EXTENDED TO AUGUST 16, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. 2020 A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP Check if applicable: C Name of organization D Employer identification number WORLD RELIEF CORP. OF NATIONAL Address change ASSOCIATION OF EVANGELICALS Name change 23-6393344 Doing business as Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 443-451-1900 7 EAST BALTIMORE STREET 70,926,148. **G** Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return 21202 BALTIMORE, MD H(a) Is this a group return Applica-tion pending F Name and address of principal officer: TIM BREENE for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW . WR . ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1946 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: TO EMPOWER THE LOCAL CHURCH TO **Activities & Governance** SERVE THE MOST VULNERABLE. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 581 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 67594 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Prior Year Current Year** 55,670,891. 66,802,055. Contributions and grants (Part VIII, line 1h) 8 Revenue 2,681,306. 3,093,140. Program service revenue (Part VIII, line 2g) 131,941. 54,962. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,030,484. 877,218. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 70,827,375. 59,514,622. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 8,545,842. 9,783,213. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 32,909,211. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 35,058,531. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 20,239,604. 23,658,364. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 68,500,108. 61,694,657. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,180,035. 2,327,267. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 20,436,388. 28,802,075. 20 Total assets (Part X, line 16) 6,219,862. 12,175,733. 21 Total liabilities (Part X, line 26) 三年 14,216,526. 16,626,342 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign KEVIN SANDERSON, CHIEF ADMINISTRATIVE OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 06/02/21 P00746867 HARRISON PEREIRA self-employed Paid

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address TWO LIBERTY PL, 50 S. 16TH ST,

PHILADELPHIA, PA 19102-2529

Firm's name TAIT, WELLER & BAKER LLP

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

Preparer

Use Only

Form 990 (2019)

No

X Yes

Firm's EIN ▶ 23-1144520

Phone no. 215 - 979 - 8800

STE 2900

Form 990 (2019) ASSOCIATION OF EVANGELICALS Part III | Statement of Program Service Accomplishments

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO EMPOWER THE LOCAL CHURCH TO SERVE THE MOST VULNERABLE. IN COMMUNITY	
	WITH THE LOCAL CHURCH, WORLD RELIEF ENVISIONS THE MOST VULNERABLE	
	PEOPLE TRANSFORMED ECONOMICALLY, SOCIALLY AND SPIRITUALLY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	40
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	40
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.	<u>•</u>)
	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	
	1,154	
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.	
	Form 990 (20)	1741

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WORLD RELIEF CORP. OF NATIONAL

ASSOCIATION OF EVANGELICALS Page 3 Form 990 (2019) Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI 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? If "Yes," complete Schedule D, Part VII Х 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 11d Part X, line 16? If "Yes," complete Schedule D, Part IX 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

WORLD RELIEF CORP. OF NATIONAL

Porm	1990 (2019) ASSUCIATION OF EVANGELICALS 23-0393	344	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)		l	T
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	,	24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	Х	37
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_v
~~	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	71	
	Check if Schedule O contains a response or note to any line in this Part V			X
	5.155 Solidadio di contanto a responde di fioto to dilly into in tino i dit v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 271		162	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 273 1b 5	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	· · · · · · · · · · · · · · · · · · ·			

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(gambling) winnings to prize winners?

Form 990 (2019) ASSOCIATION OF EVANGELICALS

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

Ves No Ves Ves No Ves Ves Ves No Ves		Continued)									
Filed for the calendary year ending with or within the year covered by this return 2a 581 2b X		1	ı		Yes	No					
b If a least one is reported on line 2a, did the organization lite all required federal employment tax returns? Note if the sum of lines 1 a 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? 3a At any time during the calendary ear, 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) or organization for foreign country. SEE SCREDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax enheter transaction at any time during the tax year? 5b Did any taxable party notify the organization the forem 888617. 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 forem 888617. 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," indicate the number of Forms 8822 filed during the year 9c If "Yes," indicate the number of Forms 8822 filed during the year 9c If If "Yes," indicate the number of Forms 8822 filed during the year 9c Did the organization receive a payment in excess of \$75 made partly as a contribution on any arty for goods and services provided to the payor? 7c If If the organization receives any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 fo IX 9 Foreign the organization services and	2 a		F01								
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _e-fie_(see instructions) 3a	_				37						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it field a Form 990 Tof this year? If "No! to fine 3b, provide an explanation on Schedule O b if "Ses," and it filed a Form 990 Tof this year? If "No! to fine 3b, provide an explanation on Schedule O b if "Ses," and it filed a Form 990 Tof this year? If "No! to fine 3b, provide an explanation on Schedule O b if "Ses," and it filed part of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Sch. 2 x Sec. 1 x Se	b			2b	Λ						
b If "Yes," in a fitted a Form 890.T for this year? If "No" to fire 3b, provide an explanation on Schedule O A ray 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 accountry? B If "Yes," enter the name of the foreign country SEE SCREDULE O See instructions for filing requirements for FinchOF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibitor that was or is a party to a prohibitor that was not in a party to a prohibitor star whether transaction? Sa Did any scandibuliary party notify the organization file Form 8888-1? Sa Did any scandibuliary party notify the organization file Form 8888-1? Sa Did was the organization and party to a prohibitor star as a contribution or grits were not tax deductible? A propalization star was receive deductible contributions under section 170(c). B If "Yes," did the organization incide with every solicitation an express statement that such contributions or grits were not tax deductible? O organizations that may receive deductible contributions under section 170(c). B If the organization receive application of the value of the goods or services provided? O if the organization receive application on the value of the goods or services provided? To Sa Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1986-0? The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1986-0? To Did the organization have excess business holdings at any time during the year? Section 501(c)[12) organizations. Enter: In this organization received a contribution of cars, boats, airplanes, or other vehicles, did the o	_					v					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountil; occurring country (such as a bank account, or other financial accountil; or the foreign country. ▶ SEB SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 88861? 6b Day of 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 form 88661? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the fire may 8282? 1c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1d If the organization received a contribution of care, boats, and provided the organization file form 8899 as required? 1d If the organization received a contribution of care, boats and pro											
financial account in a foreign country Such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country Such as a bank account, securities account, or other financial accounts (FBAR). 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? 5b Did any taxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b X 6c I "Yes" to line Sa or Sb, did the organization file Form 8886-7? 6c I "Yes", did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible as charitable contributions? 7 Organizations that many receive deductible contributions under section 170(c). 8 If "Yes," did the many preceive deductible contributions under section 170(c). 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 Id the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 Tes," did the organization receive apprentine section 170(c). 8 If "Yes," indicate the number of Forms 8282 flied during the year 10 Id the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? 9 Sponsoring organizations make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: 10 In the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? 9 Sponsoring organization make any tax				3b							
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 party to a prohibited tax shelter transaction at any time during the tax year? 5b IV any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes's 10 ine Sar of Sb, did the organization file Form 88897. 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 a charitable contributions? 6b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c IV Types, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c IV Types, "did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c IV Types, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c IV Types, "did the organization include with every solicitation and parity for goods and services provided to the payor? 6c If Yes, "did the organization include with every solicitation and parity for goods and services provided to the payor? 6c If Yes, "did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If Yes, "did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d IV	4a				v						
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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? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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 b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 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 0. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b If Yes," see instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		sponsoring organization have excess business holdings at any time during the year?									
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 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 c Enter the amount of reserves on hand 11ac 11ab 11ac 11ba 12a 13b 13c 14a 1bi "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. If Is the organization an educational institution subject to the section 4968 excise tax on net investment income? In X	а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
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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? 16 X				15		X					
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X											
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?	16		X					
		If "Yes," complete Form 4720, Schedule O.									

