

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

| | | |
|---|--|--|
| <p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p>C Name of organization WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7 EAST BALTIMORE STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21202</p> <p>F Name and address of principal officer: TIM BREENE SAME AS C ABOVE</p> | <p>D Employer identification number 23-6393344</p> <p>E Telephone number 443-451-1900</p> <p>G Gross receipts \$ 59,928,841.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p> |
| <p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>J Website: ▶ WWW.WR.ORG</p> <p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p> | | |
| | | <p>L Year of formation: 1946 M State of legal domicile: DE</p> |

Part I Summary

| | | | | |
|------------------------------------|----------------|--|---|--------------------|
| | 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. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 648 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 67384 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 38 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year |
| 9 | | Program service revenue (Part VIII, line 2g) | 61,694,838. | 55,670,891. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,928,904. | 2,681,306. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 49,875. | 131,941. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 904,912. | 1,030,484. |
| 13 | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 65,578,529. | 59,514,622. |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | 11,484,567. | 8,545,842. |
| Expenses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 35,616,179. | 32,909,211. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,463,051. | 0. | 0. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 20,163,808. | 20,239,604. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 67,264,554. | 61,694,657. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -1,686,025. | -2,180,035. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 22,576,206. | 20,436,388. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 6,217,520. | 6,219,862. |
| | | | 16,358,686. | 14,216,526. |

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 | <p>Signature of officer</p> <p>KEVIN SANDERSON, CHIEF ADMINISTRATIVE OFFICER</p> <p>Type or print name and title</p> | <p>Date</p> |
| Paid Preparer Use Only | <p>Print/Type preparer's name STACY CULLEN</p> <p>Firm's name ▶ TAIT, WELLER & BAKER LLP</p> <p>Firm's address ▶ TWO LIBERTY PL, 50 S. 16TH ST, STE 2900 PHILADELPHIA, PA 19102-2529</p> | <p>Preparer's signature</p> <p>Date 05/18/20</p> <p>Check if self-employed <input type="checkbox"/></p> <p>PTIN P00974308</p> <p>Firm's EIN ▶ 23-1144520</p> <p>Phone no. 215-979-8800</p> |

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 (2018)

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

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 \$ 23,326,998. including grants of \$ 6,742,439.) (Revenue \$ 1,348,224.)
REFUGEE ASSISTANCE - PROVIDED BASIC NEEDS AND INITIAL RESETTLEMENT SERVICES, IN PARTNERSHIP WITH LOCAL CHURCHES AND VOLUNTEERS, TO 3,063 REFUGEES FORCED TO FLEE PERSECUTION IN THEIR HOMELANDS. OTHER EXTENDED SERVICES WERE PROVIDED TO THESE AND 4,173 OTHER INDIVIDUALS, INCLUDING ENGLISH LANGUAGE TRAINING, EMPLOYMENT ASSISTANCE, EXTENDED CASE MANAGEMENT AND OTHER SOCIAL ADJUSTMENT SERVICES. TOTAL BENEFICIARIES: 7,236

4b (Code: _____) (Expenses \$ 7,396,406. including grants of \$ 233,320.) (Revenue \$ _____)
HEALTH AND NUTRITION: THE HEALTH AND NUTRITION SECTOR INCLUDES PROGRAMS IN COMMUNITY HEALTH AND NUTRITION, PRIMARY AND CLINICAL HEALTH & NUTRITION, HIV/AIDS, WASH, AND MATERNAL AND CHILD HEALTH. SPECIFIC ACTIVITIES WITHIN THESE PROGRAMS ARE TAILORED TO THE DIFFERENT CLUSTERS. IN THE DEVELOPING COUNTRIES CLUSTER, MANY PROGRAMS FLOW FROM THE INTEGRAL MISSION APPROACH, ACTIVELY ENGAGING CHURCHES IN IMPLEMENTATION. HEALTH AND NUTRITION ACTIVITIES MAY BE CARRIED OUT THROUGH CARE GROUPS AND ARE OFTEN INTEGRATED WITH OTHER PROGRAMS SUCH AS AGRICULTURE AND SAVINGS. IN CARE GROUPS, HEALTH WORKERS AND VOLUNTEERS ARE INSTRUCTED ON KEY HEALTH TOPICS AND BEHAVIORS, SUCH AS INFANT AND YOUNG CHILD FEEDING PRACTICES, HEALTHY BIRTH SPACING, AND HYGIENE. THEY REACH THEIR NEIGHBORS WITH THESE LESSONS AND REFER

4c (Code: _____) (Expenses \$ 3,895,721. including grants of \$ -20,408.) (Revenue \$ _____)
AGRICULTURE: PROGRAMS IN THIS SECTOR INCLUDE AGRICULTURE FOR LIFE AND FOOD SECURITY AND LIVELIHOODS. AGRICULTURE FOR LIFE TRAINS LOCAL FARMERS THROUGH FARMER FIELD SCHOOLS, INSTRUCTING ON IMPROVED PLANTING, CULTIVATION, AND HARVESTING TECHNIQUES, AND SOMETIMES PROVIDES IMPROVED AGRICULTURAL INPUTS, SUCH AS IMPROVED SEED VARIETIES. AGRICULTURE FOR LIFE SEEKS TO NOT ONLY IMPROVE CROP YIELDS BUT TO SEE FAMILY NUTRITION IMPROVED AS A RESULT. AGRICULTURE FOR LIFE WORKS WELL IN CHURCH EMPOWERMENT ZONES IN THE DEVELOPING COUNTRIES CLUSTER. WITHIN THE HUMANITARIAN AND DISASTER AND MENA CLUSTERS, FOOD SECURITY AND LIVELIHOODS PROGRAMS PROVIDE AGRICULTURAL INPUTS, SUCH AS SEEDS AND TOOLS, AND SOME BASIC TRAINING TO RECIPIENTS TO QUICKLY INCREASE FOOD PRODUCTION IN DIFFICULT CONTEXTS THAT MAY HAVE BEEN THROUGH CONFLICT OR

4d Other program services (Describe in Schedule O.)
(Expenses \$ 16,415,356. including grants of \$ 1,590,491.) (Revenue \$ 2,451,656.)

