

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

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

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7 EAST BALTIMORE STREET City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21202 F Name and address of principal officer: TIM BREENE SAME AS C ABOVE	D Employer identification number 23-6393344 E Telephone number 443-451-1900 G Gross receipts \$ 70,926,148. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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		
J Website: ▶ WWW.WR.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1946 M State of legal domicile: DE

Part I Summary

	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)	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	581
	6	Total number of volunteers (estimate if necessary)	67594
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	2,681,306.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	131,941.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,030,484.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,514,622.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,545,842.
Expenses		14	Benefits paid to or for members (Part IX, column (A), line 4)
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32,909,211.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,910,618.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,239,604.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	61,694,657.
	19	Revenue less expenses. Subtract line 18 from line 12	-2,180,035.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	20,436,388.
	21	Total liabilities (Part X, line 26)	6,219,862.
	22	Net assets or fund balances. Subtract line 21 from line 20	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	Signature of officer KEVIN SANDERSON, CHIEF ADMINISTRATIVE OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name HARRISON PEREIRA	Preparer's signature Date 06/02/21
	Firm's name ▶ TAIT, WELLER & BAKER LLP Firm's address ▶ TWO LIBERTY PL, 50 S. 16TH ST, STE 2900 PHILADELPHIA, PA 19102-2529	Check if self-employed <input type="checkbox"/> PTIN P00746867 Firm's EIN ▶ 23-1144520 Phone no. 215-979-8800

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

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

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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 \$ 22,692,616. including grants of \$ 7,427,403.) (Revenue \$ 1,027,589.)
REFUGEE ASSISTANCE - PROVIDED BASIC NEEDS AND INITIAL RESETTLEMENT SERVICES, IN PARTNERSHIP WITH LOCAL CHURCHES AND VOLUNTEERS, TO 2,179 REFUGEES FORCED TO FLEE PERSECUTION IN THEIR HOMELANDS. OTHER EXTENDED SERVICES WERE PROVIDED TO THESE AND 4,975 OTHER INDIVIDUALS, INCLUDING ENGLISH LANGUAGE TRAINING, EMPLOYMENT ASSISTANCE, EXTENDED CASE MANAGEMENT AND OTHER SOCIAL ADJUSTMENT SERVICES. TOTAL BENEFICIARIES: 7,154

4b (Code: _____) (Expenses \$ 11,135,248. including grants of \$ 610,312.) (Revenue \$ _____)
HEALTH AND NUTRITION: IN FY2020, 29,086 VOLUNTEERS TRAINED, 884,991 WOMEN AND CHILDREN SERVED THROUGH HEALTH PROGRAMS, 252,942 HOUSEHOLDS VISITED BY COMMUNITY CARE GROUP MEMBERS OR HEALTH CARE WORKERS. THE HEALTH AND NUTRITION SECTOR INCLUDES PROGRAMS IN COMMUNITY HEALTH AND NUTRITION, PRIMARY AND CLINICAL HEALTH & NUTRITION, HIV/AIDS, 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

4c (Code: _____) (Expenses \$ 6,043,906. including grants of \$ 21,707.) (Revenue \$ _____)
AGRICULTURE: IN FY2020, 143,381 FARMERS WERE SUPPORTED WITH AGRICULTURAL OR LIVESTOCK INPUTS, TRAINING, AND/OR ACCESS TO MARKET OPPORTUNITIES. PROGRAMS IN THIS SECTOR INCLUDE AGRICULTURE FOR LIFE, LIVESTOCK, 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

4d Other program services (Describe on Schedule O.)
(Expenses \$ 18,310,693. including grants of \$ 1,723,791.) (Revenue \$ 1,737,546.)