ASSOCIATION OF EVANGELICALS Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	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		Х
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion 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
	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	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion 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			
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	X Own website Another's website X 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	financ	cial	
	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			
00000	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2010)

Form 990 (2019) ASSOCIATION OF EVANGELICALS 23-0 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.

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

• 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.

(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck ss per	more rson i	than of structures	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEVE MOORE	1.00	ļ								
CHAIR		Х		Х				0.	0.	0.
(2) KATHY VASELKIV	1.00	ļ								
VICE CHAIR		Х		Х				0.	0.	0.
(3) REV. DR. CASELY ESSAMAUH SECRETARY	1.00	х		х				0.	0.	0.
(4) BILL WESTRATE	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) TIM TRAUDT	1.00									
DIRECTOR		Х						0.	0.	0.
(6) PAT MAZOROL	1.00									
DIRECTOR		Х						0.	0.	0.
(7) GALEN CAREY	1.00									
EX-OFFICIO/DIRECTOR		Х						0.	0.	0.
(8) WALTER KIM	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DAKOTA PIPPINS	1.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(10) CARRIE D. TIBBLES	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ERIN DONOVAN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ABI FREDERICK	1.00]							_	_
DIRECTOR		Х						0.	0.	0.
(13) MATTHEW GERKENS	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(14) KEVIN SANDERSON	40.00	1								
CHIEF ADMINISTRATIVE OFFICER				Х				142,980.	0.	30,158.
(15) TIM BREENE	40.00	1						140 00-		
CEO	40.00	<u> </u>	_	X		_		140,205.	0.	206.
(16) SCOTT ARBEITER	40.00	4						100 010	_	47 104
PRESIDENT	40.00	<u> </u>		Х		-		109,210.	0.	47,124.
(17) RENE ORDOGNE	40.00	-		,,				110 200	_	04 110
CHIEF FINANCIAL OFFICER		<u> </u>		Х				119,369.	0.	24,110.

Form **990** (2019)

932007 01-20-20

Form 990 (2019) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the Highest compensated related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) (18) MYAL GREENE 40.00 88,994. SR VP INT PROGRAMS X 0. 28,716. (19) JENNIFER FOY 40.00 X 0. 77,127. 12,914. VP OF US MINISTRIES 40.00 (20) EMILY GRAY 126,925 0. SR VP US PROGRAMS Х 25,940. (21) JENNY YANG 40.00 SR VP ADVOCACY X 102,437. 0. 29,582. 907,247. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 907.247. 0. 198.750. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 6 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** 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)		(0)
(A) Name and business address	(B) Description of services	(C)
	Description of services	Compensation
PINKSTON GROUP INC., 3110 FAIRVIEW PARK DR	PR/MEDIA RETAINER	
STE 1400, FALLS CHURCH, VA 22042	FEES	129,287.
THE ULTIMATE SOFTWARE GROUP		
2000 ULTIMATE WAY, WESTON, FL 33326	PAYROLL	128,667.
YORKE PRINTE SHOPPE, INC.	DIRECT MAIL PRINTING	
930 NORTH LOMBARD ROAD, LOMBARD, IL 60148	SERVICES	107,049.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 3		

Form **990** (2019)

Form 990 (2019) ASSOCIA
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		Officer if Octredule O contains a response of	or flote to arry life	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
ìra our	k	Membership dues 1b					
s, (Am	c	Fundraising events1c	713,099.				
ar /	c	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	45,315,451.				
io	f	All other contributions, gifts, grants, and					
be		similar amounts not included above 1f	20,773,505.				
Öţ		Noncash contributions included in lines 1a-1f	2,967,106.				
Sor	ŀ	Total. Add lines 1a-1f	•	66,802,055.			
<u> </u>			Business Code	, ,			
•	2 a	MED BANKING REVENUE	900099	1,121,539.	1,121,539.		
/ice	Z c		900099	1,027,589.	1,027,589.		
er ne			900099	944,012.	944,012.		
m S	C		300033	344,012.	744,012.		
gra Re	C						
Program Service Revenue	6						
щ		All other program service revenue		2 002 140			
		Total. Add lines 2a-2f		3,093,140.			
	3	Investment income (including dividends, interes		20.050			
		other similar amounts)		39,962.			39,962.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 103,741.					
	b	Less: rental expenses 6b 0.					
	c	Rental income or (loss) 6c 103,741.					
	c	Net rental income or (loss)		103,741.			103,741.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	15,000.				
	k	Less: cost or other basis					
Pe		and sales expenses 7b	0.				
enı		Gain or (loss) 7c	15,000.				
3ev		Net gain or (loss)	•	15,000.			15,000.
her Revenue		Gross income from fundraising events (not					·
Oŧh		including \$ 713,099 of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	138,457.				
	r	Less: direct expenses 8b	98,773.				
		Net income or (loss) from fundraising events	, 	39,684.			39,684.
		Gross income from gaming activities. See		,			,
		Part IV, line 19 9a					
	r	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances10a					
	r	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		THE INCOME OF (1033) HOTH Sales OF INVENTORY	Business Code				
ns	11 -	MISCELLANEOUS	900099	733,793.	733,793.		
eo Iue	11 6		300033	,,,,,,,,	700,750.		
ila ven	t t						
Miscellaneous Revenue							
Ξ		All other revenue		733,793.			
	12	Total revenue. See instructions		70,827,375.	3,826,933.	0.	198,387.
	14	IVIAI ICVEIIUC. OEE IIISII UUUIIIS		.5,527,575.	,520,555.	ı	