4e Total program service expenses **51,034,481.**

Form 990 (2018)

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

Form 990 (2018)

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? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

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

Form 990 (2018)

23-6393344 Page 4

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-------------|-----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 222 |
| 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 | |

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

Form 990 (2018)

23-6393344 Page 5

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

| | | Yes | No |
|------------|--|-----|-----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a | | 648 |
| 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) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | X | |
| b | If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 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? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | X | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 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? | | |
| 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. | | |
| 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? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | X |

Form 990 (2018)

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

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 | 9 | | | |
| 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 | 9 | | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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, address, and telephone number of the person who possesses the organization's books and records ▶
KEVIN SANDERSON - (443) 451-1900
7 EAST BALTIMORE ST., BALTIMORE, MD 21202

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

Form 990 (2018)

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) KATHY VASELKIV VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) LEITH ANDERSON EX OFFICIO/DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) DR. TIMOTHY EK EX OFFICIO/DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) REV. DR. CASELY ESSAMAUH SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) PAT MAZOROL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) DR. ROY TAYLOR EX OFFICIO/DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) TIM TRAUDT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) BILL WESTRATE TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (10) KEVIN SANDERSON CHIEF ADMINISTRATIVE OFFICER | 40.00 | | | X | | | | 143,430. | 0. | 27,769. |
| (11) TIM BREENE CEO | 40.00 | | | X | | | | 157,749. | 0. | 0. |
| (12) SCOTT ARBEITER PRESIDENT | 40.00 | | | X | | | | 135,030. | 0. | 36,300. |
| (13) RENE ORDOGNE CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | | 147,681. | 0. | 26,945. |
| (14) KATHLEEN LESLIE SR VP HUMAN CAPITAL & GENE | 40.00 | | | X | | | | 129,514. | 0. | 13,708. |
| (15) EMILY GRAY SR VP US PROGRAMS | 40.00 | | | | | X | | 130,972. | 0. | 27,041. |
| (16) MARK REDDY SR VP BRAND | 40.00 | | | | | X | | 123,488. | 0. | 32,194. |
| (17) JENNY YANG SR VP ADVOCACY | 40.00 | | | | | X | | 102,302. | 0. | 33,732. |

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

Form 990 (2018)

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 | 494,609. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 35,995,049. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 19,181,233. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 776,986. | | | | |
| | h Total. Add lines 1a-1f | | 55,670,891. | | | | |
| | Program Service Revenue | 2 a TRAVEL LOAN COMMISSION | Business Code 900099 | 1,348,224. | 1,348,224. | | |
| b CLIENT FEES | | 900099 | 1,322,248. | 1,322,248. | | | |
| c MED BANKING REVENUE | | 900099 | 10,834. | 10,834. | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 2,681,306. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 119,468. | | | 119,468. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | 55,166. | | | | |
| | | (ii) Personal | 0. | | | | |
| | | c Rental income or (loss) | 55,166. | | | | |
| | d Net rental income or (loss) | | 55,166. | | | 55,166. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | (ii) Other | 272,169. | | | | |
| | | b Less: cost or other basis and sales expenses | | 259,696. | | | |
| | c Gain or (loss) | | 12,473. | | | | |
| | d Net gain or (loss) | | 12,473. | | | 12,473. | |
| | 8 a Gross income from fundraising events (not including \$ 494,609. of contributions reported on line 1c). See Part IV, line 18 | a | 123,476. | | | | |
| | b Less: direct expenses | b | 154,523. | | | | |
| c Net income or (loss) from fundraising events | | | -31,047. | | | -31,047. | |
| 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 | 1,006,365. | 1,006,365. | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 1,006,365. | | | | | |
| 12 Total revenue. See instructions | | 59,514,622. | 3,687,671. | 0. | | 156,060. | |

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

Form 990 (2018)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 635,214. | 635,214. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 6,466,217. | 6,466,217. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 1,444,411. | 1,444,411. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 703,054. | | 630,660. | 72,394. |
| 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 | 26,028,916. | 20,848,498. | 2,867,795. | 2,312,623. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 338,128. | 501,737. | -252,420. | 88,811. |
| 9 Other employee benefits | 4,342,487. | 3,453,856. | 534,146. | 354,485. |
| 10 Payroll taxes | 1,496,626. | 1,082,367. | 229,412. | 184,847. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 130,606. | 53,038. | 77,568. | |
| c Accounting | 131,683. | 38,933. | 92,750. | |
| 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.) | 2,515,911. | 1,805,395. | 242,422. | 468,094. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 3,592,607. | 3,190,173. | 132,536. | 269,898. |
| 14 Information technology | 452,391. | 206,287. | 105,024. | 141,080. |
| 15 Royalties | | | | |
| 16 Occupancy | 2,309,156. | 2,055,539. | 191,463. | 62,154. |
| 17 Travel | 2,759,988. | 1,938,614. | 406,341. | 415,033. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 44,652. | | 42,556. | 2,096. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 552,542. | 130,966. | 421,576. | |
| 23 Insurance | 456,791. | 191,831. | 264,960. | |
| 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 | 6,679,255. | 6,679,255. | | |
| b MISCELLANEOUS | 614,022. | 312,150. | 210,336. | 91,536. |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 61,694,657. | 51,034,481. | 6,197,125. | 4,463,051. |
| 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 (2018)

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 | 9,045,685. | 1 | 8,282,500. | |
| | 2 Savings and temporary cash investments | 694,328. | 2 | 759,825. | |
| | 3 Pledges and grants receivable, net | 5,432,873. | 3 | 4,372,430. | |
| | 4 Accounts receivable, net | 592,424. | 4 | 516,070. | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 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 | 873,036. | 9 | | 866,165. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 9,546,551. | | | |
| | b Less: accumulated depreciation | 10b 5,550,593. | 4,332,295. | 10c | 3,995,958. |
| | 11 Investments - publicly traded securities | | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | 1,605,565. | 13 | | 1,643,440. |
| | 14 Intangible assets | | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 22,576,206. | 16 | | 20,436,388. | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,401,453. | 17 | 3,833,918. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 52,824. | 19 | | 1,145,547. |
| | 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 | 1,763,243. | 23 | | 1,240,397. |
| | 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 | 6,217,520. | 26 | | 6,219,862. |
| 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 | 11,447,348. | 27 | 10,844,825. | |
| | 28 Temporarily restricted net assets | 4,911,338. | 28 | 3,371,701. | |
| | 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 | 16,358,686. | 33 | | 14,216,526. | |
| 34 Total liabilities and net assets/fund balances | 22,576,206. | 34 | | 20,436,388. | |