4e Total program service expenses **58,182,463.**

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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 donor-restricted endowments or in 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	

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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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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?	38 X	

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

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	271
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	

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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		581
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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 on 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?		X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		

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**WORLD RELIEF CORP. OF NATIONAL
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	12		
b Enter the number of voting members included on line 1a, above, who are independent	1b	12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b			X
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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
KEVIN SANDERSON - (443) 451-1900
7 EAST BALTIMORE ST., BALTIMORE, MD 21202

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

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) REV. DR. CASELY ESSAMAUH SECRETARY	1.00	X		X			0.	0.	0.	
(4) BILL WESTRATE TREASURER	1.00	X		X			0.	0.	0.	
(5) TIM TRAUDT DIRECTOR	1.00	X					0.	0.	0.	
(6) PAT MAZOROL DIRECTOR	1.00	X					0.	0.	0.	
(7) GALEN CAREY EX-OFFICIO/DIRECTOR	1.00	X					0.	0.	0.	
(8) WALTER KIM DIRECTOR	1.00	X					0.	0.	0.	
(9) DAKOTA PIPPINS DIRECTOR	1.00	X					0.	0.	0.	
(10) CARRIE D. TIBBLES DIRECTOR	1.00	X					0.	0.	0.	
(11) ERIN DONOVAN DIRECTOR	1.00	X					0.	0.	0.	
(12) ABI FREDERICK DIRECTOR	1.00	X					0.	0.	0.	
(13) MATTHEW GERKENS DIRECTOR	1.00	X					0.	0.	0.	
(14) KEVIN SANDERSON CHIEF ADMINISTRATIVE OFFICER	40.00			X			142,980.	0.	30,158.	
(15) TIM BREENE CEO	40.00			X			140,205.	0.	206.	
(16) SCOTT ARBEITER PRESIDENT	40.00			X			109,210.	0.	47,124.	
(17) RENE ORDOGNE CHIEF FINANCIAL OFFICER	40.00			X			119,369.	0.	24,110.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MYAL GREENE SR VP INT PROGRAMS	40.00			X				88,994.	0.	28,716.
(19) JENNIFER FOY VP OF US MINISTRIES	40.00			X				77,127.	0.	12,914.
(20) EMILY GRAY SR VP US PROGRAMS	40.00					X		126,925.	0.	25,940.
(21) JENNY YANG SR VP ADVOCACY	40.00					X		102,437.	0.	29,582.
1b Subtotal								907,247.	0.	198,750.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								907,247.	0.	198,750.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PINKSTON GROUP INC., 3110 FAIRVIEW PARK DR STE 1400, FALLS CHURCH, VA 22042	PR/MEDIA RETAINER FEES	129,287.
THE ULTIMATE SOFTWARE GROUP 2000 ULTIMATE WAY, WESTON, FL 33326	PAYROLL	128,667.
YORKE PRINTE SHOPPE, INC. 930 NORTH LOMBARD ROAD, LOMBARD, IL 60148	DIRECT MAIL PRINTING SERVICES	107,049.

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

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	713,099.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	45,315,451.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,773,505.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,967,106.					
	h Total. Add lines 1a-1f			66,802,055.				
Program Service Revenue	2 a MED BANKING REVENUE	Business Code	900099	1,121,539.	1,121,539.			
	b TRAVEL LOAN COMMISSION		900099	1,027,589.	1,027,589.			
	c CLIENT FEES		900099	944,012.	944,012.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			3,093,140.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			39,962.		39,962.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	103,741.				
			(ii) Personal					
	b Less: rental expenses	6b		0.				
	c Rental income or (loss)	6c		103,741.				
	d Net rental income or (loss)			103,741.		103,741.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other		15,000.			
	b Less: cost or other basis and sales expenses	7b		0.				
c Gain or (loss)	7c		15,000.					
d Net gain or (loss)			15,000.		15,000.			
8 a Gross income from fundraising events (not including \$ 713,099. of contributions reported on line 1c). See Part IV, line 18	8a		138,457.					
			98,773.					
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events			39,684.		39,684.			
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	900099	733,793.	733,793.			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			733,793.				
12 Total revenue. See instructions			70,827,375.	3,826,933.	0.	198,387.		

