT862571

c Country under whose laws incorporated

CAMBODIAd Date of
incorporation

e Principal place of business

f Principal
business activity
code number

g Principal business activity

MICRO LENDING

h Functional currency

06/13/03CAMBODIA**UNITED STATES, 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:

(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 incorporationd 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
COMMON	99,414	99,414

LHA For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2012)

[illegible]

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 statement)	SEE STATEMENT 1	8	684,862.
9 Total income (add lines 3 through 8)		9	684,862.
Deductions	10 Compensation not deducted elsewhere	10	159,356.
	11a Rents	11a	
	b Royalties and license fees	11b	
	12 Interest	12	165,301.
	13 Depreciation not deducted elsewhere	13	18,051.
	14 Depletion	14	
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15	22,536.
	16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes)	SEE STATEMENT 2	16
17 Total deductions (add lines 10 through 16)		17	594,721.
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	90,141.
	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	90,141.

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	CAMBODIA			22,536.
3				
4				
5				
6				
7				
8	Total			22,536.

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) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	2,740,153.	4,919,439.
2a	Trade notes and accounts receivable	855,588.	778,471.
b	Less allowance for bad debts	()	()
3	Inventories		
4	Other current assets (attach statement) SEE STATEMENT 3	19,384.	26,977.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement) SEE STATEMENT 4	18,691.	18,558.
8a	Buildings and other depreciable assets	553,632.	1,007,592.
b	Less accumulated depreciation	(340,546.)	(484,130.)
9a	Depletable assets		
b	Less accumulated depletion	()	()
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets	7,603.	347,965.
d	Less accumulated amortization for lines 11a, b, and c	()	()
12	Other assets (attach statement) SEE STATEMENT 5	21,804,477.	30,206,028.
13	Total assets	25,658,982.	36,820,900.
Liabilities and Shareholders' Equity			
14	Accounts payable	693,985.	659,202.
15	Other current liabilities (attach statement) SEE STATEMENT 6	342,587.	425,048.
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement) SEE STATEMENT 7	20,213,688.	29,445,833.
18	Capital stock:		
a	Preferred stock		
b	Common stock		
19	Paid-in or capital surplus (attach reconciliation)		
20	Retained earnings	4,408,721.	6,290,817.
21	Less cost of treasury stock	()	()
22	Total liabilities and shareholders' equity	25,658,981.	36,820,900.

Form 5471 (Rev. 12-2012)

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? If "Yes," see the instructions for required statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	<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	
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 statement)		
3 Total net additions		
4 Total net subtractions		
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a	
b DASTM gain or (loss) for foreign corporations that use DASTM	5b	
c Combine lines 5a and 5b	5c	
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

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶	Identifying number ▶
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Did any such income become unblocked during the tax year (see section 964(b))?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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

FORM 5471 OTHER INCOME STATEMENT 1

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
MICROFINANCE INCOME			673,448.
CONTRIBUTIONS			9,260.
OTHER REVENUE			2,154.
TOTAL TO 5471, SCHEDULE C, LINE 8			684,862.

FORM 5471 OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
PERSONNEL BENEFITS			15,375.
TRAVEL			3,599.
OFFICE EXPENSES			29,628.
EQUIPMENT COSTS			4,991.
PERSONNEL EXPENSES			19,662.
BAD DEBT			8,663.
PROFESSIONAL FEES			19,017.
MISCELLENANEOUS			11,859.
CURRENCY EXCHANGE			83,891.
VEHICLE EXPENSE			15,112.
COMMUNICATIONS			6,079.
PROMOTION/RECRUIT			11,494.
LOAN PARTICIPANT EXPENSES			107.
TOTAL TO 5471, SCHEDULE C, LINE 16			229,477.

FORM 5471 OTHER CURRENT ASSETS STATEMENT 3

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
DEFERRED TAX ASSET	19,384.	26,977.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4	19,384.	26,977.

FORM 5471	OTHER INVESTMENTS	STATEMENT	4
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
EQUITY INVESTMENT	18,691.	18,558.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 7	18,691.	18,558.	

FORM 5471	OTHER ASSETS	STATEMENT	5
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
MICROENTERPRISE AND AGRICULTURAL LOANS	21,804,477.	30,199,514.	
OTHER SUNDRY ASSETS	0.	6,514.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 12	21,804,477.	30,206,028.	

