

EXTENDED TO AUGUST 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2023**Open to Public
Inspection**A** For the 2023 calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024****B** Check if applicable:

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

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

Doing business as

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

1220B E. JOPPA RD, STE 400D

Room/suite

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

TOWSON, MD 21286**F** Name and address of principal officer: **MYAL GREENE****SAME AS C ABOVE****D** Employer identification number**23-6393344****E** Telephone number**443-451-1900****G** Gross receipts \$**194,756,711.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.WR.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1946****M** State of legal domicile: **DE****Part I Summary**

| | | | |
|-----------------------------|--|---|--|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: TO BOLDLY ENGAGE THE WORLD'S GREATEST CRISES IN PARTNERSHIP WITH THE CHURCH. | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 17 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 16 |
| | 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 1301 |
| | 6 | Total number of volunteers (estimate if necessary) | 26996 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 159,991,074. |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,281,188. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,196,746. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 612,623. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 163,081,631. |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | 0. |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 74,672,569. |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | 0. |
| b | | Total fundraising expenses (Part IX, column (D), line 25) | 7,066,442. |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 45,048,845. |
| 18 | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 162,281,800. |
| 19 | | Revenue less expenses. Subtract line 18 from line 12 | 799,831. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 57,427,626. |
| | 21 | Total liabilities (Part X, line 26) | 25,227,259. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 32,200,367. |
| | | | |

Part II Signature Block

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

| | | | | |
|--|---|------------------------------------|---------------------|--|
| Sign Here | Signature of officer | | Date | |
| | DICK OYIEKO, CHIEF FINANCIAL OFFICER | | 06/16/2025 | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> PTIN |
| | HARRISON PEREIRA | | 06/18/25 | P00746867 |
| Firm's name | Firm's EIN | | Phone no. | |
| | TAIT, WELLER & BAKER LLP | 23-1144520 | 215-979-8800 | |
| Firm's address | | | | |
| TWO LIBERTY PL, 50 S. 16TH ST, STE 2900 | | PHILADELPHIA, PA 19102-2529 | | |

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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

332001 12-21-23

Form **990** (2023)

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO BOLDLY ENGAGE THE WORLD'S GREATEST CRISES IN PARTNERSHIP WITH THE CHURCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 110,123,173. including grants of \$ 40,832,172.) (Revenue \$ 648,852.)
REFUGEE ASSISTANCE: WORLD RELIEF PROVIDE BASIC NEEDS AND INITIAL RESETTLEMENT SERVICES, IN PARTNERSHIP WITH LOCAL CHURCHES AND VOLUNTEERS, TO REFUGEES FORCED TO FLEE PERSECUTION IN THEIR HOMELAND. OTHER EXTENDED SERVICES PROVIDED TO THESE AND OTHER INDIVIDUALS, INCLUDING ENGLISH LANGUAGE TRAINING, EMPLOYMENT ASSISTANCE, EXTENDED CASE MANAGEMENT AND OTHER SOCIAL ADJUSTMENT SERVICES.

4b (Code:) (Expenses \$ 19,605,485. including grants of \$ 3,286,238.) (Revenue \$)
HEALTH AND NUTRITION: WR IMPLEMENTS HEALTH, NUTRITION INTERVENTIONS AS PART OF ITS RESILIENCE PROGRAMMING. PROJECT ACTIVITIES INCLUDE RISK COMMUNICATION AND COMMUNITY ENGAGEMENT, HEALTH SYSTEMS SUPPORT, ESSENTIAL HEALTH SERVICES, PROCUREMENT AND USE OF PHARMACEUTICALS AND OTHER MEDICAL COMMODITIES, AND SERVICE DELIVERY IN PUBLIC HEALTH EMERGENCIES. THIS SECTOR ALSO INCLUDES PROJECTS WITH HEALTH PROGRAMMING PRIMARILY FOCUSED ON TECHNICAL ASSISTANCE AND HEALTH SYSTEMS CAPACITY STRENGTHENING. WR WORKS TO PREVENT AND TREAT MALNUTRITION AMONG CHILDREN, PREGNANT WOMEN AND LACTATING MOTHERS. THIS INCLUDES WORK IN FACILITATING MATERNAL, INFANT, AND YOUNG CHILD NUTRITION IN EMERGENCIES AND IMPROVING EMERGENCY SERVICES FOR CASES OF SEVERE ACUTE MALNUTRITION AND MODERATE ACUTE MALNUTRITION AT COMMUNITY LEVEL.

4c (Code:) (Expenses \$ 11,301,552. including grants of \$ 1,288,015.) (Revenue \$)
AGRICULTURE DEVELOPMENT: PROGRAMS IN THIS SECTOR INCLUDE AGRICULTURAL PROGRAMMING SUCH AS AGRICULTURE FOR LIFE (A FIELD FARMER SCHOOL METHODOLOGY), IMPROVING AGRICULTURAL PRODUCTION WITH TRAINING OR INPUTS, SEED SYSTEM SECURITY, LIVESTOCK, AND IRRIGATION. IT ALSO INCLUDES BROADER PROGRAMMING THAT SUPPORTS ENVIRONMENTAL IMPACTS, PLANTING TREES AND PROMOTING BIODIVERSITY AND CONSERVATION AGRICULTURE PROGRAMS (INCLUDING IMPLEMENTING PRACTICES LIKE REDUCED TILLAGE, COVER CROPPING, ETC.). AGRICULTURE PROGRAMMING IS CONDUCTED IN HUMANITARIAN CONTEXTS AS WELL AS STABLE CONTEXT COUNTRIES AS PART OF WORLD RELIEF'S RESILIENCE PROGRAMMING.

IN FY2024, 169,647 FARMERS WERE SUPPORTED WITH AGRICULTURAL OR

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

(Expenses \$ 24,454,920. including grants of \$ 4,735,759.) (Revenue \$ 1,772,612.)

4e Total program service expenses 165,485,130.

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**WORLD RELIEF CORP. OF NATIONAL
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Part IV Checklist of Required Schedules

| | Yes | No |
|---|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i> | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

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Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

| | Yes | No |
|---|---------------|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a 452 | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |

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

| | Yes | No |
|--|------------|-------------|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 1301 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for 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? | 5a | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | X |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 Section 501(c)(12) organizations. Enter: | | |
| a Gross income from members or shareholders | 11a | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c Enter the amount of reserves on hand | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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 the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|--|-----------|-----------|----------|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 17 | |
| 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 | 1b | 16 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 Did the organization have members or stockholders? | 6 | X | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | X | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | X | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
DICK OYIEKO - (443) 451-1900
1220B E. JOPPA RD, STE 400D, TOWSON, MD 21286

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

Form 990 (2023)

23-6393344 Page **7**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MYAL N. GREENE PRESIDENT & CEO | 40.00 | X | | X | | | | 205,678. | 0. | 49,245. |
| (2) LANRE WILLIAMS-AYEDUN SVP, INT'L PROGRAMS | 40.00 | | | X | | | | 156,273. | 0. | 43,403. |
| (3) KEVIN SANDERSON CHIEF ADMINISTRATIVE OFFIC | 40.00 | | | X | | | | 160,652. | 0. | 38,008. |
| (4) DICK W. OYIEKO CFO | 40.00 | | | X | | | | 142,445. | 0. | 29,964. |
| (5) AERLANDE P. WONTAMO SVP, US PROGRAM | 40.00 | | | X | | | | 156,680. | 0. | 13,080. |
| (6) DEVINA SHAH DIRECTOR, HO | 40.00 | | | | X | | | 125,686. | 0. | 36,074. |
| (7) ALEXIS T. BROWN CHIEF PEOPLE OFFICER | 40.00 | | | | X | | | 131,057. | 0. | 28,391. |
| (8) JEFFREY D. WALSER VP OF STRATEGIC ENGAGEMENT | 40.00 | | | | X | | | 124,384. | 0. | 34,065. |
| (9) MEDARD NGUEITA EXEC DIR, WESTERN WASHINGT | 40.00 | | | | X | | | 134,038. | 0. | 18,119. |
| (10) FRANCESCA L. ALBANO VP, MARKETING AND BRAND | 40.00 | | | | X | | | 132,359. | 0. | 12,033. |
| (11) ERIN DONOVAN CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (12) JOHN CUSEY VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (13) DR. JOSE VELAZQUEZ SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (14) MATTHEW GERKENS TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (15) DR. GALEN CAREY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) DR. WALTER KIM BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) DAKOTA PIPPINS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |