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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 ...	370,576.	370,576.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,407,217.	7,407,217.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,005,420.	2,005,420.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	775,222.		716,396.	58,826.
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	27,665,017.	22,667,403.	2,852,431.	2,145,183.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	513,219.	442,389.	16,291.	54,539.
9 Other employee benefits	4,612,885.	3,939,013.	291,801.	382,071.
10 Payroll taxes	1,492,188.	1,228,775.	108,892.	154,521.
11 Fees for services (nonemployees):				
a Management				
b Legal	198,799.	186,763.	5,930.	6,106.
c Accounting	76,158.	11,609.	31,801.	32,748.
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.)	2,395,046.	1,656,713.	363,752.	374,581.
12 Advertising and promotion				
13 Office expenses	4,304,592.	3,862,687.	185,067.	256,838.
14 Information technology	475,010.	213,808.	96,939.	164,263.
15 Royalties				
16 Occupancy	2,656,521.	2,411,159.	190,457.	54,905.
17 Travel	1,986,568.	1,547,090.	306,516.	132,962.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	79,213.	37,095.	40,189.	1,929.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	726,957.	275,146.	451,811.	
23 Insurance	449,838.	152,982.	296,856.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM COST	9,145,817.	9,137,641.	207.	7,969.
b MISCELLANEOUS	759,952.	333,708.	343,201.	83,043.
c BAD DEBT EXPENSE	384,511.	276,247.	108,264.	
d MICROFINANCE RELATED	15,782.	15,782.		
e All other expenses	3,600.	3,240.	226.	134.
25 Total functional expenses. Add lines 1 through 24e	68,500,108.	58,182,463.	6,407,027.	3,910,618.
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)

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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	8,282,500.	1	7,637,026.	
	2 Savings and temporary cash investments	759,825.	2	5,426,458.	
	3 Pledges and grants receivable, net	4,372,430.	3	7,425,356.	
	4 Accounts receivable, net	516,070.	4	384,990.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	866,165.	9	1,766,733.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,737,651.			
	b Less: accumulated depreciation	10b 6,111,064.	3,995,958.	10c	4,626,587.
	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	1,643,440.	13	1,534,925.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,436,388.	16	28,802,075.		
Liabilities	17 Accounts payable and accrued expenses	3,833,918.	17	5,028,556.	
	18 Grants payable		18		
	19 Deferred revenue	1,145,547.	19	6,064,990.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,240,397.	23	1,082,187.	
	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	6,219,862.	26	12,175,733.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	10,844,825.	27	13,462,149.	
	28 Net assets with donor restrictions	3,371,701.	28	3,164,193.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	14,216,526.	32	16,626,342.	
	33 Total liabilities and net assets/fund balances	20,436,388.	33	28,802,075.	

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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	70,827,375.
2 Total expenses (must equal Part IX, column (A), line 25)	2	68,500,108.
3 Revenue less expenses. Subtract line 2 from line 1	3	2,327,267.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,216,526.
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 on Schedule O)	9	82,549.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,626,342.

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 checked="" type="checkbox"/> Separate basis <input 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 on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 on 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66262886.	73762095.	61694838.	55670891.	66802055.	324192765
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	66262886.	73762095.	61694838.	55670891.	66802055.	324192765
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.						324192765

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	66262886.	73762095.	61694838.	55670891.	66802055.	324192765
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	94,262.	82,108.	32,831.	174,634.	143,703.	527,538.
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.)	1145798.	1294401.	928,597.	1006365.	733,793.	5108954.
11 Total support. Add lines 7 through 10						329829257
12 Gross receipts from related activities, etc. (see instructions)					12	14,624,112.
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 2019 (line 6, column (f) divided by line 11, column (f))	14	98.29 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	98.06 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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: Line number, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2019. 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 - 2018. 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)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2015 AMOUNT: \$ 1,145,798.

2016 AMOUNT: \$ 1,294,401.

2017 AMOUNT: \$ 928,597.

2018 AMOUNT: \$ 1,006,365.

2019 AMOUNT: \$ 733,793.

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

2019

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
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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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

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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 (grassroots 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.			
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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					

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		3,546.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			3,546.
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 GRACE ACT,

Part IV Supplemental Information *(continued)*

THE REFUGEE PROTECTION ACT, AND THE SAFE FROM THE START ACT. 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

2019

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 (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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**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 BANK	49,030.	COST
(2) INVESTMENT IN IMF HEKIMA		
(3) S.A.C.A	844,236.	COST
(4) INVESTMENT IN TURAME		
(5) COMMUNITY FINANCE S.A.	641,659.	COST
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,534,925.	

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 FASB 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	71,169,056.
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	195,804.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	145,877.	
e	Add lines 2a through 2d	2e		341,681.
3	Subtract line 2e from line 1	3		70,827,375.
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		70,827,375.