Form 990 (2019)

Part IX | Statement of Functional Expenses

	TIX Statement of Functional Expens			anlata askuman (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			прієте соіитп (А).	
	not include amounts reported on lines 6b, 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	270 576	370,576.	J 1	
_	and domestic governments. See Part IV, line 21	370,576.	310,310.		
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	7,407,2174	7,407,217		
3	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.		291,801.	382,071
10	Payroll taxes	1,492,188.	1,228,775.	108,892.	154,521
11	Fees for services (nonemployees):				
a	Management	100 700	106 763	E 020	6 106
b	Legal	198,799. 76,158.	186,763. 11,609.	5,930. 31,801.	6,106 32,748
	Accounting	70,130.	11,009.	31,001.	32,740
	Lobbying Professional fundraising convices. See Part IV, line 17				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	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 \dots				
19	Conferences, conventions, and meetings	F0 010	20.00	40.100	1 000
20	Interest	79,213.	37,095.	40,189.	1,929
21	Payments to affiliates	726 057	275 146	4E1 011	
22	Depreciation, depletion, and amortization	726,957. 449,838.	275,146. 152,982.	451,811. 296,856.	
23	Other expenses. Itemize expenses not covered	449,030.	132,902.	290,030.	
24	above (List miscellaneous 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.)				
а	PROGRAM COST	9,145,817.	9,137,641.	207.	7,969
	MISCELLANEOUS	759,952.	333,708.	343,201.	83,043
	BAD DEBT EXPENSE	384,511.	276,247.	108,264.	
d	MICROFINANCE RELATED	15,782.	15,782.		
е	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)				

Form **990** (2019)

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			X
					(A) Beginning of year		(B) End of year
	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 of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe				6	
ţ	7	Notes and loans receivable, net				7	
Assets	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		40 -0- 6-4			
		basis. Complete Part VI of Schedule D		10,737,651.	2 225 252		4 606 505
	b				3,995,958.	10c	4,626,587.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			1 642 440	12	1 524 005
	13	Investments - program-related. See Part IV, line			1,643,440.	13	1,534,925.
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	20 426 200	15	20 002 075		
	16	Total assets. Add lines 1 through 15 (must equ			20,436,388.	16	28,802,075.
	17	Accounts payable and accrued expenses	3,833,918.	17	5,028,556.		
	18	Grants payable	1,145,547.	18	6,064,990.		
	19	Deferred revenue			1,143,347.	19 20	0,004,990.
	20	Tax-exempt bond liabilities					
	21 22	Escrow or custodial account liability. Complete Loans and other payables to any current or form				21	
Liabilities	22						
Σij		trustee, key employee, creator or founder, subscontrolled entity or family member of any of the		T I		22	
E.	23	Secured mortgages and notes payable to unrel			1,240,397.	23	1,082,187.
	24	Unsecured notes and loans payable to unrelate			1,210,3376	24	1,002,107.
	25	Other liabilities (including federal income tax, p		T T		27	
		parties, and other liabilities not included on line					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			6,219,862.	26	12,175,733.
		Organizations that follow FASB ASC 958, ch	eck her	e ▶ X			, ,
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			10,844,825.	27	13,462,149.
Bal	28				3,371,701.	28	13,462,149. 3,164,193.
5		Organizations that do not follow FASB ASC					
Ŧ		and complete lines 29 through 33.					
o.	29	Capital stock or trust principal, or current funds	S			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in	ncome, o	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			14,216,526.	32	16,626,342.
	33				20,436,388.	33	28,802,075.

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	70	,82	7,3	<u>75.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	68	,50	0,1	08.	
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,32	7,2	67.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1						
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		8	2,5	49.	
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	,62	6,3	42.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	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:						
	Separate basis Consolidated basis 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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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 Sche	edule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	lit				
	Act and OMB Circular A-133?			За	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h	X		

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

WORLD RELIEF CORP. OF NATIONAL

OMB No. 1545-0047

2019Open to Public

Inspection

ASSOCIATION OF EVANGELICALS

Part L. Reason for Public Charity Status. (All organizations must complete this part.) See instructions

Employer identification number 23-6393344

Pa	rt I	Reason for Public (Charity Status 🖟	All organizations must co	omplete th	is part.) Se	e instructions.					
Γhe	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)						
1	$\overline{\Box}$	A church, convention of chu	•		•)(A)(i).					
2	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3	Ħ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	H	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
-	ш		ation operated in cor	ijanotion with a nospital	acscribea	III Sectio	11 170(b)(1)(A)(iii). Enter	the nospital s name,				
_		city, and state:			l a., a., a., a.,							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (C	•									
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that normal	lly receives a substar	ntial part of its support for	rom a gove	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)									
8		A community trust describe	d in section 170(b)((1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college				
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or				
		university:		,		, ,						
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	oort from o	contributio	ns, membership fees, an	nd gross receipts from				
		activities related to its exem										
		income and unrelated busin		•				-				
				(less section of reak) inc	iii busiiles	sses acqui	ed by the organization a	arter durie 30, 1973.				
		See section 509(a)(2). (Cor	-		(a.t., Caa	!	20(-)(4)					
11	\mathbb{H}	An organization organized a										
12		An organization organized a	•	•	-		•					
		more publicly supported org						neck the box in				
		lines 12a through 12d that o	* *									
а			ınization operated, sı	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving				
		the supported organization	n(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting				
		organization. You must c	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s), by hav	/ing				
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally		·				zation(s)				
		that is not functionally into					• • • • •	* *				
		requirement (see instructi	-		-		='					
۵		Check this box if the orga	•	-								
Ŭ		functionally integrated, or					Type i, Type ii, Type iii					
f	Ente	er the number of supported o		iany integrated supporting	ng organiz	ation.						
'		ride the following information		d organization(s)								
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10	in your governi Yes	No	support (see instructions)	support (see instructions)				
				above (see instructions))	103	140						

Schedule A (Form 990 or 990-EZ) 2019 ASSOCIATION OF EVANGELICALS

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.)