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

Form 990 (2023)

23-6393344 Page **8**

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) DR. CARRIE D. TIBBLES BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) MINDY BELZ BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) LIZ DONG BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) DR. JOANN FLETT BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) DAVID VAZQUEZ BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) DURMOMO GARY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) HELEN KAMINSKI BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) COBIE LANGERAK BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) PAT MAZOROL BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,469,252. | 0. | 302,382. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,469,252. | 0. | 302,382. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **23**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---------------------------------------|---------------------|
| THE ULTIMATE SOFTWARE GROUP 200 ULTIMATE WAY, WESTON, FL 33326 | PAYROLL AND HUMAN CAPITAL SERVICES | 379,389. |
| KATHLEEN D LESLIE DBA KD LESLIE LLC, 1209 N CHARLES ST, #102, BALTIMORE, MD 21201 | LEGAL | 223,823. |
| PINKSTON GROUP, INC., 3110 FAIRVIEW PARK DR SUITE 1400, FALLS CHURCH, VA 22042 | PR/MEDIA RETAINER FEES | 190,583. |
| MARK BECKNER PO BOX 2185, GRAND JUNCTION, CO 81502 | CONSULTING SERVICES | 175,300. |
| TSC, INC., 194 BUSINESS PARK DRIVE, RIDGELAND, MS 39157 | PRINTING SERVICES | 132,934. |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

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

332201
04-01-23

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

Form 990 (2023)

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Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|--|--|--------------------------------------|----------------------|--|--------------------------------------|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 272,966. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 152,985,187. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 38,647,421. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 5,036,443. | | | | |
| | h Total. Add lines 1a-1f | | | | | | |
| Program Service Revenue | 2 a CLIENT FEES | Business Code | 624100 | 936,984. | 936,984. | | |
| | b TRAVEL LOAN COMMISSION | | 624100 | 648,852. | 648,852. | | |
| | c MED BANKING REVENUE | | 624100 | 3,990. | 3,990. | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 1,589,826. | | | |
| | Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 289,632. | | |
| 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| 5 Royalties | | | | | | | |
| 6 a Gross rents | | 6a | (i) Real (ii) Personal 11,100. | | | | |
| b Less: rental expenses ... | | 6b | 0. | | | | |
| c Rental income or (loss) | | 6c | 11,100. | | | | |
| d Net rental income or (loss) | | | | 11,100. | | | 11,100. |
| 7 a Gross amount from sales of assets other than inventory | | 7a | (i) Securities (ii) Other 41,778. | | | | |
| b Less: cost or other basis and sales expenses | | 7b | 100,555. | | | | |
| c Gain or (loss) | | 7c | -58,777. | | | | |
| d Net gain or (loss) | | | | -58,777. | | | -58,777. |
| 8 a Gross income from fundraising events (not including \$ 272,966. of contributions reported on line 1c). See Part IV, line 18 | | 8a | 87,163. | | | | |
| b Less: direct expenses | | 8b | 447,205. | | | | |
| c Net income or (loss) from fundraising events | | | | -360,042. | | | -360,042. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS | Business Code | 624100 | 831,638. | 831,638. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 831,638. | | | |
| | 12 Total revenue. See instructions | | | 194208951. | 2,421,464. | 0. | -118,087. |

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

Form 990 (2023)

23-6393344 Page **10**

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 7,057,816. | 7,057,816. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 38,481,758. | 38,481,758. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 4,602,611. | 4,602,611. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,054,471. | 864,412. | 132,580. | 57,479. |
| 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 | 77,818,062. | 63,734,076. | 9,824,622. | 4,259,364. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,038,894. | 1,671,402. | 256,353. | 111,139. |
| 9 Other employee benefits | 10,663,841. | 8,561,398. | 1,482,372. | 620,071. |
| 10 Payroll taxes | 4,929,240. | 4,040,790. | 619,760. | 268,690. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 202,510. | 140,674. | 42,285. | 19,551. |
| c Accounting | 144,867. | 100,632. | 30,249. | 13,986. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 68,500. | | | 68,500. |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 5,082,017. | 3,539,515. | 1,101,654. | 440,848. |
| 12 Advertising and promotion | 7,436,356. | 6,271,728. | 547,955. | 616,673. |
| 13 Office expenses | 1,281,159. | 964,394. | 201,210. | 115,555. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 4,799,499. | 4,602,242. | 197,257. | |
| 17 Travel | 3,664,420. | 2,531,973. | 831,207. | 301,240. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 467,641. | 323,122. | 106,076. | 38,443. |
| 20 Interest | 42,983. | 28,232. | 9,991. | 4,760. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,082,971. | 760,483. | 322,488. | |
| 23 Insurance | 710,184. | 309,949. | 400,235. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a PROGRAM COST | 16,126,213. | 16,126,039. | 174. | |
| b BANK CHARGES | 339,445. | 222,950. | 78,904. | 37,591. |
| c BOOKS AND SUBSCRIPTIONS | 241,152. | 158,391. | 56,056. | 26,705. |
| d DUES AND ASSESSMENTS | 135,263. | 88,842. | 31,442. | 14,979. |
| e All other expenses | 459,343. | 301,701. | 106,774. | 50,868. |
| 25 Total functional expenses. Add lines 1 through 24e | 188,931,216. | 165,485,130. | 16,379,644. | 7,066,442. |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

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

Form 990 (2023)

23-6393344 Page **11**

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 21,951,519. | 1 | 17,624,868. |
| | 2 Savings and temporary cash investments | 8,202,665. | 2 | 8,451,792. |
| | 3 Pledges and grants receivable, net | 17,304,412. | 3 | 27,284,916. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 662,765. | 9 | 2,151,528. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 11,722,726. | | |
| | b Less: accumulated depreciation | 6,585,455. | | |
| | 11 Investments - publicly traded securities | 4,610,561. | 10c | 5,137,271. |
| | 12 Investments - other securities. See Part IV, line 11 | 267,314. | 11 | 332,397. |
| | 13 Investments - program-related. See Part IV, line 11 | 1,391,184. | 12 | |
| | 14 Intangible assets | | 13 | 1,303,712. |
| | 15 Other assets. See Part IV, line 11 | 3,037,206. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 57,427,626. | 15 | 3,881,567. | |
| 17 Accounts payable and accrued expenses | 11,581,629. | 16 | 66,168,051. | |
| 18 Grants payable | | 17 | 14,560,989. | |
| 19 Deferred revenue | 10,608,424. | 18 | | |
| 20 Tax-exempt bond liabilities | | 19 | 10,823,401. | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | | |
| 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties | | 22 | | |
| 24 Unsecured notes and loans payable to unrelated third parties | | 23 | | |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 3,037,206. | 24 | | |
| 26 Total liabilities. Add lines 17 through 25 | 25,227,259. | 25 | 3,881,567. | |
| 27 Net assets without donor restrictions | 24,149,940. | 26 | 29,265,957. | |
| 28 Net assets with donor restrictions | 8,050,427. | | | |
| 29 Capital stock or trust principal, or current funds | | 27 | 27,881,445. | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | | 28 | 9,020,649. | |
| 31 Retained earnings, endowment, accumulated income, or other funds | | 29 | | |
| 32 Total net assets or fund balances | 32,200,367. | 30 | | |
| 33 Total liabilities and net assets/fund balances | 57,427,626. | 31 | 36,902,094. | |