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	68,794,685.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	195,804.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	98,773.	
e	Add lines 2a through 2d	2e		294,577.
3	Subtract line 2e from line 1	3		68,500,108.
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		68,500,108.

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, 2017-2019) OR EXPECTED TO BE TAKEN IN WORLD RELIEF'S SEPTEMBER 30, 2020 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:

GAIN ON EQUITY INVESTMENT	47,104.
FUNDRAISING EVENT EXPENSES	98,773.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	145,877.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 98,773.

Multiple horizontal lines for supplemental information.

**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

2019

Open to Public
Inspection

Name of the organization WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS	Employer identification number 23-6393344
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Part I General Information on 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,	4	79	PROGRAM SERVICES	AGRICULTURE, ECONOMY, INDUSTRY & INCOME, EMERGENCY RELIEF, HEALTH, INTEGRATED	785,715.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	5	62	PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN THE REGION, MICROCREDIT SERVICES	AGRICULTURE, ANTI-TRAFFICKING, EII, EDUCATION, EMERGENCY RELIEF, HEALTH,	645,161.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	44	1028	PROGRAM SERVICES, FUNDRAISING, MICROCREDIT SERVICES	AGRICULTURE, EII, EDUCATION, EMERGENCY RELIEF, HEALTH, INTEGRATED PROJECTS,	27,712,028.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	PARTNERSHIP TO SERVE THE MOST DEVESTATED IN THE MIDDLE EAST	3,240.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	AGRICULTURE, EMERGENCY RELIEF, INTEGRATED PROJECTS, LOCAL PARTNER STRENGTHENING, PEACE	20,226.
3 a Subtotal	53	1169			29,166,370.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	53	1169			29,166,370.

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

Schedule F (Form 990) 2019

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

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)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	FUNDS TO HELP EMPOWER LOCAL CHURCH AND COMMUNITY PARTNERS IN RELIEF, DEVELOPMENT	152,308.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	FUNDS TO HELP RESTORE PEACEFUL CONDITIONS IN KOCH.	341,271.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	FUNDS TO HELP RESTORE PEACEFUL CONDITIONS IN KOCH.	168,973.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	FUNDS TO HELP RESTORE PEACEFUL CONDITIONS IN KOCH.	319,467.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	FUNDS TO HELP BUILD COMMUNITY RESILIENCE AND ADDRESS ROOT CAUSES OF POVERTY	68,103.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	FUNDS TO HELP INTEGRATED TRANSFORMATIONAL COMMUNITY DEVELOPMENT	21,549.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HEALTH, NUTRITION AND WASH PROGRAM SUPPORT	138,434.	WIRE FROM HEADQUARTERS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	FUNDS TO HELP RESPONSE FOR COUNTERACTING NEGATIVE EFFECTS OF	31,000.	WIRE FROM HEADQUARTERS	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **18**

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

SEE PART V FOR COLUMN (D) DESCRIPTIONS

**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	HEALTH, NUTRITION, WASH, AGRICULTURE AND FOOD SECURITY PROGRAM SUPPORT	38,092.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING COMMUNITY HEALTH OUTCOMES THROUGH POSITIVE ENGAGEMENT	143,991.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA	EMERGENCY HUMANITARIAN SUPPORT	10,000.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA	FUNDS TO HELP EMPOWER THE LOCAL CHURCH DISABILITY INCLUSION IN KAPHUKA, MALAWI	5,000.	WIRE FROM HEADQUARTERS	0.		
		EAST ASIA AND THE PACIFIC	EMERGENCY RESPONSE TO TYPHOON TISOY IN THE PHILIPPINES	20,000.	WIRE FROM HEADQUARTERS	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEVELOPMENT STRATEGIC PLANS	118,957.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA	HEALTH, NUTRITION, WASH, AND AGRICULTURE AND FOOD SECURITY PROGRAM SUPPORT	30,107.	WIRE FROM HEADQUARTERS	0.		
		SUB-SAHARAN AFRICA	FUNDS TO HELP EXPAND FINANCIAL ACCESS AND DIGITAL AND FINANCIAL LITERACY	8,805.	WIRE FROM HEADQUARTERS	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH, NUTRITION, WASH, AND AGRICULTURE AND FOOD SECURITY PROGRAM SUPPOR	362,363.	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 HELP EMPOWER LOCAL CHURCH AND COMMUNITY