Form **990** (2018)

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

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 | 59,514,622. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 61,694,657. |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | -2,180,035. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 16,358,686. |
| 5 Net unrealized gains (losses) on investments | 5 | |
| 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 | 37,875. |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 14,216,526. |

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? | 2a | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| b Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | X | |

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 58487081. | 66262886. | 73762095. | 61694838. | 55670891. | 315877791 |
| 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 | 58487081. | 66262886. | 73762095. | 61694838. | 55670891. | 315877791 |
| 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. | | | | | | 315877791 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 58487081. | 66262886. | 73762095. | 61694838. | 55670891. | 315877791 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 54,516. | 94,262. | 82,108. | 32,831. | 174,634. | 438,351. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1442789. | 1145798. | 1294401. | 928,597. | 1006365. | 5817950. |
| 11 Total support. Add lines 7 through 10 | | | | | | 322134092 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 13,900,626. |
| 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 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.06 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 97.94 % |
| 16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | Current Year |
|----------------------------------|---|----------------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME - SEE BELOW

2014 AMOUNT: \$ 1,442,789.

2015 AMOUNT: \$ 1,145,798.

2016 AMOUNT: \$ 1,294,401.

2017 AMOUNT: \$ 928,597.

2018 AMOUNT: \$ 1,006,365.

SCHEDULE A, PART II LINE 10

OTHER INCOME IS MADE UP OF VARIOUS SELF GENERATED INCOME SOURCES INCLUDING SALES OF MISCELLANEOUS ITEMS AND THE NON TAX DEDUCTIBLE PORTIONS OF CONTRIBUTIONS.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2018**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Yes No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 4,490. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 4,490. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

WORLD RELIEF PARTICIPATES IN ADVOCACY ON PUBLIC POLICY ACTIVITIES AT THE FEDERAL AND STATE LEVEL ON ISSUES RELATED TO THE ORGANIZATION'S MISSION, FOCUSING ON THE MOST VULNERABLE INDIVIDUALS, BUT RARELY ENGAGES IN ACTUAL LOBBYING, AND ALWAYS WITHIN LIMITS SET BY THE IRS REGULATIONS. REGARDING LOBBYING, WORLD RELIEF SUPPORTED THE PASSAGE OF

Part IV Supplemental Information *(continued)*

ONE BILL IN THIS FISCAL YEAR AT MINUSCULE LEVELS OF TIME OR COST. WORLD RELIEF DOES NOT CONTRIBUTE TO OR PARTICIPATE IN ELECTION CAMPAIGNS. IT DOES NOT ENDORSE CANDIDATES FOR ELECTIVE OFFICE, NOR DOES IT PUBLISH OR DISTRIBUTE INFORMATION THAT DIRECTLY OR INDIRECTLY ENDORSES OR OPPOSES A CANDIDATE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

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" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) INVESTMENT IN URWEGO | | |
| (2) OPPORTUNITY BANK | 49,030. | COST |
| (3) INVESTMENT IN HEKIMA LLC | 999,854. | COST |
| (4) INVESTMENT IN TURAME | | |
| (5) COMMUNITY BANK | 594,556. | COST |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 1,643,440. | |

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (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

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

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

| | | | | |
|---|---|----|------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 61,151,091. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | 150,610. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 1,485,859. | |
| e | Add lines 2a through 2d | 2e | | 1,636,469. |
| 3 | Subtract line 2e from line 1 | 3 | | 59,514,622. |
| 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 | | 59,514,622. |

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

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

| | | | | |
|---|--|----|------------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 63,250,484. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 150,610. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 1,405,217. | |
| e | Add lines 2a through 2d | 2e | | 1,555,827. |
| 3 | Subtract line 2e from line 1 | 3 | | 61,694,657. |
| 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 | | 61,694,657. |

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:

MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEARS (YEARS ENDED SEPTEMBER 30, 2016-2018) OR EXPECTED TO BE TAKEN IN WORLD RELIEF'S SEPTEMBER 30, 2019 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 | 1,250,694. |
| EQUITY EARNINGS IN LLC | 105,032. |
| LOSS ON EQUITY INVESTMENT | -24,390. |
| FUNDRAISING EVENT EXPENSES | 154,523. |

Part XIII Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,485,859.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATION OF MICROFINANCE ENTITY ACTIVITY 1,250,694.

FUNDRAISING EVENT EXPENSES 154,523.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,405,217.

**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.

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

OMB No. 1545-0047

2018

Open 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 the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|--|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 2 | 62 | PROGRAM SERVICES | AGRICULTURE, ECONOMY, INDUSTRY & INCOME, EMERGENCY RELIEF, HEALTH, INTEGRATED | 507,009. |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 1 | 59 | PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN THE REGION, MICROCREDIT SERVICES | AGRICULTURE, ANTI-TRAFFICKING, EII, EDUCATION, EMERGENCY RELIEF, HEALTH, | 900,043. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 39 | 790 | PROGRAM SERVICES, FUNDRAISING, MICROCREDIT SERVICES | AGRICULTURE, EII, EDUCATION, EMERGENCY RELIEF, HEALTH, INTEGRATED PROJECTS, | 21,240,810. |
| EUROPE (INCLUDING ICELAND AND GREENLAND) | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | PARTNERSHIP TO SERVE THE MOST DEVESTATED IN THE MIDDLE EAST | 10,073. |
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 0 | 0 | PROGRAM SERVICES | AGRICULTURE, EMERGENCY RELIEF, INTEGRATED PROJECTS, LOCAL PARTNER STRENGTHENING, PEACE | 420,567. |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 42 | 911 | | | 23,078,502. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 42 | 911 | | | 23,078,502. |

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SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

Schedule F (Form 990) 2018

23-6393344

Page 2

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---|---|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | HEALTH, NUTRITION, AND WASH PROGRAM SUPPORT | 269,610. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | GENERAL AGRICULTURE | 35,313. | WIRE FROM HEADQUARTERS | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | COMMUNITY DEVELOPMENT | 74,597. | WIRE FROM HEADQUARTERS | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | FUNDS TO SUPPORT PARTNERSHIP EFFORTS TO THE MOST DEVASTATED IN THE | 510,073. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA | FUNDS TO HELP RESTORE PEACEFUL CONDITIONS IN KOCH. | 131,177. | WIRE FROM HEADQUARTERS | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | EMERGENCY RELIEF FOR EARTHQUAKE VICTIMS | 5,000. | WIRE FROM HEADQUARTERS | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | FUNDS FOR THE LOW PRESSURE SYSTEM THAT CAUSED HEAVY RAINS IN THE NICARAGUAN | 6,860. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA | FUNDS TO HELP RESTORE PEACEFUL CONDITIONS IN KOCH. | 87,600. | 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 **16**