Form **990** (2023)

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

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 194,208,951. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 188,931,216. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 5,277,735. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 32,200,367. |
| 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 | -576,008. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 36,902,094. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

| | Yes | No |
|---|-----------|----------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 2c | X |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | 3a | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | 3b | X |

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Employer identification number
23-6393344

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 66802055. | 85984027. | 125163664 | 159991074 | 191905574 | 629846394 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 66802055. | 85984027. | 125163664 | 159991074 | 191905574 | 629846394 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 629846394 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 66802055. | 85984027. | 125163664 | 159991074 | 191905574 | 629846394 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 143,703. | 31,770. | 47,644. | 81,765. | 300,732. | 605,614. |
| 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.) | 733,793. | 513,154. | 863,840. | 986,077. | 831,638. | 3928502. |
| 11 Total support. Add lines 7 through 10 | | | | | | 634380510 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 9,069,198. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|-------------------------------------|
| 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.29 % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 99.08 % |
| 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Schedule A (Form 990) 2023

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

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on 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.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

| | | |
|---|-----------|---|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2022 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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 on line 2, above, 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 supported organizations played in this regard. | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 on line 2a, above, 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 lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" 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 "Yes," describe in Part VI the role played by the organization in this regard. | | |
| 3b | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 0.015 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 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990) 2023

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

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

| Section D - Distributions | | Current Year |
|---------------------------|---|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2023 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|---|---|--|---|
| 1 | Distributable amount for 2023 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2023 | | |
| a | From 2018 | | |
| b | From 2019 | | |
| c | From 2020 | | |
| d | From 2021 | | |
| e | From 2022 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2023 distributable amount | | |
| i | Carryover from 2018 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2023 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2023 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2019 | | |
| b | Excess from 2020 | | |
| c | Excess from 2021 | | |
| d | Excess from 2022 | | |
| e | Excess from 2023 | | |

Schedule A (Form 990) 2023

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**

2019 AMOUNT: \$ 733,793.

2020 AMOUNT: \$ 513,154.

2021 AMOUNT: \$ 863,840.

2022 AMOUNT: \$ 986,077.

2023 AMOUNT: \$ 831,638.

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

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

Schedule C (Form 990) 2023

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

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

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

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
(election under section 501(h)).For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description
of the lobbying activity.

| | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 55,017. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 55,017. |
| 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

WORLD RELIEF PARTICIPATES IN ADVOCACY ON PUBLIC POLICY ACTIVITIES AT

THE FEDERAL AND STATE LEVEL ON ISSUES RELATED TO THE ORGANIZATION'S

MISSION, FOCUSING ON THE MOST VULNERABLE INDIVIDUALS, BUT RARELY

ENGAGES IN ACTUAL LOBBYING, AND ALWAYS WITHIN LIMITS SET BY THE IRS

REGULATIONS. REGARDING LOBBYING, WORLD RELIEF SUPPORTED THE DIGNITY ACT

Part IV Supplemental Information *(continued)*

AND AFGHAN ADJUSTMENT ACT. WORLD RELIEF DOES NOT CONTRIBUTE TO OR
PARTICIPATE IN ELECTION CAMPAIGNS. IT DOES NOT ENDORSE CANDIDATES FOR
ELECTIVE OFFICE, NOR DOES IT PUBLISH OR DISTRIBUTE INFORMATION THAT
DIRECTLY OR INDIRECTLY ENDORSES OR OPPOSES A CANDIDATE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Employer identification number
23-6393344

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a ☐ Public exhibition d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 108,938. | | | | |
| b Contributions | | 104,977. | | | |
| c Net investment earnings, gains, and losses | 21,852. | 4,427. | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 1,467. | 466. | | | |
| g End of year balance | 129,323. | 108,938. | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
- b Permanent endowment .0000 %
- c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 274. | | 274. |
| b Buildings | | 926,348. | 180,560. | 745,788. |
| c Leasehold improvements | | 76,514. | 76,514. | 0. |
| d Equipment | | 5,093,235. | 3,063,173. | 2,030,062. |
| e Other | | 5,626,355. | 3,265,208. | 2,361,147. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 5,137,271. |

Schedule D (Form 990) 2023

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

Schedule D (Form 990) 2023

23-6393344 Page **3**

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

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

| (a) Description | (b) Book value |
|---|-------------------|
| (1) RIGHT-OF-USE ASSETS | 3,881,567. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 3,881,567. |

Part X Other Liabilities

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

| 1. (a) Description of liability | (b) Book value |
|---|-------------------|
| (1) Federal income taxes | |
| (2) LEASE LIABILITIES | 3,881,567. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 3,881,567. |

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

Schedule D (Form 990) 2023

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

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

| | | | |
|---|---|----|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 194,835,682. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | 172,044. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 454,687. |
| e | Add lines 2a through 2d | 2e | 626,731. |
| 3 | Subtract line 2e from line 1 | 3 | 194,208,951. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 194,208,951. |

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

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

| | | | |
|---|--|----|--------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 189,550,465. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 172,044. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 447,205. |
| e | Add lines 2a through 2d | 2e | 619,249. |
| 3 | Subtract line 2e from line 1 | 3 | 188,931,216. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 188,931,216. |

Part XIII Supplemental Information

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

PART X, LINE 2:

MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEARS

(YEARS ENDED SEPTEMBER 30, 2021-2023) OR EXPECTED TO BE TAKEN IN WORLD

RELIEF'S SEPTEMBER 30, 2024 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO

SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE

FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON EQUITY INVESTMENT 7,482.

FUNDRAISING EVENT EXPENSES 447,205.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 454,687.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

Employer identification number

23-6393344

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|--|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 7 | 120 | PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN THE REGION. | ECONOMY, INDUSTRY & INCOME, EDUCATION, EMERGENCY RELIEF, HEALTH, LOCAL PARTNER | 3,559,884. |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 4 | 24 | PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN THE REGION, MICROCREDIT SERVICES | CHILD DEVELOPMENT, EMERGENCY RELIEF, LOCAL PARTNER STRENGTHENING, PROGRAM FIELD OPERATIONS | 628,760. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 50 | 1091 | PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN THE REGION MICROCREDIT SERVICES. | AGRICULTURE, ECONOMY, INDUSTRY & INCOME, EDUCATION, EMERGENCY RELIEF, HEALTH, LOCAL | 39,899,480. |
| EUROPE (INCLUDING ICELAND AND GREENLAND) | 1 | 4 | PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN THE REGION | EMERGENCY RELIEF, PROGRAM FIELD OPERATIONS, PARTNERSHIP TO SERVE THE MOST | 618,976. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 62 | 1239 | | | 44,707,100. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 62 | 1239 | | | 44,707,100. |

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

Schedule F (Form 990) 2023

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---|---|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEM PREPAREDNESS ADDITIONAL FINANCING | 49,318. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | RESTORING PEACEFUL COEXISTENCE FOR BETTER LIVELIHOODS | 276,837. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | FOOD ASSISTANCE | 31,298. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEM PREPAREDNESS ADDITIONAL FINANCING | 691,623. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | EMERGENCY RESPONSE GEZIRA PROJECT - DRA | 341,508. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | WATER, SANITATION AND HYGIENE AND GENERAL PROTECTION | 131,928. | WIRE FROM HEADQUARTERS | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | EMERGENCY RESPONSE | 192,200. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | RECONCILIATION, STABILIZATION AND RESILIENCE | 424,063. | WIRE FROM HEADQUARTERS | 0. | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **29**