Sec	Section A. Public Support									
Cale	ndar 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 organ-									
	ization'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			
	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			
	tion B. Total Support						<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
		66262886.				66802055.				
	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			2 = 2 / 2 2			329829257			
	Gross receipts from related activities,	etc. (see instruction	ins)				,624,112.			
	First five years. If the Form 990 is for	•	,				, - ,			
	organization, check this box and stor	-			•					
Sec	tion C. Computation of Publi						<u> </u>			
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (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 no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X			
b	33 1/3% support test - 2018. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			>			
17a	10% -facts-and-circumstances test									
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orgar	nization			
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances test									
	more, and if the organization meets the	-								
	organization meets the "facts-and-circ	cumstances" test.	Γhe organization q	ualifies as a public	ly supported orga	nization	>			
18	Private foundation. If the organization			•	,		s >			
							er 000 E7\ 0010			

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	below, picase com	piete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified person						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(6) 2010	(0) 2017	(4) 2010	(e) 2019	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesse	ys .					
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	l l					
14 First five years. If the Form 990 is	for the organization'	s first, second, thin	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						>
Section C. Computation of Pul	olic Support Pe	rcentage				
15 Public support percentage for 2019	(line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inv	estment Incom	e Percentage				
17 Investment income percentage for	2019 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	n 2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If t	he organization did				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	> □
b 33 1/3% support tests - 2018. If t line 18 is not more than 33 1/3%, c	•			•	ore than 33 1/3%, a	and
20 Private foundation. If the organiza						

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- **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? *If* "Yes," provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	30		
	3с		
	4 -		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	6.		
	9b		
	9с		
	10a		
	iva		
	10b		
~ O	an or ac	ハーヒフ	2010

Schedule A (Form 990 or 990-EZ) 2019 ASSOCIATION OF EVANGELICALS

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		ı	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	1	
2	Activities Test. Answer (a) and (b) below.	ructions	Yes	No
a a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b	Ī	l

Schedule A (Form 990 or 990-EZ) 2019 ASSOCIATION OF EVANGELICALS

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on l	Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	ctions A through E.	
Sect	tion 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		
Sect	tion 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):			
а	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		
е	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		
Sect	tion C - Distributable Amount			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	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions		· ·	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
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			
Secti	ion 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u> </u>	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
_	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	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			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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) organization			Т_	
Nan		ELIEF CORP. OF NA		Emp	loyer identification number
_		TION OF EVANGELIC			23-6393344
Pa	art I-A Complete if the org	janization is exempt unde	r section 501(c) o	r is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	tures		> \$	<u> </u>
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	> \$	i
2	Enter the amount of any excise tax	incurred by organization manager			
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a	a Was a correction made?				Yes No
	If "Yes." describe in Part IV.				
Pa	art I-C Complete if the org	janization is exempt unde	r section 501(c), e	except section 501(c	e)(3).
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt function	on activities	1
2	Enter the amount of the filing organ	nization's funds contributed to othe	er organizations for sec	ction 527	
	exempt function activities			> \$	i
3	Total exempt function expenditures				
	line 17b			> \$.
4	Did the filing organization file Form				
5	Enter the names, addresses and en				
	made payments. For each organiza	tion listed, enter the amount paid	from the filing organiza	ition's funds. Also enter th	e amount of political
	contributions received that were pre-	omptly and directly delivered to a	separate political orgar	nization, such as a separat	e segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	le information in Part I acktree	<i>I</i> .	
	(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 501(h)).	anization	n is exen	npt under sectio	n 501(c)(3) and file		ection under
expenses, and share	e of excess	lobbying e	expenditures).	n Part IV each affiliated	group member's nam	ne, address, EIN,
B Check ► if the filing organizat Limit (The term "expendent)	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to influ	ence public	c opinion (arassroots lobbying)			
b Total lobbying expenditures to influ	-					
c Total lobbying expenditures (add lir						
d Other exempt purpose expenditure						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Ente	r the amou	nt from the				
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable an	nount is:		
Not over \$500,000		20% of	the amount on line 1e) .		
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this y (Some organizations the	or less, en o on either /ear?	ter -0- line 1h or 	line 1i, did the organizeraging Period Unde	r Section 501(h) have to complete all o		Yes N
	Lobb	ying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	016	(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))						
• Grassroots labbying expanditures						

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 ASSOCIATION OF EVANGELICALS

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	(a	1)	(b)	
of the lobbying activity.	Yes	No	Amo	unt
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:		37		
a Volunteers?	v	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	Х		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
Publications, or published or broadcast statements? Create to other experizations for lebbying purposes?		X		
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х	21	3	,546.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		75101
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)?		Х		,
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	n 501(c)(5	<u>5), or sec</u>	tion	
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				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)		• •		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-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 expenditures)	cal			
expenses for which the section 527(f) tax was paid).				
a Current year				
b Carryover from last year				
c Total				
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 exc				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)				
Part IV Supplemental Information		5		
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 instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II-	A, lines 1 ar	nd 2 (see	
WORLD RELIEF PARTICIPATES IN ADVOCACY ON PUBLIC POLICY	ACTIV	TITIES	AT	
THE FEDERAL AND STATE LEVEL ON ISSUES RELATED TO THE (RGANIZ	ATION	'ន	
MISSION, FOCUSING ON THE MOST VULNERABLE INDIVIDUALS,	BUT RA	RELY		
ENGAGES IN ACTUAL LOBBYING, AND ALWAYS WITHIN LIMITS S	SET BY	THE II	RS	
REGULATIONS. REGARDING LOBBYING, WORLD RELIEF SUPPORTE			ACT,	-F7) 2019