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

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2018

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

Schedule F (Form 990)

23-6393344

Page 2

| 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 | FUNDS TO HELP RESTORE PEACEFUL CONDITIONS IN KOCH. | 90,028. | WIRE FROM HEADQUARTERS | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | REHABILITATION HOUSING PROJECT IN ABRICOTS TOWN | 55,900. | WIRE FROM HEADQUARTERS | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | FUNDS FOR THE LOW PRESSURE SYSTEM THAT CAUSED HEAVY RAINS IN THE NICARAGUAN | 7,503. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA | FUNDS TO SUPPORT VULNERABLE CHILDREN | 6,949. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA | HEALTH, NUTRITION AND WASH PROGRAM SUPPORT | 36,032. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA | FUNDS TO SUPPORT BUILD THE CAPACITY OF THANDIZO ORPHAN CARE | 12,915. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA | HEALTH, NUTRITION AND WASH PROGRAM SUPPORT | 102,253. | WIRE FROM HEADQUARTERS | 0. | | |
| | | EAST ASIA AND THE PACIFIC | FUNDS TO SUPPORT DISASTER RESPONSE IN INDONESIA SULAWESI | 15,000. | WIRE FROM HEADQUARTERS | 0. | | |
| | | | | | | | | |

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

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

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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):

(A) REGION:

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGRICULTURE, ECONOMY, INDUSTRY & INCOME, EMERGENCY RELIEF, HEALTH, INTEGRATED PROJECTS, LOCAL PARTNER STRENGTHENING

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGRICULTURE, ANTI-TRAFFICKING, EII, EDUCATION, EMERGENCY RELIEF, HEALTH, INTEGRATED PROJECTS, LOCAL PARTNER STRENGTHENING

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGRICULTURE, EII, EDUCATION, EMERGENCY RELIEF, HEALTH, INTEGRATED PROJECTS, LOCAL PARTNER STRENGTHENING, PEACE BUILDING

(A) REGION:

Part V Supplemental Information

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

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGRICULTURE, EMERGENCY

RELIEF, INTEGRATED PROJECTS, LOCAL PARTNER STRENGTHENING, PEACE BUILDING

PART II, COLUMN (D):

(A) REGION:

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: FUNDS FOR THE LOW PRESSURE SYSTEM THAT CAUSED
HEAVY RAINS IN THE NICARAGUAN TERRITORY THAT LEFT SEVERAL FAMILIES
AFFECTED.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: FUNDS FOR THE LOW PRESSURE SYSTEM THAT CAUSED
HEAVY RAINS IN THE NICARAGUAN TERRITORY THAT LEFT SEVERAL FAMILIES
AFFECTED.

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|---|--------------------------------------|----------------------|--|----------|
| | | SEA-TRI-KAN 2019 (event type) | 2019 DUPAGE-AUROR (event type) | 11 (total number) | | |
| Revenue | 1 | Gross receipts | 163,923. | 105,881. | 320,166. | 589,970. |
| | 2 | Less: Contributions | 149,423. | 90,402. | 241,710. | 481,535. |
| | 3 | Gross income (line 1 minus line 2) | 14,500. | 15,479. | 78,456. | 108,435. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 40,981. | 26,471. | 80,042. | 147,494. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 147,494. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -39,059. | |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open 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 Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|--|
| THE EPISCOPAL CHURCH IN WESTERN WASHINGTON DIOCESE OF OLYMPIA - 1551 10TH AVE, E. - SEATTLE, WA 98102 | 91-0200430 | 501(C)(3) | 20,712. | 0. | | | PROVIDES EMPLOYMENT, ENGLISH AS A SECOND LANGUAGE (ESL) SERVICES, AND SKILLS TRAINING TO |
| ARRIVE MINISTRIES 1515 EAST 66TH STREET RICHFIELD, MN 55423 | 41-2763181 | 501(C)(3) | 227,625. | 0. | | | DIRECTLY FUNDED THE RESETTLEMENT AND PROCESSING OF REFUGEES |
| FOOD FOR THE HUNGRY 1224 E. WASHINGTON STREET PHOENIX, AZ 85034 | 95-2680390 | 501(C)(3) | 80,000. | 0. | | | FUNDS TO SUPPORT DISASTER RESPONSE IN INDONESIA SULAWESI |
| BAPTISTS ON MISSION PO BOX 1107 CARY, NC 27512 | 20-3648746 | 501(C)(3) | 125,000. | 0. | | | HURRICANE FLORENCE RECOVERY WORK |
| COOPERATIVE BAPTIST FELLOWSHIP 160 CLAIREMONT AVE, STE 500 DECATUR, GA 30030 | 58-1960860 | 501(C)(3) | 81,000. | 0. | | | HURRICANE FLORENCE RECOVERY WORK |
| ONE HARBOR CHURCH PO BOX 1977 MOREHEAD CITY, NC 28557 | 27-1968751 | 501(C)(3) | 69,000. | 0. | | | HURRICANE FLORENCE RECOVERY WORK |

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) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|------------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 1896 | 0. | 294,901. | FMV | FOOD AND HOUSEHOLD ITEMS |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 96 | 0. | 12,041. | FMV | CLOTHING |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 115 | 0. | 17,190. | FMV | INSTRUCTIONAL MATERIALS & EQUIPMENT |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 40 | 1,873. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 15 | 0. | 65,263. | 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:

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**

Schedule I (Form 990)

23-6393344

Page 2

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 | 3,349. | 0. | 1,633,730. | FMV | HOUSING |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 3,384. | 759,191. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 1,757. | 146,714. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 191. | 35,805. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 129. | 7,069. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 91. | 37,843. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 899. | 87,435. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 1,129. | 220,705. | 0. | | |
| INITIAL REFUGEE GRANTS | 5,045. | 2,369,413. | 0. | | |

Schedule I (Form 990)

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

Schedule I (Form 990)

23-6393344

Page 2

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 | 1,888. | 0. | 777,044. | FMV | IN-KIND GOODS |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

THE EPISCOPAL CHURCH IN WESTERN WASHINGTON DIOCESE OF OLYMPIA

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

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY SOURCE

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the 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.