FORM 5471	OTHER CURRENT LIABILITIES	STATEMENT	6
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
CURRENT TAX LIABILITIES	106,210.	182,104.	
DEFERRED REVENUE	28,345.	-16,358.	
PROVISIONS FOR EMPLOYEE BENEFITS	208,032.	259,302.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15	342,587.	425,048.	

FORM 5471

OTHER LIABILITIES

STATEMENT

7

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
MICROENTERPRISE/AG DEVELOPMENT LOANS	15,737,378.	19,121,532.
CUSTOMERS' DEPOSITS	4,476,310.	10,324,301.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17	20,213,688.	29,445,833.

**SCHEDULE J
(Form 5471)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

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

► Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471		Name of foreign corporation		EIN (if any)	Reference ID number	Identifying number
WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS		KREDIT LTD.		000000000	KREDIT862571	23-6393344
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)	(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		
1 Balance at beginning of year	1,086,684.				1,086,684.	
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)	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.				1,086,684.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE M
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**► Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Identifying number

23-6393344

Name of foreign corporation

KREDIT LTD.

EIN (if any)

000000000

Reference ID number

KREDIT862571

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 ► **UNITED STATES, DOLLAR**

(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 Platform contribution transaction payments received					
5 Cost sharing transaction 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 Platform contribution transaction payments paid					
17 Cost sharing transaction 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**► For more information about Form 5471, see www.irs.gov/form5471.Information furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning , and ending

OMB No. 1545-0704

Attachment
Sequence No. **121**

Name of person filing this return WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS	A Identifying number 23-6393344
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 7 EAST BALTIMORE STREET	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"/>
City or town, state, and ZIP code BALTIMORE, MD 21202	C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period %
Filer's tax year beginning OCT 1 , 2013, and ending SEP 30 , 2014	

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 GALLERIE BENEDICTION, AVENUE TOURISTES N 12 GOMA, PROVINCE OF THE NORTH-KIVU CONGO (DEMOCRATIC REPUBLIC)				b(1) Employer identification number, if any 000000000	
				b(2) Reference ID number (see instructions) HEKIMA987203	
				c Country under whose laws incorporated CONGO (ZAIRE)	
d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency	
	CONGO / ZAIRE		MICRO LENDING	UNITED STATES, 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:	
		(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
COMMON	1,000	1,000

[illegible]

		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	39,274.
	6a Gross rents	6a	
	b Gross royalties and license fees	6b	
Deductions	7 Net gain or (loss) on sale of capital assets	7	
	8 Other income (attach statement) SEE STATEMENT 8	8	1,109,321.
	9 Total income (add lines 3 through 8)	9	1,148,595.
	10 Compensation not deducted elsewhere	10	338,951.
	11a Rents	11a	49,998.
	b Royalties and license fees	11b	
	12 Interest	12	23,565.
	13 Depreciation not deducted elsewhere	13	28,683.
	14 Depletion	14	
Net Income	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15	
	16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) SEE STATEMENT 9	16	586,850.
	17 Total deductions (add lines 10 through 16)	17	1,028,047.
	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	120,548.
	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	120,548.

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) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1,518,871.	1,118,042.
2a	Trade notes and accounts receivable		
b	Less allowance for bad debts	()	()
3	Inventories		
4	Other current assets (attach statement) SEE STATEMENT 10	76,734.	57,266.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement)		
8a	Buildings and other depreciable assets	52,786.	37,826.
b	Less accumulated depreciation	()	()
9a	Depletable assets		
b	Less accumulated depletion	()	()
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	()	()
12	Other assets (attach statement) SEE STATEMENT 11	1,373,779.	2,144,438.
13	Total assets	3,022,170.	3,357,572.
Liabilities and Shareholders' Equity			
14	Accounts payable	50,136.	508,377.
15	Other current liabilities (attach statement) SEE STATEMENT 12	888,980.	94,796.
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement) SEE STATEMENT 13	797,103.	1,343,900.
18	Capital stock:		
a	Preferred stock		
b	Common stock		
19	Paid-in or capital surplus (attach reconciliation)		
20	Retained earnings	1,442,486.	1,410,499.
21	Less cost of treasury stock	()	()
22	Total liabilities and shareholders' equity	3,178,705.	3,357,572.