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS

Employer identification number 23-6393344

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line			0.7.000	Oomplete	ii tile
	organization answered Tes on Torm 990, Fartiv, inte	(a) Donor advise	d funds	(b)	Funds and other ac	counts
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 wi	riting that the assets he	ld in donor advis	ed funds		
	are the organization's property, subject to the organization's ex	xclusive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor adv					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for an	y other purpose	conferring		
	impermissible private benefit?				Yes	No No
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes	s" on Form 990,	Part IV, lin	e 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (for example, recreation	on or education)	Preservation o	f a historic	ally important land	area
	Protection of natural habitat		Preservation o	f a certified	d historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	ution in the form	of a conse	ervation easement o	n the last
	day of the tax year.				Held at the End	of the Tax Year
а	Total number of conservation easements			2	2a	
b	Total acreage restricted by conservation easements			2	2b	
С	Number of conservation easements on a certified historic struc	cture included in (a)		2	2c	
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on	a historic structu	ure		
	listed in the National Register			2	2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished, or t	erminated by the	e organizat	ion during the tax	
	year ▶					
4	Number of states where property subject to conservation ease	ment is located				
5	Does the organization have a written policy regarding the period	• •				
	violations, and enforcement of the conservation easements it h					
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, an	d enforcing cons	servation e	easements during th	e year
_	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conserva	tion easen	nents during the yea	ar
_	> \$			(L) (A) (D) (')		
8	Does each conservation easement reported on line 2(d) above					
_	and section 170(h)(4)(B)(ii)?					No No
9	In Part XIII, describe how the organization reports conservation		•			
	balance sheet, and include, if applicable, the text of the footno	nte to the organization's	imanciai statem	ents that c	rescribes the	
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of A	Art. Historical Trea	asures. or Ot	ther Sim	ilar Assets.	
	Complete if the organization answered "Yes" on Form 9					
	If the organization elected, as permitted under FASB ASC 958.		enue statement a	and balanc	e sheet works	
	of art, historical treasures, or other similar assets held for publi	'				
	service, provide in Part XIII the text of the footnote to its finance					
b	If the organization elected, as permitted under FASB ASC 958,				neet works of	
	art, historical treasures, or other similar assets held for public e					
	provide the following amounts relating to these items:	, ,			,	
	(i) Revenue included on Form 990, Part VIII, line 1			ı	\$	
					\$	_
2	If the organization received or held works of art, historical treas				•	
-	the following amounts required to be reported under FASB AS			J, P. O	. -	
а	Revenue included on Form 990, Part VIII, line 1			ı	\$	
	Assets included in Form 990, Part X				\$	

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Schedule D (Form 990) 2019

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Other S	Similar A	ssets	(continu	ed)
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following that	t make sigr	nificant use	of its	•	,
	collection items (check all that apply):									
а	Public exhibition	C	t	Loan or exc	hange progra	am				
b	b Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	on's exemp	t purpose ir	n Part)	KIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma	intained as part of t	he orgar	nization's co	llection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								ne 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for o	contribution	s or other ass	sets not inc	cluded			
	on Form 990, Part X?							\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?	\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line 10				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (c	d) Three years	s back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	g, column (a)) held as:					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%								
С	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held ar	nd administer	red for the	organization	n		
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Acc	cumulated		(d) Book	/alue
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land			2	6,645.				26	<u>,645.</u>
	Buildings				6,485.		14,203		732	,282.
	Leasehold improvements				5,997.		22,526	_		,471.
	Equipment			4,15	7,983.		07,901		2,050	
	Other			3,57	0,541.	2,1	66,434		1,404	
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colun	nn (B). line 1	0c.))		4,626	,587.

Schedule D (Form 990) 2019

	F CORP. OF NA		
	OF EVANGELICATION	ALS 2	3-6393344 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-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 e	nd-of-vear market value
(1) INVESTMENT IN URWEGO BANK	49,030.	COST	
(2) INVESTMENT IN IMF HEKIMA	45,0500		
(3) S.A.C.A	844,236.	COST	
	011,230.	0051	
	641,659.	COST	
	041,039.	COS1	
(6)			
(7)			
(8)			
(9)	1 524 005		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	1,534,925.		
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	T #35
(a)	Description		(b) Book value
<u>(1)</u>			
(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 2	25.
1. (a) Description of liability		, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2019

(6) (7) (8)

ASSOCIATION OF EVANGELICALS

Par	Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	
1				1	71,169,056.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		105.004		
b	Donated services and use of facilities		195,804.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	145,877.		
е	Add lines 2a through 2d			2e	341,681. 70,827,375.
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:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	. 4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem	\\ <i>\\</i> ':4 -		5	70,827,375.
Par			Expenses per F	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	50 704 507
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:	1 1	105 001		
а	Donated services and use of facilities		195,804.		
b	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		98,773.		004 555
е	Add lines 2a through 2d			2e	294,577. 68,500,108.
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:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	. 4b			•
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	68,500,108.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part 2	X, line 2; Part XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional inforr	nation.		
חאם	шу ттып Э.				
PAR	T X, LINE 2:				
M 7 N	ACEMENM HAC DEVITEWED MUE MAY DOCUMTONG EO			ът пъ	AV VEADC
MAI	AGEMENT HAS REVIEWED THE TAX POSITIONS FOR	K LACH	OF THE OPE	IN T	AA IEARS
/ V =	ADC ENDED CEDMEMBED 20 2017 2010) OD EVD	הכשפט נ	□○ □□ □ス፻፫ ፮፻	тът	WORLD
(11	ARS ENDED SEPTEMBER 30, 2017-2019) OR EXP	ECTED .	IO BE TAKEN	TIM	WORLD
ם ביד	IEF'S SEPTEMBER 30, 2020 TAX RETURN AND H	AC CONT	שגעה תפטוויי	mu.	EDE ADE MA
KEL	TEF 5 SEPTEMBER 30, 2020 TAX RETURN AND HA	AS COM	THORED INAI	In.	EKE AKE NO
CT.	NIFICANT UNCERTAIN TAX POSITIONS THAT WOU	וח ספּרו	TIDE DECOCN	ттт	ראו דאו חעד
216	NIFICANI UNCERTAIN TAX POSITIONS THAT WOOD	ט גייט ער	JIKE KECOGN	<u> </u>	ON IN IRE
DIN	ANCIAL STATEMENTS.				
LII	ANCIAL STATEMENTS.				
סגם	T YT I.THE ID _ OFFED ADTICTMENTS.				
PAN	T XI, LINE 2D - OTHER ADJUSTMENTS:				
C A T	N ON EQUITY INVESTMENT				47 10 <i>4</i>
GAI	N ON EQUITY INVESTMENT				41,104.
FIIN	DRAISING EVENT EXPENSES				98 773
T. OT/	DRAISING EVENT EXPENSES				20,113.
тОπ	AL TO SCHEDULE D, PART XI, LINE 2D				145,877.
101	TO OCHEDONE D' LUKI VI' HIME AD				14J,UII•

Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	98,773.

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.