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2018

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

Schedule J (Form 990) 2018

23-6393344

Page 2

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) KEVIN SANDERSON CHIEF ADMINISTRATIVE OFFICER | (i) | 143,430. | 0. | 0. | 4,500. | 23,269. | 171,199. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) TIM BREENE CEO | (i) | 157,749. | 0. | 0. | 0. | 0. | 157,749. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) SCOTT ARBEITER PRESIDENT | (i) | 135,030. | 0. | 0. | 0. | 36,300. | 171,330. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) RENE ORDOGNE CHIEF FINANCIAL OFFICER | (i) | 147,681. | 0. | 0. | 7,500. | 19,445. | 174,626. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) EMILY GRAY SR VP US PROGRAMS | (i) | 130,972. | 0. | 0. | 0. | 27,041. | 158,013. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) MARK REDDY SR VP BRAND | (i) | 123,488. | 0. | 0. | 9,717. | 22,477. | 155,682. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 1A:

SCOTT ARBEITER 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.

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| FRANCESCA ALBANO | DAUGHTER OF CEO | 75,342. | EMPLOYMENT | | X |
| JOSEPH ALBANO | SON-IN-LAW OF CEO | 89,103. | MANAGEMENT | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: JOSEPH ALBANO

(D) DESCRIPTION OF TRANSACTION: MANAGEMENT CONSULTANT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 | X | | 1,384. | FMV |
| 5 Clothing and household goods | X | | 443,670. | FMV |
| 6 Cars and other vehicles | X | 63 | 133,912. | 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 | 120 | 17,059. | FMV |
| 20 Drugs and medical supplies | X | 6 | 391. | FMV |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>ESL MATERIALS</u>) | X | 114 | 134,314. | FMV |
| 26 Other ▶ (<u>BICYCLE</u>) | X | 71 | 14,278. | FMV |
| 27 Other ▶ (<u>ELECTRONICS</u>) | X | 46 | 8,776. | FMV |
| 28 Other ▶ (<u>SCHOOL SUPPLI</u>) | X | 50 | 8,738. | 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**

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

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

Schedule M (Form 990) 2018

23-6393344

Page 2

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:

WELCOME KITS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 31

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5823.

(D) METHOD OF DETERMINING REVENUE: FMV

GIFT CARDS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 48

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5677.

(D) METHOD OF DETERMINING REVENUE: FMV

HOLIDAY GIFTS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 21

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2492.

(D) METHOD OF DETERMINING REVENUE: FMV

OFFICE SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 11

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 423.

(D) METHOD OF DETERMINING REVENUE: FMV

MEDIA PRODUCTS

(A) CHECK IF APPLICABLE = X

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.

(B) NUMBER OF CONTRIBUTIONS = 1

(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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

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

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 OVERCOME VIOLENCE, POVERTY AND INJUSTICE. THROUGH LOVE IN ACTION, WE BRING HOPE, HEALING AND RESTORATION TO MILLIONS OF THE WORLD'S MOST VULNERABLE WOMEN, MEN AND CHILDREN THROUGH VITAL AND SUSTAINABLE PROGRAMS IN DISASTER RESPONSE, HEALTH AND CHILD DEVELOPMENT, ECONOMIC DEVELOPMENT AND PEACEBUILDING, AS WELL AS REFUGEE AND IMMIGRATION SERVICES IN THE U.S. FOR 75 YEARS, WE'VE PARTNERED WITH CHURCHES AND COMMUNITIES, CURRENTLY ACROSS MORE THAN 20 COUNTRIES, TO PROVIDE RELIEF FROM SUFFERING AND HELP PEOPLE REBUILD THEIR LIVES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MOTHERS AND CHILDREN TO HEALTH CLINIC SERVICES AS NEEDED. HIV/AIDS PREVENTION AND SUPPORT IS WOVEN INTO MANY OF OUR HEALTH AND FAMILY STRENGTHENING PROGRAMS, PROVIDING EDUCATION FOR YOUTH AND ADULTS AND SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS AND THEIR FAMILIES. PRIMARY AND CLINICAL HEALTH AND NUTRITION PROGRAMS ARE TYPICAL IN THE HUMANITARIAN AND DISASTER RESPONSE CLUSTER. WR MANAGES AND SUPPORTS LOCAL HEALTH CLINICS, WORKING WITH MINISTRIES OF HEALTH, IN SEVERAL AREAS FACING POLITICAL OR ENVIRONMENTAL DISASTERS. EMERGENCY AND SUPPLEMENTAL NUTRITION MAY BE PROVIDED TO TREAT MALNOURISHED WOMEN AND CHILDREN.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

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| Name of the organization | WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS | Employer identification number | 23-6393344 |
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MANY COUNTRIES IN THIS CLUSTER COMBINE WATER AND SANITATION HYGIENE (WASH), NUTRITION, AGRICULTURE, AND FOOD SECURITY ACTIVITIES. IN FY19, 24,506 VOLUNTEERS TRAINED, 865,000 WOMEN AND CHILDREN SERVED THROUGH HEALTH PROGRAMS, 303,873 HOUSEHOLDS VISITED BY COMMUNITY CARE GROUP MEMBERS OR HEALTH CARE WORKERS. EAST AND WEST AFRICA: 2,016 VOLUNTEERS TRAINED, 239,946 WOMEN AND CHILDREN SERVED AND 3,199 HOUSEHOLDS VISITED. SOUTH AND SOUTHEAST ASIA: 355 VOLUNTEERS TRAINED, 3,647 WOMEN AND CHILDREN SERVED AND 1,631 HOUSEHOLDS VISITED. SOUTHERN AFRICA: 22,133 VOLUNTEERS TRAINED, 624,124 WOMEN AND CHILDREN SERVED AND 299,043 HOUSEHOLDS VISITED. IN FY19, 15,993 SERVED THROUGH HIV/AIDS PROGRAMMING, 8,230 YOUTH REACHED WITH PREVENTION MESSAGES AND 3,829 PEOPLE LIVING WITH HIV/AIDS, ORPHANS AND VULNERABLE CHILDREN AND CAREGIVERS SUPPORTED. EAST AND WEST AFRICA: 7,818 PEOPLE SERVED AND 1,055 PEOPLE SUPPORTED THROUGH HIV/AIDS PROGRAMMING. SOUTHERN AFRICA: 8,175 PEOPLE SERVED AND 2,774 PEOPLE SUPPORTED THROUGH HIV/AIDS PROGRAMMING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: DISASTER. IN FY19, 120,124 FARMERS WERE SUPPORTED WITH AGRICULTURAL OR LIVESTOCK INPUTS, TRAINING, AND/OR ACCESS TO MARKET OPPORTUNITIES. EAST AND WEST AFRICA: 118,817 FARMERS, SOUTH AND SOUTHEAST ASIA: 410 FARMERS, SOUTHERN AFRICA: 897 FARMERS.