Form 5471 (Rev. 12-2012)

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? If "Yes," see the instructions for required statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	<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	
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 statement)		
3 Total net additions		
4 Total net subtractions		
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a	
b DASTM gain or (loss) for foreign corporations that use DASTM	5b	
c Combine lines 5a and 5b	5c	
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

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶	Identifying number ▶
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Did any such income become unblocked during the tax year (see section 964(b))?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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

FORM 5471	OTHER INCOME	STATEMENT	8
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DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
MICROFINANCE INCOME			1,039,885.
CONTRIBUTIONS			69,196.
OTHER REVENUE			240.
TOTAL TO 5471, SCHEDULE C, LINE 8			1,109,321.

FORM 5471	OTHER DEDUCTIONS	STATEMENT	9
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DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
PERSONNEL BENEFITS			60,386.
TRAVEL			105,000.
OFFICE EXPENSES			21,561.
EQUIPMENT COSTS			38,155.
PERSONNEL EXPENSES			36,622.
PROFESSIONAL FEES			52,366.
COMPUTER EXPENSE			1,248.
BAD DEBT			26,232.
MISCELLANEOUS			213,768.
COMMUNICATIONS			25,991.
DUES AND ASSESSMENTS			5,076.
INSURANCE			445.
TOTAL TO 5471, SCHEDULE C, LINE 16			586,850.

FORM 5471	OTHER CURRENT ASSETS	STATEMENT	10
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DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PREPAID EXPENSES AND OTHER ASSETS	76,734.	57,266.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4	76,734.	57,266.

FORM 5471	OTHER ASSETS	STATEMENT 11
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
MICROENTERPRISE AND AGRICULTURAL LOANS	1,373,779.	2,144,438.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 12	1,373,779.	2,144,438.

FORM 5471	OTHER CURRENT LIABILITIES	STATEMENT 12
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
OTHER LIABILITIES	805,784.	94,796.
DEFERRED REVENUE	83,196.	0.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15	888,980.	94,796.

FORM 5471	OTHER LIABILITIES	STATEMENT 13
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
MICROENTERPRISE/AG DEVELOPMENT LOANS	797,103.	1,343,900.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17	797,103.	1,343,900.

**SCHEDULE J
(Form 5471)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

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

► Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471		Identifying number			
WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS		23-6393344			
Name of foreign corporation		EIN (if any)	Reference ID number		
IMF HEKIMA SOCIETE CIVILE		000000000	HEKIMA987203		
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)	(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	
1 Balance at beginning of year	14,139.				14,139.
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)	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.				14,139.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE M
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**▶ Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Identifying number

23-6393344

Name of foreign corporation

IMF HEKIMA SOCIETE CIVILE

EIN (if any)

000000000

Reference ID number

HEKIMA987203

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 ▶ **UNITED STATES, DOLLAR**

(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 Platform contribution transaction payments received					
5 Cost sharing transaction 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 Platform contribution transaction payments paid					
17 Cost sharing transaction 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**► For more information about Form 5471, see www.irs.gov/form5471.

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

OMB No. 1545-0704

Attachment
Sequence No. **121**

Name of person filing this return WORLD RELIEF CORP. 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 %
Filer's tax year beginning OCT 1 , 2013, and ending SEP 30 , 2014	

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 7537, 3673 AVENUE DE LA CROIX ROUGE BUJUMBURA BURUNDI				b(1) Employer identification number, if any 000000000 b(2) Reference ID number (see instructions) TURAME555123 c Country under whose laws incorporated	
d Date of incorporation	e Principal place of business BURUNDI	f Principal business activity code number	g Principal business activity MICRO LENDING	h Functional currency UNITED STATES, 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%"> <tr> <td style="width:50%">(i) Taxable income or (loss)</td> <td style="width:50%">(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
COMMON	1,000	1,000

Schedule B U.S. Shareholders of Foreign Corporation

[illegible]

Schedule C	Income Statement
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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	24,852.
	6a Gross rents	6a	
	b Gross royalties and license fees	6b	
7 Net gain or (loss) on sale of capital assets	7	369.	
8 Other income (attach statement)	8	1,083,598.	
9 Total income (add lines 3 through 8)	9	1,108,819.	
Deductions	10 Compensation not deducted elsewhere	10	254,138.
	11a Rents	11a	67,033.
	b Royalties and license fees	11b	
	12 Interest	12	420.
	13 Depreciation not deducted elsewhere	13	36,340.
	14 Depletion	14	
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15	
	16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes)	16	759,872.
	17 Total deductions (add lines 10 through 16)	17	1,117,803.
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	-8,984.
	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	-8,984.