PARTNERS IN RELIEF, DEVELOPMENT AND PEACE-BUILDING ACTIVITIES TO HELP

INDIVIDUALS, FAMILIES AND COMMUNITIES FLOURISH AFFECTED BY ENTRENCHED

CONFLICTS IN THE MIDDLE EAST

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

(D) PURPOSE OF GRANT: FUNDS TO HELP INTEGRATED TRANSFORMATIONAL

COMMUNITY DEVELOPMENT PROJECT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: FUNDS TO HELP RESPONSE FOR COUNTERACTING NEGATIVE

EFFECTS OF NATURAL DISASTERS FOR VULNERABLE COFFEE FARMERS FROM JALAPA,

NUEVA SEGOVIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING COMMUNITY HEALTH OUTCOMES THROUGH

POSITIVE ENGAGEMENT (SCOPE)

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FUNDS TO HELP EMPOWER THE LOCAL CHURCH DISABILITY

**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))	
		SEATTLE 40TH ANNIVERSARY (event type)	2020 DUPAGE-AUROR (event type)	10 (total number)		
Revenue	1	Gross receipts	303,634.	135,422.	404,943.	843,999.
	2	Less: Contributions	219,688.	130,965.	355,895.	706,548.
	3	Gross income (line 1 minus line 2)	83,946.	4,457.	49,048.	137,451.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	35,219.	15,708.	46,970.	97,897.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				97,897.
11	Net income summary. Subtract line 10 from line 3, column (d)				39,554.	

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

2019

**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
ARRIVE MINISTRIES 1515 EAST 66TH STREET RICHFIELD, MN 55423	41-2763181	501(C)(3)	245,780.	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)	55,000.	0.			FUNDS TO SUPPORT DISASTER RESPONSE IN THE BAHAMAS
LITERACY SOURCE 3200 NE 125TH STREET SEATTLE, WA 98125	91-2101208	501(C)(3)	14,532.	0.			PROVIDES EMPLOYMENT, ENGLISH AS SECOND LANGUAGE (ESL) SERVICES, AND SKILLS TRAINING TO
LUTHERAN COMMUNITY SERVICES NW 4040 S. 188TH STREET, SUITE 300 SEATAC, WA 98188	93-0386860	501(C)(3)	55,264.	0.			REFUGEE YOUTH MENTORING PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.

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) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

Schedule I (Form 990) (2019)

23-6393344

Page 2

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	1152	0.	275,218.	FMV	FOOD AND HOUSEHOLD ITEMS
SPECIFIC ASSISTANCE TO INDIVIDUALS	27	0.	6,301.	FMV	CLOTHING
SPECIFIC ASSISTANCE TO INDIVIDUALS	16	33,991.	0.	FMV	
SPECIFIC ASSISTANCE TO INDIVIDUALS	39	0.	1,245.	FMV	DAYCARE SUPPLIES
SPECIFIC ASSISTANCE TO INDIVIDUALS	39	0.	48,313.	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	1,083.	0.	1,338,519.	FMV	HOUSING
SPECIFIC ASSISTANCE TO INDIVIDUALS	59.	4,199.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	30.	2,391.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	234.	227,697.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	1,805.	522,681.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	415.	53,770.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	366.	121,556.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	742.	123,610.	0.		
INITIAL REFUGEE GRANTS	1,998.	1,735,452.	0.		

Schedule I (Form 990)

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

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 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) 2019

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

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)	142,980.	0.	0.	5,875.	24,283.	173,138.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT ARBEITER PRESIDENT	(i)	109,210.	0.	0.	24,124.	23,000.	156,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EMILY GRAY SR VP US PROGRAMS	(i)	126,925.	0.	0.	0.	25,940.	152,865.	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)							
	(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	93,537.	EMPLOYMENT		X
JOSEPH ALBANO	SON-IN-LAW OF CEO	31,150.	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

2019

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		1,973. FMV	
5 Clothing and household goods	X		379,042. FMV	
6 Cars and other vehicles	X	39	78,151. 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	240	2,340,744. FMV	
20 Drugs and medical supplies	X	9	1,758. FMV	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	1	68,820. FMV	
26 Other ▶ (ESL MATERIALS)	X	46	46,306. FMV	
27 Other ▶ (SCHOOL SUPPLI)	X	25	16,795. FMV	
28 Other ▶ (BICYCLE)	X	34	15,707. FMV	

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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?
- 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?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2019

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

Schedule M (Form 990) 2019

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:

ELECTRONICS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 25

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 8690.