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

LOCAL PARTNER STRENGTHENING AND CHURCH EMPOWERMENT: WORLD RELIEF APPROACHES DEVELOPMENT THROUGH OUR INTEGRAL MISSION MODEL, WHICH

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| Name of the organization | WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS | Employer identification number | 23-6393344 |
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EMPOWERS LOCAL CHURCHES AND OTHER COMMUNITY ORGANIZATIONS TO SERVE THE MOST VULNERABLE IN THEIR COMMUNITIES. SEVERAL COUNTRIES HAVE ESTABLISHED CHURCH EMPOWERMENT ZONES (CEZS) WHICH PROVIDE THE FOUNDATION FOR MANY OF THE SERVICES PROVIDED WITHIN THE VARIOUS OTHER SECTORS. IN SOME AREAS WHERE THERE IS "NO CHURCH", THIS LOOKS DIFFERENT. WORLD RELIEF IS CURRENTLY DEVELOPING METHODOLOGY FOR HOW TO CONTEXTUALIZE THE INTEGRAL MISSION MODEL WITHIN THESE CONTEXTS. THIS AREA ALSO WORKS WITH LOCAL PARTNER ORGANIZATIONS TO STRENGTHEN THEIR GENERAL ABILITIES TO DO PROGRAM DESIGN AND IMPLEMENTATION, ACCOUNTING AND FINANCIAL MANAGEMENT, AND MONITORING AND EVALUATION. IN FY19, 3,244 LOCAL CHURCHES AND PARTNER ORGANIZATIONS SUPPORTED AND 6,279 PEOPLE TRAINED USING WORLD RELIEF INTEGRAL CURRICULUM. EAST AND WEST AFRICA: 1,679 CHURCHES AND 1,730 PEOPLE TRAINED. LATIN AMERICA AND CARIBBEAN: 172 CHURCHES AND 805 PEOPLE TRAINED. MIDDLE EAST AND NORTH AFRICA: 77 CHURCHES. SOUTH AND SOUTHEAST ASIA: 169 CHURCHES AND 78 PEOPLE TRAINED. SOUTHERN AFRICA: 1,147 CHURCHES AND 3,666 PEOPLE TRAINED.

SERVICE TO IMMIGRANTS: WORLD RELIEF FIELD OFFICES ACROSS THE COUNTRY PROVIDED IMMIGRATION LEGAL SERVICES TO 13,039 INDIVIDUALS, INCLUDING ASSISTANCE WITH MORE THAN 2,702 NATURALIZATION APPLICATIONS. A VARIETY OF OTHER IMMIGRATION BENEFITS AND SERVICES WERE PROVIDED TO ANOTHER 9,640 INDIVIDUALS. IN ADDITION, WORLD RELIEF SERVED AS LEGAL TECHNICAL AND TRAINING SUPPORT FOR 44 CHURCH-BASED PROGRAMS THAT ARE PROVIDING IMMIGRATION LEGAL SERVICES IN THEIR COMMUNITIES, OR IN THE PROCESS OF BECOMING RECOGNIZED BY THE US GOVERNMENT SO THAT THEY CAN PROVIDE DIRECT SERVICES IN THEIR COMMUNITIES. TOTAL BENEFICIARIES: 22,679

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| Name of the organization | WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS | Employer identification number | 23-6393344 |
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PROGRAM FIELD OPERATIONS: THIS INCLUDES PROGRAM MANAGEMENT, MONITORING AND EVALUATION, TRAVEL AND TRANSPORT, AND TRAINING AND TECHNICAL ASSISTANCE FOR COUNTRY PROGRAM OPERATIONS ON ALL THE DIVERSE PROGRAMS DEFINED ABOVE.

ECONOMY, INDUSTRY & INCOME: PROGRAMS IN THIS SECTOR INCLUDE SAVINGS FOR LIFE, MICROFINANCE & BUSINESS, AND JOB TRAINING & LIVELIHOOD. THE SAVINGS FOR LIFE (SFL) PROGRAM FORMS AND TRAINS SAVINGS GROUPS THAT ALLOW MEMBERS ECONOMIC OPPORTUNITIES TO GROW ASSETS, ACCESS MICRO LOANS, AND PROVIDE A BUFFER TO SMOOTH SEASONAL FAMILY INCOME. SFL HAS BEEN WELL-INTEGRATED WITHIN CHURCH EMPOWERMENT ZONES AND IS PREVALENT IN MOST COUNTRIES IN THE DEVELOPING COUNTRIES CLUSTER. WITHIN THE HUMANITARIAN AND DISASTER RESPONSE CLUSTER, THERE ARE SOME OPPORTUNITIES TO BUILD SAVINGS FOR LIFE PROGRAMS, AS WELL AS LIVELIHOODS ACTIVITIES. WR CONTINUES TO PROVIDE TECHNICAL SUPPORT TO SEVERAL MICROFINANCE INSTITUTIONS IN DRC AND BURUNDI.

IN FY19, 29,944 CLIENTS WERE PROVIDED WITH MICROFINANCE SERVICES AND 119,282 CUMULATIVE SAVINGS GROUP MEMBERS.

EAST AND WEST AFRICA: 29,944 MICROFINANCE CLIENTS AND 64,129 SAVINGS GROUP MEMBERS

LATIN AMERICA AND CARIBBEAN: 2,713 SAVINGS GROUP MEMBERS

SOUTH AND SOUTH EAST ASIA: 3,220 SAVINGS GROUP MEMBERS

SOUTHERN AFRICA: 49,914 SAVINGS GROUP MEMBERS

EMERGENCY RELIEF: WORLD RELIEF APPROACHES DISASTER RESPONSE (DR) BY LEVERAGING EXISTING RELATIONSHIPS IN THE SUDDEN ON-SET DISASTER AREA.