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) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1,397,349.	1,247,795.
2a	Trade notes and accounts receivable		
b	Less allowance for bad debts	()	()
3	Inventories		
4	Other current assets (attach statement) SEE STATEMENT 16	31,206.	35,137.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement)		
8a	Buildings and other depreciable assets	141,869.	153,928.
b	Less accumulated depreciation	()	()
9a	Depletable assets		
b	Less accumulated depletion	()	()
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	()	()
12	Other assets (attach statement) SEE STATEMENT 17	1,142,604.	1,495,821.
13	Total assets	2,713,028.	2,932,681.
Liabilities and Shareholders' Equity			
14	Accounts payable	198,018.	7,160.
15	Other current liabilities (attach statement) SEE STATEMENT 18	296,721.	300,042.
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement) SEE STATEMENT 19	256,182.	568,253.
18	Capital stock:		
a	Preferred stock		
b	Common stock		
19	Paid-in or capital surplus (attach reconciliation)		
20	Retained earnings	1,416,720.	2,057,226.
21	Less cost of treasury stock	()	()
22	Total liabilities and shareholders' equity	2,167,641.	2,932,681.

Form 5471 (Rev. 12-2012)

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? If "Yes," see the instructions for required statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	<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	
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 statement)		
3 Total net additions		
4 Total net subtractions		
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a	
b DASTM gain or (loss) for foreign corporations that use DASTM	5b	
c Combine lines 5a and 5b	5c	
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

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder <input type="text"/>	Identifying number <input type="text"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Did any such income become unblocked during the tax year (see section 964(b))?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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

FORM 5471	OTHER INCOME	STATEMENT 14
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DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
MICROFINANCE INCOME			809,461.
CONTRIBUTIONS			240,450.
OTHER REVENUE			33,687.
TOTAL TO 5471, SCHEDULE C, LINE 8			1,083,598.

FORM 5471	OTHER DEDUCTIONS	STATEMENT 15
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DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
PERSONNEL BENEFITS			252,773.
TRAVEL			49,418.
OFFICE EXPENSES			31,600.
EQUIPMENT COSTS			26,627.
PERSONNEL EXPENSES			23,660.
PROFESSIONAL FEES			32,063.
COMPUTER EXPENSE			3,614.
BAD DEBT			116,876.
MISCELLENANEOUS			192,897.
COMMUNICATIONS			30,344.
TOTAL TO 5471, SCHEDULE C, LINE 16			759,872.

FORM 5471	OTHER CURRENT ASSETS	STATEMENT 16
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DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PREPAID EXPENSES AND OTHER ASSETS	27,381.	22,698.
OTHER RECEIVABLES	3,825.	12,439.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4	31,206.	35,137.

FORM 5471	OTHER ASSETS	STATEMENT 17
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DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
MICROENTERPRISE AND AGRICULTURAL LOANS	1,142,604.	1,495,821.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 12	1,142,604.	1,495,821.

FORM 5471	OTHER CURRENT LIABILITIES	STATEMENT 18
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DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
OTHER LIABILITIES	296,721.	300,042.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15	296,721.	300,042.

FORM 5471	OTHER LIABILITIES	STATEMENT 19
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DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
MICROENTERPRISE/AG DEVELOPMENT LOANS	256,182.	568,253.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17	256,182.	568,253.

**SCHEDULE J
(Form 5471)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

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

► Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471		Name of foreign corporation		Reference ID number		Identifying number	
WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS		TURAME COMMUNITY FINANCE, S.A.		TURAME555123		23-6393344	
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)	(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	Balance at beginning of year	-290,209.					-290,209.
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)	-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.					-290,209.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE M
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**► Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS**

Identifying number

23-6393344

Name of foreign corporation

TURAME COMMUNITY FINANCE, S.A.