(D) METHOD OF DETERMINING REVENUE: FMV

GIFT CARDS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 32

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4078.

(D) METHOD OF DETERMINING REVENUE: FMV

WELCOME KITS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 12

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2937.

(D) METHOD OF DETERMINING REVENUE: FMV

OFFICE SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 7

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2055.

(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 = 2

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

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

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

THE MISSION OF WORLD RELIEF, AS ORIGINATED WITHIN THE NATIONAL ASSOCIATION OF EVANGELICALS, IS TO EMPOWER THE LOCAL CHURCH TO SERVE THE MOST VULNERABLE. IN COMMUNITY WITH THE LOCAL CHURCH, WORLD RELIEF ENVISIONS THE MOST VULNERABLE PEOPLE TRANSFORMED ECONOMICALLY, SOCIALLY, AND SPIRITUALLY.

WORLD RELIEF SEEKS TO 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:

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 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,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS	Employer identification number 23-6393344
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IN SEVERAL AREAS FACING POLITICAL OR ENVIRONMENTAL DISASTERS. EMERGENCY AND SUPPLEMENTAL NUTRITION MAY BE PROVIDED TO TREAT MALNOURISHED WOMEN AND CHILDREN. MANY COUNTRIES IN THIS CLUSTER COMBINE WATER AND SANITATION HYGIENE (WASH), NUTRITION, AGRICULTURE AND FOOD SECURITY ACTIVITIES.

EAST AND WEST AFRICA: 428 VOLUNTEERS TRAINED, 335,707 WOMEN AND CHILDREN SERVED AND 1,330 HOUSEHOLDS VISITED.

SOUTH AND SOUTH EAST ASIA: 385 VOLUNTEERS TRAINED, 4,941 WOMEN AND CHILDREN SERVED AND 1,917 HOUSEHOLDS VISITED.

SOUTHERN AFRICA: 27,371 VOLUNTEERS TRAINED, 544,343 WOMEN AND CHILDREN SERVED AND 250,597 HOUSEHOLDS VISITED.

IN FY2020, 6,617 PEOPLE SERVED THROUGH HIV/AIDS PROGRAMMING, 6,617 PEOPLE SERVED THROUGH HIV/AIDS PROGRAMMING, 6,617 YOUTH REACHED WITH PREVENTION MESSAGES AND 1,361 ORPHANS AND VULNERABLE CHILDREN AND CAREGIVERS SUPPORTED.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: TOOLS, AND SOME BASIC TRAINING TO RECIPIENTS TO QUICKLY INCREASE FOOD PRODUCTION IN DIFFICULT CONTEXTS THAT MAY HAVE BEEN THROUGH CONFLICT OR DISASTER.

EAST AND WEST AFRICA: 59,400 FARMERS

MIDDLE EAST AND NORTH AFRICA: 786 FARMERS

SOUTHERN AFRICA: 83,195 FARMERS

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

OTHER PROGRAM SERVICES INCLUDE:

LOCAL PARTNER STRENGTHENING AND CHURCH EMPOWERMENT: "WORLD RELIEF

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APPROACHES DEVELOPMENT THROUGH OUR INTEGRAL MISSION MODEL, WHICH 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 FY2020, 3,465 LOCAL CHURCHES AND PARTNER ORGANIZATIONS SUPPORTED AND 2,658 PEOPLE TRAINED USING WORLD RELIEF INTEGRAL CURRICULUM. EAST AND WEST AFRICA: 2,046 CHURCHES AND 1,863 PEOPLE TRAINED. LATIN AMERICA AND CARIBBEAN: 151 CHURCHES AND 62 PEOPLE TRAINED MIDDLE EAST AND NORTH AFRICA: 12 CHURCHES. SOUTH AND SOUTH EAST ASIA: 186 CHURCHES. SOUTHERN AFRICA: 1,070 CHURCHES AND 733 PEOPLE TRAINED.