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

Schedule F (Form 990) 2023

SEE PART V FOR COLUMN (D) DESCRIPTIONS

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|--|---|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | RELIEF PROJECT PALESTINE 2023 | 107,755. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | INTEGRATED PROGRAMS | 68,873. | WIRE FROM HEADQUARTERS | 0. | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | RESTORING PEACEFUL COEXISTENCE FOR BETTER LIVELIHOODS | 202,206. | WIRE FROM HEADQUARTERS | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | MULTISECTORAL INTERVENTIONS HEALTH, WASH, PROTECTION & FSL SUDAN | 716,208. | WIRE FROM HEADQUARTERS | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | MOROCCORISE: REBUILD HOE AFTER QUAKE | 100,000. | WIRE FROM HEADQUARTERS | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | EMERGENCY SUPPORT TO THE MOST VULNERABLE CONFLICT AFFECTED PERSONS IN GAZA. | 110,000. | | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | INTEGRATED HUMANITARIAN EMERGENCY RESPONSE: HEALTH, NUTRITION, | 22,281. | WIRE FROM HEADQUARTERS | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | INTEGRATED DEVELOPMENT AND RESILIENCE INITIATIVE IN SOUTH KORDAFAN AND | 35,288. | WIRE FROM HEADQUARTERS | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | SUPPORT, COLLABORATION TO LOCAL EVANGELICAL CHURCH STRENGTHENING | 6,440. | WIRE FROM HEADQUARTERS | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|------------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA | TRAINING OF PASTORS IN BIBLE INTERPLETATION | 23,519. | WIRE FROM HEADQUARTERS | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | MULTISECTORAL INTERVENTIONS HEALTH, WASH, PROTECTION & FSL SUDAN | 481,464. | WIRE FROM HEADQUARTERS | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | GENERAL FOOD ASISTANCE | 5,040. | WIRE FROM HEADQUARTERS | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | MULTISECTORAL INTERVENTIONS HEALTH, WASH, PROTECTION & FSL SUDAN | 211,689. | WIRE FROM HEADQUARTERS | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | GAZA WASH EMERGENCY RESPONSE. | 100,000. | WIRE FROM HEADQUARTERS | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | FOOD CRISIS RESPONSE | 73,073. | WIRE FROM HEADQUARTERS | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | GAZA HUMANITARIAN RELIEF 2024. | 200,000. | WIRE FROM HEADQUARTERS | 0. | | |
| | | | | | | | | |
| | | | | | | | | |

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 the Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2023

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: ECONOMY, INDUSTRY & INCOME, EDUCATION, EMERGENCY RELIEF, HEALTH, LOCAL PARTNER STRENGTHENING, PROGRAM FIELD OPERATIONS

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

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGRICULTURE, ECONOMY, INDUSTRY & INCOME, EDUCATION, EMERGENCY RELIEF, HEALTH, LOCAL PARTNER STRENGTHENING, PEACE BUILDING, PROGRAM FIELD OPERATIONS, WATER & SANITATION

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: EMERGENCY RELIEF, PROGRAM FIELD OPERATIONS, PARTNERSHIP TO SERVE THE MOST DEVASTATED IN THE MIDDLE EAST

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 II, COLUMN (D):

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

(D) PURPOSE OF GRANT: INTEGRATED DEVELOPMENT AND RESILIENCE INITIATIVE
IN SOUTH KORDOFAN AND BLUE NILE STATES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: INTEGRATED HUMANITARIAN EMERGENCY RESPONSE:
HEALTH, NUTRITION, WASH, AGRICULTURE, AND EARLY RECOVERY AND MARKET
SYSTEMS (ERMS) PROGRAM

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: INTEGRATED DEVELOPMENT AND RESILIENCE INITIATIVE
IN SOUTH KORDAFAN AND BLUE NILE STATES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: SUPPORT, COLLABORATION TO LOCAL EVANGELICAL CHURCH
STRENGTHENING DISCIPLESHIP AND EVANGELIZATION.

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

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

Employer identification number
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.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

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.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| GENERIS SOLUTIONS, LLC - 6455 E. JOHNS CROSSING, JOHNS | CONSULTING ON CREATION OF A MAJOR DEVELOPMENT | | X | 0. | 39,000. | -39,000. |
| NEXT AFTER LLC - 5810 TENNYSON PARKWAY #102, PLANO, | DATA ANALYSIS TO CRAFT MARKETING MESSAGES TO | | X | 0. | 29,500. | -29,500. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | 68,500. | -68,500. |

- 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.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
 MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
 DC

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

LHA 332081 09-13-23

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

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

| | | (a) Event #1 WWA WE BELONG GALA | (b) Event #2 CHICAGOLAND SPRING LUNCH | (c) Other events 7 | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|---------------------------------------|---|-----------------------|--|
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 140,540. | 61,948. | 136,657. | 339,145. |
| | 2 Less: Contributions | 96,518. | 48,548. | 107,724. | 252,790. |
| | 3 Gross income (line 1 minus line 2) | 44,022. | 13,400. | 28,933. | 86,355. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 171,521. | 76,926. | 169,699. | 418,146. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 418,146. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -331,791. |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** 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
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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 amount 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 \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ 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 \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: GENERIS SOLUTIONS, LLC

(I) ADDRESS OF FUNDRAISER: 6455 E. JOHNS CROSSING , JOHNS CREEK, GA 30097

(II) ACTIVITY: CONSULTING ON CREATION OF A MAJOR DEVELOPMENT INITIATIVE

(I) NAME OF FUNDRAISER: NEXT AFTER LLC

(I) ADDRESS OF FUNDRAISER: 5810 TENNYSON PARKWAY #102, PLANO, TX 75024

(II) ACTIVITY: DATA ANALYSIS TO CRAFT MARKETING MESSAGES TO ENGAGE DONORS A

| | |
|----------------|--|
| Part IV | Supplemental Information <i>(continued)</i> |
|----------------|--|

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Employer identification number
23-6393344