EIN (if any)

000000000

Reference ID number

TURAME555123

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 ► **UNITED STATES, DOLLAR**

(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 Platform contribution transaction payments received					
5 Cost sharing transaction 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 Platform contribution transaction payments paid					
17 Cost sharing transaction 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**► For more information about Form 5471, see www.irs.gov/form5471.Information furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning , and ending

OMB No. 1545-0704

Attachment
Sequence No. **121**

Name of person filing this return WORLD RELIEF CORP. 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 (repeated) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period %
Filer's tax year beginning OCT 1 , 2013, and ending SEP 30 , 2014	

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(1) Employer identification number, if any 000000000 b(2) Reference ID number (see instructions) URWEGO66798 c Country under whose laws incorporated RWANDA	
d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency	
06/30/07	RWANDA		MICROFINANCE	RWANDA, FRANC	

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%"> <tr> <td style="width:50%">(i) Taxable income or (loss)</td> <td style="width:50%">(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

(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)

Schedule C	Income Statement
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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 statement)	8		
9 Total income (add lines 3 through 8)	9		
Deductions	10 Compensation not deducted elsewhere	10	
	11a Rents	11a	
	b Royalties and license fees	11b	
	12 Interest	12	
	13 Depreciation not deducted elsewhere	13	
	14 Depletion	14	
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15	
16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes)	16		
17 Total deductions (add lines 10 through 16)	17		
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	
	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	

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) Beginning of annual accounting period	(b) 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 statement)	4	
5	Loans to shareholders and other related persons	5	
6	Investment in subsidiaries (attach statement)	6	
7	Other investments (attach statement)	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 statement)	12	
13	Total assets	13	
Liabilities and Shareholders' Equity			
14	Accounts payable	14	
15	Other current liabilities (attach statement)	15	
16	Loans from shareholders and other related persons	16	
17	Other liabilities (attach statement)	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	

Form 5471 (Rev. 12-2012)

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? If "Yes," see the instructions for required statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	<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																																			
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):																																				
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 50%; text-align: center;">Net Additions</th><th style="width: 50%; text-align: center;">Net Subtractions</th></tr></thead><tbody><tr><td>a Capital gains or losses</td><td></td></tr><tr><td>b Depreciation and amortization</td><td></td></tr><tr><td>c Depletion</td><td></td></tr><tr><td>d Investment or incentive allowance</td><td></td></tr><tr><td>e Charges to statutory reserves</td><td></td></tr><tr><td>f Inventory adjustments</td><td></td></tr><tr><td>g Taxes</td><td></td></tr><tr><td>h Other (attach statement)</td><td></td></tr><tr><td>3 Total net additions</td><td></td></tr><tr><td>4 Total net subtractions</td><td></td></tr><tr><td>5a Current earnings and profits (line 1 plus line 3 minus line 4)</td><td style="text-align: center;">5a</td><td></td></tr><tr><td>b DASTM gain or (loss) for foreign corporations that use DASTM</td><td style="text-align: center;">5b</td><td></td></tr><tr><td>c Combine lines 5a and 5b</td><td style="text-align: center;">5c</td><td></td></tr><tr><td>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) Enter exchange rate used for line 5d ▶</td><td style="text-align: center;">5d</td><td></td></tr></tbody></table>	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 statement)		3 Total net additions		4 Total net subtractions		5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a		b DASTM gain or (loss) for foreign corporations that use DASTM	5b		c Combine lines 5a and 5b	5c		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) Enter exchange rate used for line 5d ▶	5d			
Net Additions	Net Subtractions																																			
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Schedule I Summary of Shareholder's Income From Foreign Corporation

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶	Identifying number ▶
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
• Did any such income become unblocked during the tax year (see section 964(b))?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

**SCHEDULE J
(Form 5471)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

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

► Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471		Name of foreign corporation		Reference ID number		Identifying number	
WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS		URWEGO OPPORTUNITY BANK		000000000		23-6393344	
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)		(c) Previously Taxed E&P (sections 959(c)(1) and (2) balances)	
						(i) Earnings Invested in U.S. Property	
						(ii) Earnings Invested in Excess Passive Assets	
						(iii) Subpart F Income	
						(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))	
1	Balance at beginning of year	304,021,684.					304,021,684.
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)	304,021,684.					
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)	304,021,684.					
7	Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	304,021,684.					304,021,684.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)