Name of the organization

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

WORLD RELIEF CORP. OF NATIONAL

ASSOCIATION OF EVANGELICALS 23-6393344 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? 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.) (e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total (b) Number of employees, (by type) (such as, fundraising, proexpenditures offices is a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND AGRICULTURE, ECONOMY, THE CARIBBEAN -INDUSTRY & INCOME, ANTIGUA & BARBUDA, EMERGENCY RELIEF. ARUBA, BAHAMAS PROGRAM SERVICES HEALTH, INTEGRATED 785,715. EAST ASIA AND THE PROGRAM SERVICES, GRANTS TO AGRICULTURE, PACIFIC - AUSTRALIA, RECIPIENTS LOCATED IN THE ANTI-TRAFFICKING, EII, BRUNEI, BURMA, EDUCATION, EMERGENCY REGION, MICROCREDIT CAMBODIA SERVICES RELIEF, HEALTH, 5 62 645,161. SUB-SAHARAN AFRICA -AGRICULTURE, EII, ANGOLA, BENIN, PROGRAM SERVICES, EDUCATION, EMERGENCY BOTSWANA, BURKINA FUNDRAISING, MICROCREDIT RELIEF, HEALTH, INTEGRATED PROJECTS 1028 SERVICES FASO 44 27,712,028. EUROPE (INCLUDING PARTNERSHIP TO SERVE THE TCELAND AND GRANTS TO RECIPIENTS MOST DEVESTATED IN THE GREENLAND) LOCATED IN THE REGION MIDDLE EAST 0 Λ 3,240. MIDDLE EAST AND AGRICULTURE, EMERGENCY RELIEF, INTEGRATED NORTH AFRICA -ALGERIA, BAHRAIN, PROJECTS, LOCAL PARTNER STRENGTHENING, PEACE DJIBOUTI, EGYPT 0 0 PROGRAM SERVICES 20,226. 53 1169 29,166,370. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I c Totals (add lines 3a

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

1169

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2019

29,166,370.

932071 10-12-19

and 3b)

Schedule F (Form 990) 2019

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

Schedule F (Form 990) 2019

SEE PART V FOR COLUMN (D) DESCRIPTIONS

3 Enter total number of other organizations or entities

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(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)
			HEALTH, NUTRITION,					
			WASH, AGRICULTURE AND					
		SUB-SAHARAN	FOOD SECURITY PROGRAM		WIRE FROM			
		AFRICA	SUPPORT	38,092.	HEADQUARTERS	0.		
			STRENGTHENING					
			COMMUNITY HEALTH					
		SUB-SAHARAN	OUTCOMES THROUGH		WIRE FROM			
		AFRICA	POSITIVE ENGAGEMENT	143,991.	HEADQUARTERS	0.		
		SUB-SAHARAN	EMERGENCY		WIRE FROM			
		AFRICA	HUMANITARIAN SUPPORT	10,000.	HEADQUARTERS	0.		
			FUNDS TO HELP EMPOWER					
			THE LOCAL CHURCH					
		SUB-SAHARAN	DISABILITY INCLUSION		WIRE FROM			
		AFRICA	IN KAPHUKA, MALAWI	5,000.	HEADQUARTERS	0.		
		EAST ASIA AND THE	EMERGENCY RESPONSE TO		WIRE FROM			
		PACIFIC	TYPHOON TISOY IN THE PHILIPPINES	20 000		0.		
		PACIFIC	PHILIPPINES	20,000.	HEADQUARTERS	0.		+
			DEVELOPMENT STRATEGIC		WIRE FROM	_		
			PLANS	118,957.	HEADQUARTERS	0.		<u> </u>
			HEALTH, NUTRITION,					
			WASH, AND AGRICULTURE					
		SUB-SAHARAN	AND FOOD SECURITY		WIRE FROM	_		
		AFRICA	PROGRAM SUPPORT	30,107.	HEADQUARTERS	0.		
			FUNDS TO HELP EXPAND					
			FINANCIAL ACCESS AND					
		SUB-SAHARAN	DIGITAL AND FINANCIAL		WIRE FROM	_		
		AFRICA	LITERACY	8,805.	HEADQUARTERS	0.		
			HEALTH, NUTRITION,					
		l	WASH, AND AGRICULTURE					
		MIDDLE EAST AND	AND FOOD SECURITY		WIRE FROM			
		NORTH AFRICA	PROGRAM SUPPOR	362,363.	HEADQUARTERS	0.		

Part II Continu		other Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r age z
1 (a) Name of organia	(h) IDS code of	ection (a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			FUNDS TO SUPPORT					
			EMERGENCY WATER					
		CENTRAL AMERICA	PROJECT IN THE		WIRE FROM			
		AND THE CARIBBEAN	BAHAMAS	27,000.	HEADQUARTERS	0.		
				1		I .		1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.								
(a)	Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019 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	X 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	X 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)	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "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	X No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 ASSOCIAT 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:

Schedule F (Form 990) 2019

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

Schedule F (Form 990) 2019 ASSOCIATION OF EVANGELICALS	23-0393344	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (according to the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (according to the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (according to the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (according to the information required by Part I) (according to the information required by Part II) (ac	unting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)	thod); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional info		
INCLUSION IN KAPHUKA, MALAWI PILOT PROJECT		
·		

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Open to Public

Name of the organization

WORLD RELIEF CORP. OF NATIONAL

Employer identification number

ASSOCIATION OF EVANGELICALS 23-6393344 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

932081 09-11-19

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-F7) 2019 ASSOCIATION OF EVANGELICALS

	<u></u>	C G (1 01111 330 01 330 LZ) Z013 112 D C C 211				TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT			
Pa	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.								
	Ι	of fundraising event contributions and give	(a) Event #1	(b) Event #2	(c) Other events	s greater than \$5,000.			
			SEATTLE 40TH	, <i>,</i>	(C) Other events	(d) Total events			
				DUPAGE-AUROR	10	(add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
e			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	303,634.	135,422.	404,943.	843,999.			
Œ									
	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.			
	4	Cash prizes							
	5	Noncash prizes							
ses									
oen	6	Rent/facility costs							
Direct Expenses									
ect	7	Food and beverages							
ä									
	8	Entertainment	25 010	15 700	46 070	07 007			
	9	Other direct expenses		15,708.	46,970.	97,897.			
	10	Direct expense summary. Add lines 4 through				97,897.			
D	11 11	Net income summary. Subtract line 10 from li		. 000 Dest IV line 10 and		39,554.			
ГС	11 L I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than				
		\$13,000 0111 01111 990-EZ, III1e 0a.	1	(b) Pull tabs/instant		(d) Total gaming (add			
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)			
Revenue				zgo, progressive zgo		(u) ug.: (v)/			
Be		Gross revenue							
	•	GIOSS TEVERIDE							
	2	Cash prizes							
irect Expenses									
pen	3	Noncash prizes							
Ä	-								
rect	4	Rent/facility costs							
Ö									
	5	Other direct expenses							
			Yes %	Yes%	Yes %				
	6	Volunteer labor	☐ No	☐ No	□ No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>				
9		ter the state(s) in which the organization condu	_						
		he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No			
b	If "	No," explain:							
	_								
40		are any of the every limit and a result of the	wolcod over-a-d-d-	moning at a district as the site.					
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No								
	12 11	Vac II avaloini							
E.) If "	Yes," explain:							
E.	If "	Yes," explain:							