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash 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) | 2,573,780. | 0. | | | DIRECTLY FUNDED THE RESETTLEMENT AND PROCESSING OF REFUGEES |
| MOTHER AFRICA 1209 CENTRAL AVE S, STE 120 KENT, WA 98032 | 46-1793603 | 501(C)(3) | 113,825. | 0. | | | IMMIGRATION AND REFUGEE SERVICE |
| SALEM FOR REFUGEES 1400 BROADWAY ST, NE SALEM, OR 97301 | 86-3735350 | 501(C)(3) | 2,068,380. | 0. | | | DIRECTLY FUNDED THE RESETTLEMENT AND PROCESSING OF REFUGEES |
| BETHANY CHRISTIAN SERVICES OF FLORIDA - 29 W. SMITH ST. - WINTER GARDEN, FL 34787-3582 | 38-3541224 | 501(C)(3) | 11,250. | 0. | | | DIRECTLY FUNDED THE RESETTLEMENT AND PROCESSING OF REFUGEES |
| BETHANY CHRISTIAN SERVICES OF GREATER DELAWARE VALLEY - 3301 N. MARKET ST. - WILMINGTON, DE 19802-2738 | 31-1196722 | 501(C)(3) | 253,859. | 0. | | | DIRECTLY FUNDED THE RESETTLEMENT AND PROCESSING OF REFUGEES |
| INTERNATIONAL WELCOME CENTER 5781 MANCHESTER RD AKRON, OH 44319 | 87-1055952 | 501(C)(3) | 429,635. | 0. | | | RESETTLEMENT AND INTEGRATION OF ESPECIALLY VULNERABLE REFUGEES |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **15.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | | | | | | | |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PATHWAYS TO CITIZENSHIP 120 STEVENS AVE. SOLANA BEACH, CA 92075 | 46-2522640 | 501(C)(3) | 105,400. | 0. | | | RESETTLEMENT AND INTEGRATION OF ESPECIALLY VULNERABLE REFUGEES |
| ALLIANCE FOR REFUGEES 20 SCHALKS CROSSING RD PLAINSBORO, NJ 08536 | 92-3574245 | 501(C)(3) | 425,215. | 0. | | | PROVIDE SERVICES FOR CLIENTS RESETTLED |
| MISSION ADELANTE 22 SOUTH 18TH STREET KANSAS CITY, KS 66102 | 20-3386750 | 501(C)(3) | 342,134. | 0. | | | DIRECTLY FUNDED THE RESETTLEMENT AND PROCESSING OF REFUGEES |
| RISING VILLAGE FOUNDATION 7225 S 85TH E AVE, STE 400 TULSA, OK 74133 | 90-1019292 | 501(C)(3) | 42,937. | 0. | | | DIRECTLY FUNDED THE RESETTLEMENT AND PROCESSING OF REFUGEES |
| FIRST 90 4000 SPRING PARK RD JACKSONVILLE, FL 33207 | 36-4863362 | 501(C)(3) | 396,762. | 0. | | | DIRECTLY FUNDED THE RESETTLEMENT AND PROCESSING OF REFUGEES |
| BIRMINGHAM CROSS CULTURAL CONNECTIONS - 4619 TRUSSVILLE CLAY ROAD - TRUSSVILLE, AL 35173 | 93-4768277 | 501(C)(3) | 100,469. | 0. | | | DIRECTLY FUNDED THE RESETTLEMENT AND PROCESSING OF REFUGEES |
| RANCHO SANTIAGO CCD 2323 N. BROADWAY SANTA ANA, CA 92706 | 95-2696799 | 501(C)(3) | 71,250. | 0. | | | CITIZENSHIP INSTRUCTION SERVICES-EDUCATIONAL SERVICES |
| WAY OF SALVATION CHURCH | 47-4286026 | | 7,520. | 0. | | | SHELTER, FOOD, BASIC NEEDS, PASTORAL CARE TO FAMILIES AND INDIVIDUALSON BORDER |
| SEND RELIEF 4200 NORTH POINT PARKWAY ALPHARETTA, GA 30022 | 75-1977130 | 501(C)(3) | 115,400. | 0. | | | DIRECTLY FUNDED THE RESETTLEMENT AND PROCESSING OF REFUGEES |

Schedule I (Form 990)

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 | 1389 | 0. | 2,124,934. | FMV | FOOD/HOUSEHOLD ITEMS |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 34 | 0. | 16,303. | FMV | CLOTHING |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 93 | 0. | 17,091. | | DAYCARE SUPPLIES |
| SPECIFIC ASSISTANCE TO INDIVIDUALS - EMPLOYMENT | 45 | 46,689. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 423 | 0. | 540,145. | 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.

| Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.) | | | | | |
|---|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| SPECIFIC ASSISTANCE TO INDIVIDUALS - HOUSING | 2,122. | 18,348,654. | 0. | | |
| INITIAL REFUGEE GRANTS | 1,050. | 6,611,226. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS - INSTRUCTIONAL MATERIALS | 168. | 78,233. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS - MEDICAL & DENTAL | 81. | 79,766. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS - CASH ASSISTANCE & OTHER | 289. | 951,013. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS - OTHER LIVING EXPENSES | 1,383. | 2,653,104. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS - TRANSPORTATION FACILITIES | 359. | 698,247. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS - TUITION & FEES | 75. | 660,852. | 0. | | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS - UTILITIES | 1,002. | 1,093,992. | 0. | | |

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

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

Employer identification number

23-6393344

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MYAL N. GREENE PRESIDENT & CEO | (i) | 205,678. | 0. | 0. | 19,171. | 30,074. | 254,923. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) LANRE WILLIAMS-AYEDUN SVP, INT'L PROGRAMS | (i) | 156,273. | 0. | 0. | 8,061. | 35,342. | 199,676. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) KEVIN SANDERSON CHIEF ADMINISTRATIVE OFFIC | (i) | 160,652. | 0. | 0. | 6,710. | 31,298. | 198,660. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) DICK W. OYIEKO CFO | (i) | 142,445. | 0. | 0. | 4,479. | 25,485. | 172,409. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) AERLANDE P. WONTAMO SVP, US PROGRAM | (i) | 156,680. | 0. | 0. | 4,219. | 8,861. | 169,760. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) DEVINA SHAH DIRECTOR, HO | (i) | 125,686. | 0. | 0. | 19,500. | 16,574. | 161,760. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) ALEXIS T. BROWN CHIEF PEOPLE OFFICER | (i) | 131,057. | 0. | 0. | 9,184. | 19,207. | 159,448. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) JEFFREY D. WALSER VP OF STRATEGIC ENGAGEMENT | (i) | 124,384. | 0. | 0. | 10,519. | 23,546. | 158,449. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) MEDARD NGUEITA EXEC DIR, WESTERN WASHINGT | (i) | 134,038. | 0. | 0. | 6,869. | 11,250. | 152,157. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Part I 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.

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|--------------------------------------|---|--------------------------------|----------------|----|
| | | | Yes | No |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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 \$

Part II Loans to and/or From Interested Persons

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.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

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

Schedule L (Form 990) 2023

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | X | | 2,018. | FMV |
| 5 Clothing and household goods | X | | 3,268,007. | FMV |
| 6 Cars and other vehicles | X | 31 | 91,934. | FMV |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other ... | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 38 | 812,093. | FMV |
| 20 Drugs and medical supplies | X | 14 | 59,113. | FMV |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (MISCELLANEOUS G) | X | 282 | 403,212. | FMV |
| 26 Other (ELECTRONICS) | X | 27 | 302,021. | FMV |
| 27 Other (WELCOME KITS) | X | 92 | 80,245. | FMV |
| 28 Other (BABY ITEMS) | X | 77 | 54,828. | FMV |

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |
| 33 | | |

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

Schedule M (Form 990) 2023

Part II

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

PART I, OTHER TYPES OF PROPERTY:

BICYCLES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 84

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 22086.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O
(Form 990)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

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

IN FY2024, 835 VOLUNTEERS TRAINED, 131,388 WOMEN AND CHILDREN SERVED
THROUGH HEALTH AND NUTRITION PROGRAMS.

EAST AND WEST AFRICA: 835 VOLUNTEERS TRAINED, 131,388 WOMEN AND
CHILDREN SERVED THROUGH HEALTH AND NUTRITION PROGRAMS.

IN FY2024, 805 YOUTH WERE REACHED WITH HIV/AIDS PREVENTION MESSAGES.

EAST AND WEST AFRICA: 805 YOUTH WERE REACHED WITH HIV/AIDS PREVENTION
MESSAGES."

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

LIVESTOCK INPUTS, TRAINING, AND/OR ACCESS TO MARKET OPPORTUNITIES.