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| Name of the organization WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS | Employer identification number 23-6393344 |
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WR RESPONDS AS A DIRECT IMPLEMENTER IN COUNTRIES WHERE WR HAS AN EXISTING OFFICE, OTHERWISE PARTNERING WITH OTHER INTEGRAL ALLIANCE MEMBER ORGANIZATIONS. PROGRAMS INCLUDE BASIC NEEDS DISTRIBUTION, SECURITY, SHELTER, WASH AND DISASTER RISK REDUCTION. IN THE DEVELOPING COUNTRIES CLUSTER, DISASTER RESPONSE ACTIVITIES ARE USUALLY IMPLEMENTED WITH AND THROUGH THE LOCAL CHURCH OR OTHER COMMUNITY ORGANIZATIONS AND LOCAL GOVERNMENT. DISASTER RISK REDUCTION IS ALSO DONE IN THIS CLUSTER. MOST OF THE ONGOING DR OPERATIONS ARE THROUGH THE HUMANITARIAN AND DISASTER RESPONSE CLUSTER AND THE MENA CLUSTER, INCORPORATING BASIC NEEDS DISTRIBUTION (INCLUDING FOOD AND NON-FOOD ITEMS), SHELTER, AND WASH (INCLUDING WATER ACCESS, SANITATION FACILITIES, AND HYGIENE PROMOTION).

IN FY19, 1,147,988 BENEFICIARIES IN HUMANITARIAN AID, DISASTER RESPONSE AND DISASTER RISK REDUCTION PROGRAMMING.

EAST AND WEST AFRICA: 1,103,883 BENEFICIARIES

LATIN AMERICA AND CARIBBEAN: 7,800 BENEFICIARIES

MIDDLE EAST AND NORTH AFRICA: 32,802 BENEFICIARIES

SOUTHERN AFRICA: 3,503 BENEFICIARIES

WATER AND SANITATION: MANY OF OUR WATER AND SANITATION PROGRAMS ARE PART OF OUR HUMANITARIAN AND DISASTER RESPONSE CLUSTERS WHERE WASH SERVICES ARE PROVIDED AS PART OF EMERGENCY RESPONSE AND/OR HEALTH BASE PROGRAMMING. IN DEVELOPING COUNTRIES CLUSTER, WASH SERVICES ARE PRIMARILY INTEGRATED INTO OTHER PROGRAMS THROUGH HYGIENE PROMOTION AND OTHER BEHAVIOR CHANGE PROGRAMING.

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| Name of the organization | WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS | Employer identification number | 23-6393344 |
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IN FY19, 252,839 INDIVIDUALS WERE REACHED WITH ONE OR MORE WATER, SANITATION OR HYGIENE PROMOTION INTERVENTION.

EAST AND WEST AFRICA: 215,035 INDIVIDUALS

SOUTHERN AFRICA: 37,804 INDIVIDUALS

EDUCATION: CHILD DEVELOPMENT AND FAMILY STRENGTHENING PROGRAMS INCLUDE FAMILIES FOR LIFE, CHILD AND ADOLESCENT DEVELOPMENT, PROTECTION, TRAUMA HEALING, ORPHANS & VULNERABLE CHILDREN (OVC), SEXUAL AND GENDER BASED VIOLENCE (SGBV), ANTI-TRAFFICKING AND EDUCATION. IN THE DEVELOPING COUNTRIES CLUSTER, PROGRAMS MAY BE CARRIED OUT WITHIN THE INTEGRAL MISSION FRAMEWORK, WORKING ALONGSIDE THE LOCAL CHURCH. CHILD DEVELOPMENT PROGRAMS INCLUDE EARLY CHILDHOOD LEARNING CENTERS, SUNDAY SCHOOLS, AND KIDS CLUBS FOR BOTH CHILDREN AND ADOLESCENTS. TEACHERS AND VOLUNTEERS ARE TRAINED TO PROVIDE AGE-APPROPRIATE CARE, WHICH INCLUDES LESSONS ON HEALTH, HYGIENE, HIV/AIDS PREVENTION, AND HUMAN TRAFFICKING PREVENTION (IN CAMBODIA). FAMILIES FOR LIFE PROGRAMS REINFORCE THE FOUNDATIONS OF STRONG MARRIAGE RELATIONSHIPS: MUTUAL RESPECT AND HONOR, GOOD COMMUNICATION, HEALTHY TIMING AND SPACING OF CHILDREN, CONFLICT RESOLUTION, AND ECONOMIC VIABILITY. CHURCHES TYPICALLY HOST THE GROUP SESSIONS ON THESE IMPORTANT TOPICS FOR COUPLES. THE HUMANITARIAN AND DISASTER RELIEF CLUSTER FOCUSES ON HEALING AND THRIVING OF SGBV SURVIVORS (IN DRC). EDUCATION IN EMERGENCIES PROGRAMS STOPGAP EDUCATION NEEDS FOR CHILDREN WHOSE LOCAL SCHOOLS HAVE BEEN DISRUPTED BY CONFLICT OR DISASTER, PROVIDING SUPPORT TO TEACHERS AND EDUCATION MATERIALS. IN THE MENA CLUSTER, CHILD DEVELOPMENT PROGRAMS INCORPORATE CHILD-FRIENDLY SPACES AND KIDS CLUBS FOR CHILDREN IN REFUGEE CONTEXTS.

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

Employer identification number
23-6393344

IN FY19, 107,843 CHILDREN AND TEENS PARTICIPATED IN 2,282 CHILD AND ADOLESCENT DEVELOPMENT GROUPS. 139 WOMEN WERE ASSISTED WITH CARE AND REINTEGRATION AFTER SURVIVING SEXUAL AND GENDER-BASED VIOLENCE AND 45,629 CHILDREN RECEIVED EDUCATION THROUGH FORMAL SCHOOL PROGRAMS IN CONFLICT ZONES. ABOUT 3,295 PEOPLE RECEIVED FAMILY STRENGTHENING MESSAGES THROUGH FAMILIES FOR LIFE CURRICULUM.

EAST AND WEST AFRICA: 62,921 CHILDREN AND TEENS PARTICIPATED IN 1,375 CHILD AND ADOLESCENT DEVELOPMENT GROUPS, 139 WOMEN WERE ASSISTED, AND 1,360 PEOPLE RECEIVED FAMILY STRENGTHENING MESSAGES, 45,629 CHILDREN PROVIDED WITH FORMAL SCHOOLING IN EMERGENCY SITUATIONS.