SERVICE TO IMMIGRANTS : WE HAVE SERVED A TOTAL OF 7,419 THROUGH IMMIGRATION LEGAL SERVICES, INCLUDING 1,679 NATURALIZATION APPLICANTS AND 5,740 APPLICANTS WITH OTHER IMMIGRATION BENEFITS. ADDITIONALLY, WE HAVE ALSO REACHED APPROXIMATELY 636 INDIVIDUALS IN VIRTUAL AND IN-PERSON IMMIGRATION OUTREACH EVENTS. TOTAL BENEFICIARIES: 8,055. WORLD RELIEF HELPED INITIATE AND SUPPORT 46 CHURCH AND COMMUNITY-BASED PROGRAMS TO BE RECOGNIZED BY THE GOVERNMENT TO PROVIDE LEGAL SERVICES IN THEIR COMMUNITIES

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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 FY2020, 29,485 CLIENTS WERE PROVIDED WITH MICROFINANCE SERVICES AND 140,762 CUMULATIVE SAVINGS GROUP MEMBERS.

EAST AND WEST AFRICA: 29,485 MICROFINANCE CLIENTS AND 70,815 SAVINGS GROUP MEMBERS

LATIN AMERICA AND CARIBBEAN: 2,367 SAVINGS GROUP MEMBERS

SOUTH AND SOUTH EAST ASIA: 4,055 SAVINGS GROUP MEMBERS

SOUTHERN AFRICA: 63,525 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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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 FY2020, 1,364,214 BENEFICIARIES IN HUMANITARIAN AID, DISASTER
RESPONSE AND DISASTER RISK REDUCTION PROGRAMMING.

EAST AND WEST AFRICA: 1,304,822 BENEFICIARIES

LATIN AMERICA AND CARIBBEAN: 680 BENEFICIARIES

MIDDLE EAST AND NORTH AFRICA: 52,140 BENEFICIARIES

SOUTH AND SOUTH EAST ASIA: 4,112 BENEFICIARIES

SOUTHERN AFRICA: 2,083 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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IN FY2020, 475,645 INDIVIDUALS WERE REACHED WITH ONE OR MORE WATER, SANITATION OR HYGIENE PROMOTION INTERVENTION.

EAST AND WEST AFRICA: 429,785 INDIVIDUALS SOUTHERN AFRICA: 45,860 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.

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IN FY2020, 86,220 CHILDREN AND TEENS PARTICIPATED IN 2,321 CHILD AND ADOLESCENT DEVELOPMENT GROUPS. 450 WOMEN WERE ASSISTED WITH CARE AND REINTEGRATION AFTER SURVIVING SEXUAL AND GENDER-BASED VIOLENCE AND 61,384 CHILDREN RECEIVED EDUCATION THROUGH FORMAL SCHOOL PROGRAMS IN CONFLICT ZONES. ABOUT 4,713 PEOPLE RECEIVED FAMILY STRENGTHENING MESSAGES THROUGH FAMILIES FOR LIFE CURRICULUM.

EAST AND WEST AFRICA: 62,238 CHILDREN AND TEENS PARTICIPATED IN 1,692 CHILD AND ADOLESCENT DEVELOPMENT GROUPS, 450 WOMEN WERE ASSISTED, AND 1,499 PEOPLE RECEIVED FAMILY STRENGTHENING MESSAGES, 61,384 CHILDREN PROVIDED WITH FORMAL SCHOOLING IN EMERGENCY SITUATIONS.

LATIN AMERICA AND CARIBBEAN: 602 PEOPLE RECEIVED FAMILY STRENGTHENING MESSAGES

SOUTH AND SOUTH EAST ASIA: 2,678 CHILDREN AND TEENS PARTICIPATED IN 101 CHILD AND ADOLESCENT DEVELOPMENT GROUPS

SOUTHERN AFRICA: 21,304 CHILDREN AND TEENS PARTICIPATED IN 528 CHILD AND ADOLESCENT DEVELOPMENT GROUPS AND 2,612 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 ADVOCACY. THE DEVELOPING COUNTRIES CLUSTER HAS HAD SUCCESSFUL PROGRAMS IN TIMES OF ELECTION VIOLENCE PREVENTION AND DISASTER RISK REDUCTION TO

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BUILD COMMUNITY RESILIENCE.