EAST, CENTRAL AND WEST AFRICA: 136,566 FARMERS

SOUTHERN AFRICA: 3,081 FARMERS

LATIN AMERICA AND CARIBBEAN: 30,000 FARMERS

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

OTHER PROGRAM SERVICES INCLUDE:

A. LOCAL PARTNER STRENGTHENING AND CHURCH PARTNERSHIP: WR WORKS WITH
CHURCHES ACROSS DENOMINATIONS ORGANIZED INTO CHURCH NETWORKS THAT
RECOGNIZE AND SERVE THE NEEDS OF PEOPLE EXPERIENCING THE MOST
VULNERABILITY IN THEIR COMMUNITY. WR WORKS PRIMARILY IN FRAGILE

CONTEXTS, WHERE THE LOCAL CHURCHES ARE LOCATED IN OR SUPPORTING REFUGEE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

Employer identification number
23-6393344

AND INTERNALLY DISPLACED PEOPLE'S CAMPS AS WELL AS COMMUNITIES HOSTING
REFUGEES AND IDPS. WR PARTNERS WITH CHURCHES OVER 1-5 YEAR ENGAGEMENTS.
WR PROVIDES CAPACITY STRENGTHENING FOR LOCAL PASTORS AND THEIR
CONGREGATIONS AND NETWORKS OF COMMUNITY CHURCHES TO STRENGTHEN THEIR
ABILITY TO PLAN, MONITOR AND EXECUTE THEIR ACTIVITIES. WR PARTNERS WITH
CHURCHES TO DELIVER IN LIFE-SAVING INTERVENTIONS COUPLED WITH
RESILIENCE INTERVENTIONS THAT THE CHURCH WILL IMPLEMENT THEMSELVES
(FAMILY STRENGTHENING, CHILD PROTECTION, OUTREACH AND BEHAVIOR CHANGE
(FAMILY STRENGTHENING, CHILD PROTECTION, OUTREACH AND BEHAVIOR CHANGE)
OR CHAMPION AS THEY ARE IMPLEMENTED BY WR AND OTHER TECHNICAL PARTNERS
(NUTRITION, AGRICULTURE, ECONOMIC DEVELOPMENT, ETC). OVER TIME, WR'S
SUPPORT TO CHURCHES IS GRADUATED SO THAT THE CHURCH TAKES ITS RIGHTFUL
PLACE AT THE CENTER OF COMMUNITY LIFE.

IN FY2024, 3,650 LOCAL CHURCHES AND PARTNER ORGANIZATIONS SUPPORTED AND
2,466 PEOPLE TRAINED USING WORLD RELIEF INTEGRAL CURRICULUM.

EAST AND WEST AFRICA: 2,777 CHURCHES AND PARTNER ORGANIZATIONS AND
1,737 PEOPLE TRAINED IN WORLD RELIEF INTEGRAL CURRICULUM.

LATIN AMERICA AND CARIBBEAN: 232 CHURCHES AND 136 PEOPLE TRAINED IN
WORLD RELIEF INTEGRAL CURRICULUM.

SOUTH AND SOUTH EAST ASIA: 111 CHURCHES/HOME CHURCHES AND 219 PEOPLE
TRAINED IN WORLD RELIEF INTEGRAL CURRICULUM.

SOUTHERN AFRICA: 530 CHURCHES AND 593 PEOPLE TRAINED IN WORLD RELIEF
INTEGRAL CURRICULUM."

B. SERVICE TO IMMIGRANTS: WORLD RELIEF SERVED A TOTAL OF 12,177 CLIENTS

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

THROUGH THE IMMIGRATION LEGAL SERVICES. THESE SERVICES INCLUDE
NATURALIZATION, DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA),
TEMPORARY PROTECTION STATUS (TPS, FAMILY REUNIFICATION AND OTHER
IMMIGRATION LEGAL BENEFIT APPLICATIONS.

C. 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 PROGRAMS
DEFINED ABOVE.

COUNTRIES SERVED BY REGIONS:

EAST, CENTRAL AND WEST AFRICA: BURUNDI, DEMOCRATIC REPUBLIC OF CONGO,
KENYA, RWANDA, SOUTH SUDAN, SUDAN AND CHAD.

EASTERN EUROPE: UKRAINE

LATIN AMERICA AND CARIBBEAN: HAITI

SOUTH AND SOUTHEAST ASIA: CAMBODIA

SOUTHERN AFRICA: MALAWI

TECHNICAL UNITS: UNITED STATES

D. ECONOMY, INDUSTRY & INCOME: PROGRAMS IN THIS SECTOR INCLUDE THOSE
WITH ECONOMIC EMPOWERMENT PROGRAMMING SUCH AS SAVINGS GROUPS,
ENTREPRENEURIAL TRAINING, TECHNICAL AND VOCATIONAL TRAINING, AND OTHER
NON-AGRICULTURAL LIVELIHOOD ACTIVITIES. THIS SECTOR ALSO INCLUDES
ECONOMIC RECOVERY AND MARKET SYSTEMS PROGRAMMING IN HUMANITARIAN
CONTEXTS, TO HELP POPULATIONS RESTORE THEIR LIVELIHOODS AND SUPPORT
CRITICAL MARKET SYSTEMS AT THE HOUSEHOLD, LOCAL AND REGIONAL LEVELS, TO
REDUCE THE ECONOMIC AND SOCIAL IMPACT OF DISASTERS. ECONOMY, INDUSTRY
AND INCOME ACTIVITIES ARE CONDUCTED IN HUMANITARIAN CONTEXTS AS WELL AS
STABLE CONTEXT COUNTRIES AS PART OF WORLD RELIEF'S RESILIENCE
PROGRAMMING.

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

IN FY2024, 4,777 CLIENTS WERE PROVIDED WITH MICROFINANCE SERVICES AND
109,897 CUMULATIVE SAVINGS GROUP MEMBERS.

EAST AND WEST AFRICA: 4,777 MICROFINANCE CLIENTS AND 90,901 SAVINGS
GROUP MEMBERS

SOUTHERN AFRICA: 11,982 SAVINGS GROUP MEMBERS

LATIN AMERICA AND CARIBBEAN: 6,291 SAVINGS GROUP MEMBERS

SOUTH AND SOUTH EAST ASIA: 723 SAVINGS GROUP MEMBERS

E. EMERGENCY RELIEF: WORLD RELIEF PROVIDES LIFE SAVING HUMANITARIAN
ASSISTANCE IN RESPONSE TO SUDDEN ONSET AND PROTRACTED CRISES AROUND THE
WORLD, RESPONDING AS A DIRECT IMPLEMENTER IN COUNTRIES WHERE WR HAS AN
EXISTING OFFICE, AND OTHERWISE PARTNERING WITH BEST-PLACED PARTNERS ON
THE GROUND. PROJECTS IN THIS SECTOR TARGET INTERNALLY-DISPLACED
PERSONS, REFUGEES, RETURNEES AND THEIR HOST COMMUNITIES. ACTIVITIES
INCLUDE FOOD ASSISTANCE THROUGH UNCONDITIONAL AND CONDITIONAL CASH,
VOUCHERS, AND DIRECT DISTRIBUTION AS WELL AS THE DISTRIBUTION OF
LIFE-SAVING NON-FOOD ITEMS, SHELTER MATERIALS, AND USE OF MULTI-PURPOSE
CASH ASSISTANCE.

IN FY2024, 1, 554,661 BENEFICIARIES IN HUMANITARIAN AID, DISASTER
RESPONSE AND DISASTER RISK REDUCTION PROGRAMMING.

EAST, CENTRAL AND WEST AFRICA: 1,499,077 BENEFICIARIES

LATIN AMERICA AND CARIBBEAN: 51,859 BENEFICIARIES

UKRAINE: 3,725 BENEFICIARIES

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

F. WATER AND SANITATION: WR WORKS TO ENSURE ACCESS TO CLEAN AND SAFE WATER WITH PROJECTS IN WATER SUPPLY, SANITATION, HYGIENE PROMOTION, DISTRIBUTION OF WATER ITEMS AND ENVIRONMENTAL HEALTH.

IN FY2024, 564,833 INDIVIDUALS WERE REACHED WITH ONE OR MORE WATER, SANITATION, OR HYGIENE PROMOTION INTERVENTION.