LATIN AMERICA AND CARIBBEAN: 1,429 PEOPLE RECEIVED FAMILY STRENGTHENING MESSAGES

MIDDLE EAST AND NORTH AFRICA: 335 CHILDREN AND TEENS

SOUTH AND SOUTH EAST ASIA: 5,074 CHILDREN AND TEENS PARTICIPATED IN 248 CHILD AND ADOLESCENT DEVELOPMENT GROUPS

SOUTHERN AFRICA: 39,473 CHILDREN AND TEENS PARTICIPATED IN 659 CHILD AND ADOLESCENT DEVELOPMENT GROUPS AND 506 PEOPLE RECEIVED FAMILY STRENGTHENING MESSAGES

PEACE BUILDING: PEACE-BUILDING AND COMMUNITY RESILIENCE PROGRAMS INCORPORATE COMMUNITY CONFLICT RESOLUTION, PEACE BUILDING, GENDER EDUCATION, PROTECTION AND DISASTER RISK REDUCTION. MANY OF OUR ONGOING PROGRAMS ARE WITHIN THE HUMANITARIAN AND DISASTER RESPONSE AND MENA CLUSTERS, WHERE PEACE COMMITTEES ARE FORMED AND COMMUNITY MEMBERS EDUCATED ON METHODS FOR COMMUNITY RECONCILIATION, GENDER EDUCATION AND

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| Name of the organization WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS | Employer identification number 23-6393344 |
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ADVOCACY. THE DEVELOPING COUNTRIES CLUSTER HAS HAD SUCCESSFUL PROGRAMS
IN TIMES OF ELECTION VIOLENCE PREVENTION AND DISASTER RISK REDUCTION TO
BUILD COMMUNITY RESILIENCE.

IN FY19, 156 PEACE COMMITTEES ESTABLISHED AND FUNCTIONING, AND 3,633
PEACEBUILDING VOLUNTEERS TRAINED PROVIDING 361,613 PEOPLE WITH ACCESS
TO COMMUNITY BASED RESOLUTION MECHANISMS.

EAST AND WEST AFRICA: 149 COMMITTEES, 2,526 VOLUNTEERS, AND 357,912
PEOPLE WITH ACCESS

MIDDLE EAST AND NORTH AFRICA: 7 COMMITTEES, 1,107 VOLUNTEERS AND 3,701
PEOPLE WITH ACCESS

ANTI-TRAFFICKING: WORLD RELIEF EDUCATED ADULTS, TEENS, AND CHILDREN IN
HUMAN TRAFFICKING PREVENTION, COMMUNITY PROTECTION, AND SAFE MIGRATION
1,105 PEOPLE RECEIVING ANTI-TRAFFICKING EDUCATION AND TRAINING.

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| Name of the organization WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS | Employer identification number 23-6393344 |
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FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BURUNDI, CAMBODIA, SOUTH SUDAN, CONGO, DEM REP,
HAITI, INDONESIA, KENYA, MALAWI,
MOZAMBIQUE, NICARAGUA, RWANDA, SUDAN

FORM 990, PART VI, SECTION A, LINE 6:

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

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

THE SOLE STOCKHOLDER IS THE NATIONAL ASSOCIATION OF EVANGELICALS (NAE), WHO IS THE PARENT ORGANIZATION OF WORLD RELIEF. THE NAE BOARD OF DIRECTORS ELECTS THE CHAIR OF THE WORLD RELIEF BOARD OF DIRECTORS.

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

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

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

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

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| Name of the organization | WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS | Employer identification number | 23-6393344 |
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IS ACCOMPLISHED THROUGH THE AUDIT COMMITTEE OF WORLD RELIEF'S BOARD OF DIRECTORS. UPON COMPLETION, THE APPROVED FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE AND THE ENTIRE BOARD OF DIRECTORS VIA ELECTRONIC MAIL.

ADDITIONALLY, THE FORM IS POSTED TO WORLD RELIEF'S INTERNAL BOARD OF DIRECTORS SHAREPOINT SITE AT LEAST FIVE DAYS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15A:

WORLD RELIEF ADHERES TO A BOARD-APPROVED EXECUTIVE COMPENSATION POLICY WHICH OUTLINES THE PROCESS BY WHICH COMPENSATION OF THE CEO IS REVIEWED ANNUALLY AND APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, DC, DE, FL, GA, IL, IN, KS, KY, MA, MD, ME, MI, MN, MT, NC, ND, NH, NJ, NM, NV, OH, OK, OR, PA, SC, TN, UT, VA, WA, WI, WV, CT, LA

FORM 990, PART VI, SECTION C, LINE 19:

WORLD RELIEF 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

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| Name of the organization WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS | Employer identification number 23-6393344 |
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PERSON OR IN WRITING OR BY SOME COMBINATION OF THESE AVENUES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|---|----------|
| EQUITY EARNINGS IN LLC | 105,032. |
| LOSS ON EQUITY INVESTMENT | -24,390. |
| ADJUSTMENT FOR NON-CONTROLLING INTEREST | -42,767. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 37,875. |

FORM 990, PART XI, LINE 2C

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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 | DEBT MANAGEMENT | DELAWARE | | | |
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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 P.O. BOX 23269 WASHINGTON, DC 20026 | | DISTRICT OF COLUMBIA | 501(C)(3) | 1 | | | X |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| IMF HEKIMA SOCIETE CIVILE AVENUE CANNAS, NO. 94 GOMA, PROVINCE OF NORTH-KIVU, CONGO | MICROENTERPRISE | CONGO (KINSHASA) | | C CORP | | | 59.28% | | X |
| TURAME COMMUNITY FINANCE, S.A. P.O. BOX 6549 BUJUMBURA, BURUNDI | MICROENTERPRISE | BURUNDI | | C CORP | | | 44.27% | | X |
| URWEGO OPPORTUNITY BANK PLOT 1230 NYARUGENGE AVENUE DE LA PAIX KIGALI, RWANDA | MICROENTERPRISE | RWANDA | | C CORP | | | 1.00% | | X |
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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 | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

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

Part 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

AVENUE CANNAS, NO. 94

GOMA, PROVINCE OF NORTH-KIVU, CONGO (KINSHASA)