IN FY2020, 159 PEACE COMMITTEES ESTABLISHED AND FUNCTIONING, AND 2,580 PEACEBUILDING VOLUNTEERS TRAINED PROVIDING 405,635 PEOPLE WITH ACCESS TO COMMUNITY BASED RESOLUTION MECHANISMS.

EAST AND WEST AFRICA: 159 COMMITTEES, 2,580 VOLUNTEERS, AND 405,635 PEOPLE WITH ACCESS

ANTI-TRAFFICKING: WORLD RELIEF EDUCATED ADULTS IN HUMAN TRAFFICKING PREVENTION, COMMUNITY PROTECTION, AND SAFE MIGRATION 627 PEOPLE RECEIVING ANTI-TRAFFICKING EDUCATION AND TRAINING.

SOUTH AND SOUTH EAST ASIA: 627 INDIVIDUALS

IN THE US, WORLD RELIEF SERVED 45 SURVIVORS OF HUMAN TRAFFICKING WITH AN ADDITIONAL 34 FAMILY MEMBERS THROUGH HOLISTIC SERVICES. WE PROVIDED AWARENESS AND OUTREACH TO 546 PARTICIPANTS AND TRAINING FOR 356 PARTICIPANTS. TOTAL BENEFICIARIES: 981.

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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.

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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 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

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

FORM 990, PART X, LINE 19

ON APRIL 16, 2020, WORLD RELIEF RECEIVED A \$4,233,380 LOAN UNDER THE SMALL BUSINESS ADMINISTRATION'S ("SBA") PAYCHECK PROTECTION PROGRAM (THE "PPP LOAN"). WORLD RELIEF CONSIDERS THIS TO BE A CONDITIONAL CONTRIBUTION AS IT EXPECTS TO MEET THE CRITERIA FOR LOAN FORGIVENESS UPON INCURRING ELIGIBLE EXPENDITURES. WORLD RELIEF CONSIDERS THE INCURRENCE OF ELIGIBLE EXPENSES TO BE A BARRIER IN THE PPP LOAN AND AS SUCH, WILL RECOGNIZE CONTRIBUTION INCOME WHEN THESE CONDITIONS ARE SUBSTANTIALLY MET. DURING THE YEAR ENDED SEPTEMBER 30, 2020, WORLD RELIEF RECOGNIZED INCURRED ELIGIBLE EXPENSES IN EXCESS OF THE LOAN, HOWEVER, DUE TO UNCERTAINTY IN THE ULTIMATE ACCEPTANCE OF ITS LOAN FORGIVENESS APPLICATION, RECOGNIZED APPROXIMATELY \$3,175,034 AS CONTRIBUTION REVENUE. THE AMOUNT NOT RECOGNIZED AS CONTRIBUTION REVENUE HAS BEEN REPORTED AS A REFUNDABLE ADVANCE ON THE STATEMENT OF FINANCIAL POSITION. THE FORM 990 REFLECTS THE INFORMATION PRESENTED ON THE FINANCIAL STATEMENTS.

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

Name of the organization WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS	Employer identification number 23-6393344
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GAIN ON EQUITY INVESTMENT	47,104.
CHANGE IN NET ASSETS OF NON-CONTROLLING INTEREST	35,445.
TOTAL TO FORM 990, PART XI, LINE 9	82,549.

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

2019

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	0.	0.	WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2019

SEE PART VII FOR CONTINUATIONS

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

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

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

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

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

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

(a) Name of 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 I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

WORLD RELIEF GLOBAL DEVELOPMENT LLC

DIRECT CONTROLLING ENTITY: WORLD RELIEF CORPORATION OF NATIONAL
ASSOCIATION OF EVANGELICALS

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

NAME AND ADDRESS OF RELATED ORGANIZATION:

IMF HEKIMA S.A.C.A.

002 BOULEVARD NYIRAGONGO

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