EAST, CENTRAL AND WEST AFRICA: 545,287 INDIVIDUALS

LATIN AMERICA AND CARIBBEAN: 4,000 INDIVIDUAL

SOUTHERN AFRICA: 15,546 INDIVIDUALS

G. EDUCATION: PROGRAMMING IN THIS SECTOR INCLUDE PROJECTS WITH GOALS AROUND EARLY CHILDHOOD EDUCATION, CHILD PROTECTION, FAMILY STRENGTHENING AND PREVENTION OF GENDER BASED VIOLENCE. ACTIVITIES INCLUDE EARLY CHILDHOOD DEVELOPMENT CENTERS, KID'S CLUBS, ADOLESCENT GROUPS, AND PROGRAMMING THAT IS FOCUSED ON ENCOURAGING A PROTECTIVE ENVIRONMENT FOR CHILDREN THROUGH SHIFTING ATTITUDES, BEHAVIORS OR NORMS (E.G., TRAININGS WITH FAITH LEADERS, CHILD PROTECTION COMMUNITIES, COMMUNITY CAMPAIGNS, ETC.) . WR IMPLEMENTS ACTIVITIES THAT TARGET THE DEVELOPMENT OF CHILDREN BELOW THE AGE OF SIX WITH THE EXCLUSION OF HEALTH AND NUTRITION INTERVENTIONS TARGETING THIS AGE GROUP. WR WORKS TO STRENGTHEN FAMILY UNIT RELATIONSHIPS WITH COUPLES-BASED INTERVENTIONS LIKE FAMILIES FOR LIFE AND PARENTING INTERVENTIONS THAT WORK WITH PARENTS OR BOTH PARENTS AND CHILD/ADOLESCENT. IN THIS SECTOR, WORLD RELIEF ALSO IMPLEMENTS ACTIVITIES FOCUSED SPECIFICALLY ON PREVENTION OF GENDER-BASED VIOLENCE, INCLUDING CAMPAIGNS, SOCIAL NORM CHANGE ACTIVITIES, SKILLS BUILDING WITH YOUTH OR ADULTS, WORKSHOPS WITH FAITH LEADERS, AND SURVIVOR SUPPORT ACTIVITIES.

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

IN FY2024, 43,709 CHILDREN AND TEENS PARTICIPATED IN 1,151 CHILD AND ADOLESCENT DEVELOPMENT GROUPS, AND 7,795 CHILDREN ATTENDED EARLY CHILDHOOD DEVELOPMENT CENTERS UNDER WORLD RELIEF ASSISTANCE. 10,620 COMMUNITY MEMBERS WERE REACHED WITH SEXUAL-GENDER BASED VIOLENCE EDUCATION AND GENDER-BASED VIOLENCE AND 5,606 PEOPLE, MOSTLY YOUTH, PARTICIPATED IN VOCATIONAL EDUCATION. ABOUT 13,644 PEOPLE RECEIVED FAMILY STRENGTHENING MESSAGES THROUGH FAMILIES FOR LIFE CURRICULUM AND PARENTING FOR LIFE GROUPS.

EAST CENTRAL AND WEST AFRICA: 25,653 CHILDREN AND TEENS PARTICIPATED IN 734 CHILD AND ADOLESCENT DEVELOPMENT GROUPS, AND 1,846 CHILDREN ATTENDED EARLY CHILDHOOD DEVELOPMENT CENTERS UNDER WORLD RELIEF ASSISTANCE. 2,833 COMMUNITY MEMBERS WERE REACHED WITH SEXUAL-GENDER BASED VIOLENCE EDUCATION AND GENDER-BASED VIOLENCE. ABOUT 13,422 PEOPLE RECEIVED FAMILY STRENGTHENING MESSAGES THROUGH FAMILIES FOR LIFE CURRICULUM AND PARENTING FOR LIFE GROUPS.

SOUTH AND SOUTH EAST ASIA: 585 CHILDREN AND TEENS PARTICIPATED IN 28 CHILD AND ADOLESCENT DEVELOPMENT GROUPS. 90 PEOPLE, MOSTLY YOUTH, PARTICIPATED IN VOCATIONAL EDUCATION. ABOUT 140 PEOPLE RECEIVED FAMILY STRENGTHENING MESSAGES THROUGH FAMILIES FOR LIFE CURRICULUM AND PARENTING FOR LIFE GROUPS.

SOUTHERN AFRICA: 17,471 CHILDREN AND TEENS PARTICIPATED IN 389 CHILD AND ADOLESCENT DEVELOPMENT GROUPS, AND 5,949 CHILDREN ATTENDED EARLY CHILDHOOD DEVELOPMENT CENTERS UNDER WORLD RELIEF ASSISTANCE. 5,502 PEOPLE, MOSTLY YOUTH, PARTICIPATED IN VOCATIONAL EDUCATION. ABOUT 82 PEOPLE RECEIVED FAMILY STRENGTHENING MESSAGES THROUGH FAMILIES FOR LIFE

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

Employer identification number
23-6393344

CURRICULUM AND PARENTING FOR LIFE GROUPS.

**H. PEACEBUILDING AND COMMUNITY RESILIENCE: PEACE-BUILDING AND COMMUNITY
RESILIENCE PROGRAMS INCORPORATE COMMUNITY CONFLICT RESOLUTION, PEACE
BUILDING, GENDER EDUCATION, PROTECTION AND DISASTER RISK REDUCTION. WR
IMPLEMENTS PEACE COMMITTEES WHERE COMMUNITY MEMBERS ARE EDUCATED ON
METHODS FOR COMMUNITY RECONCILIATION, GENDER EDUCATION AND ADVOCACY. WR
ALSO IMPLEMENTS DISASTER RISK REDUCTION TO BUILD COMMUNITY RESILIENCE.**

**IN FY2024, 70 PEACE COMMITTEES WERE ESTABLISHED AND FUNCTIONING, AND
250 PEACEBUILDING VOLUNTEERS TRAINED PROVIDING 68257 PEOPLE WITH ACCESS
TO COMMUNITY-BASED CONFLICT RESOLUTION MECHANISMS.**

**I. ANTI-TRAFFICKING EDUCATION: WORLD RELIEF EDUCATED 146 TEENS AND
YOUNG ADULTS, AND 610 ADULTS IN HUMAN TRAFFICKING PREVENTION, COMMUNITY
PROTECTION', AND SAFE MIGRATION 756 PEOPLE RECEIVING ANTI-TRAFFICKING
EDUCATION AND TRAINING.**

SOUTH AND SOUTHEAST ASIA: 756 INDIVIDUALS

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

**BURUNDI, CAMBODIA, SOUTH SUDAN, CONGO, DEM REP,
HAITI, KENYA, MALAWI, NICARAGUA,
RWANDA, SUDAN, CHAD, UKRAINE**

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

THE NATIONAL ASSOCIATION OF EVANGELICALS IS THE SOLE SHAREHOLDER IN WORLD

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

Employer identification number
23-6393344

RELIEF CORPORATION.