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

WORLD RELIEF CORP. OF NATIONAL

Sch	edule G (Form 990 or 990-EZ) 2019 ASSOCIATION OF EVANGELICALS	<u> 23-6393344</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		40-	0/
	The organization's facility		%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	•	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	nt	
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Garming manager compensation \$\sigma \text{\$\frac{1}{2}}\$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III. lines 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,	,,
	100, 100, 10, and 110, an applicable. Also provide any additional illimitation. Coo methodicals.		
_			

WORLD RELIEF CORP. OF NATIONAL 23-6393344 Page 4 Schedule G (Form 990 or 990-EZ) ASSOCIATION OF EVANGELICALS Part IV Supplemental Information (continued)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

WORLD RELIEF CORP. OF NATIONAL

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number

ASSOCIATI	ON OF EVA	NGELICALS					23-6393344
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	_				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than				ed.	(s) Made and of	T	
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) at	-	-					
3 Enter total number of other organizations	s listed in the line	1 table			<u></u>	·····	> 0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) ASSOCIATION OF EVANGELICALS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SPECIFIC ASSISTANCE TO INDIVIDUALS	1152	0.	275,218.	FMV	FOOD AND HOUSEHOLD ITEMS
SPECIFIC ASSISTANCE TO INDIVIDUALS	27	0.	6,301.	FMV	CLOTHING
PECIFIC ASSISTANCE TO INDIVIDUALS	16	33,991.	0.	FMV	
PECIFIC 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.

Page 2

Part III Continuation of Grants and Other Assistance to Inc	lividuals in the Unite	d States (Schedule	e I (Form 990), Part II	l.)	- Tage 2
(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.		
	30.	2,002.			
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.		
DI BOTT TO INDIGITATION TO INDIVIDUADO	300.	121,330.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	742.	123,610.	0.		
INITIAL REFUGEE GRANTS	1,998.	1,735,452.	0.		

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						

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

➤ Attach to Form 990.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

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

WORLD RELIEF CORP. OF NATIONAL

ASSOCIATION OF EVANGELICALS

 $Employer\ identification\ number \\ 23-6393344$

			Yes	No
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.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (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	1b	Х	
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?	2	Х	
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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 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:			
а	The organization?	5a		X
	Any related organization?	5b		_X_
	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:			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		X
	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	7		<u>X</u>
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	۱۵		

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

Schedule J (Form 990) 2019

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) KEVIN SANDERSON	(i)	142,980.	0.	0.	5,875.	24,283.	173,138.	0.
CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT ARBEITER	(i)	109,210.	0.	0.	24,124.	23,000.	156,334.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EMILY GRAY	(i)	126,925.	0.	0.	0.	25,940.	152,865.	0.
SR VP US PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							

Schedule J (Form 990) 2019

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.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

WORLD RELIEF CORP. OF NATIONAL

Employer identification number

ASSOCIATION OF EVANGELICALS 23-6393344 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (a) Name of (b) Relationship (c) Purpose (i) Written (e) Original (f) Balance due (g) ln by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No **Total** Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (e) Purpose of (a) Name of interested person (c) Amount of (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2019

WORLD RELIEF CORP. OF NATIONAL Schedule L (Form 990 or 990-EZ) 2019 ASSOCIATION OF EVANGELICALS 23-6393344 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (b) Relationship between interested (a) Name of interested person (c) Amount of organization's person and the organization transaction transaction revenues? Yes No FRANCESCA ALBANO DAUGHTER OF CEO 93,537. EMPLOYMENT X 31,150.MANAGEMENT SON-IN-LAW OF CEO JOSEPH ALBANO Х 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 L (Form 990 or 990-EZ) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS

Employer identification number 23-6393344

Par	t 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 de noncash contribu	•	nts
1	Art - Works of art			-			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications	Х		1,973.	FMV		
5	Clothing and household goods	Х		379,042.	FMV		
6	Cars and other vehicles	Х	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	Х	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			60.000			
25	Other (MISCELLANEOUS)	X	1	68,820.	F'MV		
26	Other (ESL MATERIALS)	X	46	46,306.	F'MV		
27	Other (SCHOOL SUPPLI)	X	25	16,795.	F'MV		
28	Other ▶ (BICYCLE)	X	34	15,707.	F.W∧		
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 828	83, Part IV, I	Oonee Acknowledg	gement 29			Т
						Yes	s No
30a	During the year, did the organization receive by		• • • • •				
	must hold for at least three years from the date					00	- V
	exempt purposes for the entire holding period?	'				30a	<u> </u>
	If "Yes," describe the arrangement in Part II.	aliau that ra	autica tha ravious	of any nanatandard contribu	tions?	31 X	
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
32a				cit, process, or sell noncash		32a	х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,		
	describe in Part II.						

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

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and w is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination this part for any additional information.	hether the organization of both. Also complete
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	
932142 09-27-19	Schedule M (Form 990) 2019

Pari	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	

932142 09-27-19

SCHEDULE 0

(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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS

Employer identification number 23-6393344

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

THE MISSION OF WORLD RELIEF, AS ORIGINATED WITHIN THE NATIONAL

ASSOCIATION OF EVANGELICALS, IS TO EMPOWER THE LOCAL CHURCH TO SERVE

THE MOST VULNERABLE. IN COMMUNITY WITH THE LOCAL CHURCH, WORLD RELIEF

ENVISIONS THE MOST VULNERABLE PEOPLE TRANSFORMED ECONOMICALLY,

SOCIALLY, AND SPIRITUALLY.

WORLD RELIEF SEEKS TO OVERCOME VIOLENCE, POVERTY AND INJUSTICE. THROUGH
LOVE IN ACTION, WE BRING HOPE, HEALING AND RESTORATION TO MILLIONS OF
THE WORLD'S MOST VULNERABLE WOMEN, MEN AND CHILDREN THROUGH VITAL AND
SUSTAINABLE PROGRAMS IN DISASTER RESPONSE, HEALTH AND CHILD

DEVELOPMENT, ECONOMIC DEVELOPMENT AND PEACEBUILDING, AS WELL AS REFUGEE
AND IMMIGRATION SERVICES IN THE U.S. FOR 75 YEARS, WE'VE PARTNERED WITH
CHURCHES AND COMMUNITIES, CURRENTLY ACROSS MORE THAN 20 COUNTRIES, TO
PROVIDE RELIEF FROM SUFFERING AND HELP PEOPLE REBUILD THEIR LIVES.

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

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 **Employer identification number** 23-6393344 ASSOCIATION OF EVANGELICALS 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 VOLUNTEEERS 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:

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

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

Name of the organization WORLD RELIEF CORP. OF NATIONAL **Employer identification number** 23-6393344 ASSOCIATION OF EVANGELICALS 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 COUNTIES CLUSTER, WASH SERVICES ARE PRIMARILY INTEGRATED INTO OTHER PROGRAMS THROUGH HYGIENE PROMOTION AND

OTHER BEHAVIOR CHANGE PROGRAMING.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization WORLD RELIEF CORP. OF NATIONAL **Employer identification number** 23-6393344 ASSOCIATION OF EVANGELICALS 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.

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

Name of the organization WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS	Employer identification number 23-6393344
BUILD COMMUNITY RESILIENCE.	
IN FY2020, 159 PEACE COMMITTEES ESTABLISHED AND FUNCTI	ONING, AND 2,580
PEACEBUILDING VOLUNTEERS TRAINED PROVIDING 405,635 PEO	PLE 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 HUMA	N TRAFFICKING
PREVENTION, COMMUNITY PROTECTION, AND SAFE MIGRATION	
627 PEOPLE RECEIVING ANTI-TRAFFICKING EDUCATION AND TR	AINING.
SOUTH AND SOUTH EAST ASIA: 627 INDIVIDUALS	
IN THE US, WORLD RELIEF SERVED 45 SURVIVORS OF HUMAN T	RAFFICKING WITH
AN ADDITIONAL 34 FAMILY MEMBERS THROUGH HOLISTIC SERVI	CES. WE PROVIDED
AWARENESS AND OUTREACH TO 546 PARTICIPANTS AND TRAININ	G FOR 356
PARTICIPANTS. TOTAL BENEFICIARIES: 981.	

STOCKHOLDER.

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

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

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

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

Employer identification number 23-6393344

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
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 MEE	ETS REGULARLY
AND REVIEWS ISSUES RELATED TO THE ANNUAL AUDIT, THE 990 AN	ID ANY OTHER
ADDITIONAL AUDITS BEING CONDUCTED IN THE ORGANIZATION. THE	E AUDIT
COMMITTEE IS ALSO RESPONSIBLE FOR THE SELECTION OF AN INDE	EPENDENT AUDIT
FIRM TO CONDUCT THE ANNUAL AUDIT.	_
	_

SCHEDULE R (Form 990)

Part I

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.

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

(a)

Name, address, and EIN (if applicable)

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

(b)

Primary activity

Employer identification number 23-6393344

(f)

Direct controlling

of disregarded entity		foreign country)			е	ntity	
WORLD RELIEF GLOBAL DEVELOPMENT LLC -					WORLD RELIE	?	
45-3236548, 7 EAST BALTIMORE STREET,					CORPORATION	OF NAT	IONAL
BALTIMORE, MD 21202	DEBT MANAGEMENT	DELAWARE		0.	0. ASSOCIATION	OF	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	I tions. Complete if the organization	n answered "Yes" on Form 990	Part IV, line 34, b	ecause it had one	or more related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)	(f)	(g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	, 1		512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NATIONAL ASSOCIATION OF EVANGELICALS							
P.O. BOX 23269							
WASHINGTON, DC 20026		DISTRICT OF COLUMBIA	501(C)(3)	1			Х
-							

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

Schedule R (Form 990) 2019

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

		,	ı	•			_								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income	Predominant income	Predominant income Sha	Share of total	hare of total Share of		Disproportionate allocations? Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	20 of Schedule	partner	ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0				
	l	l .					l								

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i) ction b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	end-of-year	Percentage ownership	contr	b)(13) rolled tity?
		country)		or trust)		assets		Yes	No
IMF HEKIMA S.A.C.A.									
002 BOULEVARD NYIRAGONGO		CONGO							
GOMA, PROVINCE OF NORTH-KIVU, CONGO	MICROENTERPRISE	(KINSHASA		C CORP			49.95%		X
TURAME COMMUNITY FINANCE, S.A.									
P.O. BOX 2893, AVENUE DE LA REVOLUTION NO. 33									
BUJUMBURA, BURUNDI	MICROENTERPRISE	BURUNDI		C CORP			44.27%		X
URWEGO BANK									
UMUYENZI PLAZA 3RD FLOOR, KG 5 RD, P.O. BOX 7									
KIGALI, RWANDA	MICROENTERPRISE	RWANDA		C CORP			1.00%		X

Schedule R (Form 990) 2019

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

Schedule R (Form 990) 2019

X

Yes No

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

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	2	
					1b	Σ	K_
С	Gift, grant, or capital contribution from related organization(s)				1c	Σ	K_
	Loans or loan guarantees to or for related organization(s)				1d	Σ	Κ
	Loans or loan guarantees by related organization(s)				1e	2	<u> </u>
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		<u> </u>
h	Purchase of assets from related organization(s)				1h		<u> </u>
i	Exchange of assets with related organization(s)				1i	2	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	2	<u> </u>
							_
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	7	
ı	Performance of services or membership or fundraising solicitations for related organization				11		<u>K</u> _
	n Performance of services or membership or fundraising solicitations by related organization				1m		<u>K</u>
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		<u>K</u> _
0	Sharing of paid employees with related organization(s)				10	2	<u> </u>
						٠,	_
р	Reimbursement paid to related organization(s) for expenses				1p	2	
q	Reimbursement paid by related organization(s) for expenses				1q	- 2	<u>X</u>
						١,	
	Other transfer of cash or property to related organization(s)				1r	2	
	Other transfer of cash or property from related organization(s)				1s	Σ	<u></u>
2	If the answer to any of the above is "Yes," see the instructions for information on who must	st complete th	is line, including covered re	lationships and transaction thresholds.			_
		(b) ransaction type (a-s)	(c) Amount involved	(d) Method of determining amount invol	olved		
1)							
۵۱							
2)							—
۵۱							
3)							—
۸۱							
4)							_
5)							
<u> </u>							—
6)							
	33 09-10-19		l l	Schedule F	R (Form	990) 20	19
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2019

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
ASSOCIATION OF EVANGEDICADS
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)