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

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

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

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

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

**IT IS WORLD RELIEF'S POLICY THAT THE CORPORATION'S BOARD OF DIRECTORS
ANNUALLY REVIEW IRS FORM 990 PRIOR TO ITS FILING WITH THE IRS. THE REVIEW
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:

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

Employer identification number
23-6393344

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

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

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

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

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

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

| | |
|---|------------------|
| GAIN ON EQUITY INVESTMENT | 7,482. |
| LOSS ON FOREIGN CURRENCY TRANSLATION | -583,490. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -576,008. |

FORM 990, PART XI, LINE 2C

**THE BOARD OF WORLD RELIEF HAS AN AUDIT COMMITTEE WHICH MEETS REGULARLY
AND REVIEWS ISSUES RELATED TO THE ANNUAL AUDIT, THE 990 AND ANY OTHER
ADDITIONAL AUDITS BEING CONDUCTED IN THE ORGANIZATION. THE AUDIT
COMMITTEE IS ALSO RESPONSIBLE FOR THE SELECTION OF AN INDEPENDENT AUDIT
FIRM TO CONDUCT THE ANNUAL AUDIT.**

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS

Employer identification number

23-6393344

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| NATIONAL ASSOCIATION OF EVANGELICALS | | | | | | | |
| P.O. BOX 23269 | | | | | | | |
| WASHINGTON, DC 20026 | | DISTRICT OF COLUMBIA | 501(C)(3) | 1 | | | X |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

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

Schedule R (Form 990) 2023

23-6393344 Page **2**

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| IMF HEKIMA S.A.C.A. | | | | | | | | | |
| 002 BOULEVARD NYIRAGONGO | | | | | | | | | |
| GOMA, PROVINCE OF NORTH-KIVU, CONGO | MICROENTERPRISE | CONGO (KINSHASA) | | C CORP | | | 49.95% | | X |
| URWEGO BANK | | | | | | | | | |
| UMUYENZI PLAZA 3RD FLOOR, KG 5 RD, P.O. BOX 7 | | | | | | | | | |
| KIGALI, RWANDA | MICROENTERPRISE | RWANDA | | C CORP | | | .80% | | X |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | Yes | No |
|--|-----------|----|
| 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? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | X |
| b Gift, grant, or capital contribution to related organization(s) | 1b | X |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X |
| d Loans or loan guarantees to or for related organization(s) | 1d | X |
| e Loans or loan guarantees by related organization(s) | 1e | X |
| f Dividends from related organization(s) | 1f | X |
| g Sale of assets to related organization(s) | 1g | X |
| h Purchase of assets from related organization(s) | 1h | X |
| i Exchange of assets with related organization(s) | 1i | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X |
| o Sharing of paid employees with related organization(s) | 1o | X |
| p Reimbursement paid to related organization(s) for expenses | 1p | X |
| q Reimbursement paid by related organization(s) for expenses | 1q | X |
| r Other transfer of cash or property to related organization(s) | 1r | X |
| s Other transfer of cash or property from related organization(s) | 1s | X |

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

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

Part VI

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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

NAME AND ADDRESS OF RELATED ORGANIZATION:

IMF HEKIMA S.A.C.A.

002 BOULEVARD NYIRAGONGO

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

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

[illegible]

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **5471**

(Rev. December 2023)

Department of the Treasury
Internal Revenue Service**Information Return of U.S. Persons With
Respect to Certain Foreign Corporations**Go to www.irs.gov/Form5471 for instructions and the latest information.Information furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning _____, and ending _____,

OMB No. 1545-0123

Attachment
Sequence No. **121**

Name of person filing this return

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

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

1220B E. JOPPA RD, STE 400D

City or town, state, and ZIP code

TOWSON, MD 21286Filer's tax year beginning **OCT 1**, **2023**, and ending **SEP 30**, **2024****D** Check box if this is a final Form 5471 for the foreign corporation ☐**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions) ☐**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40 ☐**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) _____**H** Person(s) on whose behalf this information return is filed:

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

| | | | | |
|---|---|---|--|---|
| 1a Name and address of foreign corporation IMF HEKIMA S.A. 002 BOULEVARD NYIRAGONGO GOMA PROVINCE OF THE NORT CONGO (KINSHASA) | | b(1) Employer identification number, if any 00000000 | | |
| | | b(2) Reference ID number (see instructions) HEKIMA987203 | | |
| | | b(3) Previous reference ID number(s), if any (see instr.) | | |
| | | c Country under whose laws incorporated CONGO (KINSHASA) | | |
| d Date of incorporation | e Principal place of business CONGO (KINSHASA) | f Principal business activity code number | g Principal business activity MICRO LENDING | h Functional currency code USD |

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

| | | |
|---|--|---|
| a Name, address, and identifying number of branch office or agent (if any) in the United States | b If a U.S. income tax return was filed, enter: | |
| | (i) Taxable income or (loss) | (ii) U.S. income tax paid (after all credits) |
| | | |
| c Name and address of foreign corporation's statutory or resident agent in country of incorporation | | d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different |

Schedule A Stock of the Foreign Corporation

| (a) Description of each class of stock | (b) Number of shares issued and outstanding | |
|--|--|---|
| | (i) Beginning of annual accounting period | (ii) End of annual accounting period |
| COMMON | 1,938 | 1,938 |
| | | |
| | | |
| | | |

LHA For Paperwork Reduction Act Notice, see instructions.

312301 01-05-24

Form **5471** (Rev. 12-2023)

| | |
|-------------------|--|
| Schedule B | Shareholders of Foreign Corporation |
|-------------------|--|

| | |
|---------------|--|
| Part I | U.S. Shareholders of Foreign Corporation (see instructions) |
|---------------|--|

| (a) Name, address, and identifying number of shareholder | (b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a). | (c) Number of shares held at beginning of annual accounting period | (d) Number of shares held at end of annual accounting period | (e) Pro rata share of Subpart F income (enter as a percentage) |
|---|--|--|--|--|
| WORLD RELIEF CORPORATION 1220B E. JOPPA RD, STE 4 TOWSON MD 21286 23-6393344 | COMMON | 968 | 968 | |
| | | | | |
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| KENNETH LEHMAN 122 N. GORDON BLVD. FT. LAUDERDALE FL 33301 196-44-1218 | COMMON | 357 | 357 | |
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|----------------|--|
| Part II | Direct Shareholders of Foreign Corporation (see instructions) |
|----------------|--|

| (a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable. | (b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a). | (c) Number of shares held at beginning of annual accounting period | (d) Number of shares held at end of annual accounting period |
|---|--|--|--|
| WORLD RELIEF CORPORATION 1220B E. JOPPA RD, STE 4 TOWSON MD 21286 23-6393344 | COMMON | 968 | 968 |
| | | | |
| | | | |
| | | | |
| KENNETH LEHMAN 122 N. GORDON BLVD. FT. LAUDERDALE FL 33301 196-44-1218 | COMMON | 357 | 357 |
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Schedule C **Income Statement** (see instructions)

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

| | | Functional Currency | U.S. Dollars |
|-----------------------------------|---|---------------------|--------------|
| Income | 1a Gross receipts or sales | 1a | |
| | b Returns and allowances | 1b | |
| | c Subtract line 1b from line 1a | 1c | |
| | 2 Cost of goods sold | 2 | |
| | 3 Gross profit (subtract line 2 from line 1c) | 3 | |
| | 4 Dividends | 4 | |
| | 5 Interest | 5 | 1,745,267. |
| | 6a Gross rents | 6a | |
| | b Gross royalties and license fees | 6b | |
| | 7 Net gain or (loss) on sale of capital assets | 7 | |
| Deductions | 8a Foreign currency transaction gain or loss - unrealized | 8a | |
| | b Foreign currency transaction gain or loss - realized | 8b | |
| | 9 Other income (attach statement) | 9 | 241,594. |
| | 10 Total income (add lines 3 through 9) | 10 | 1,986,861. |
| | 11 Compensation not deducted elsewhere | 11 | 698,693. |
| | 12a Rents | 12a | 58,441. |
| | b Royalties and license fees | 12b | |
| | 13 Interest | 13 | 186,833. |
| | 14 Depreciation not deducted elsewhere | 14 | 49,252. |
| | 15 Depletion | 15 | |
| Net Income | 16 Taxes (exclude income tax expense (benefit)) | 16 | 31,857. |
| | 17 Other deductions (attach statement - exclude income tax expense (benefit)) | 17 | 477,622. |
| | 18 Total deductions (add lines 11 through 17) | 18 | 1,502,698. |
| | 19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) | 19 | 484,163. |
| | 20 Unusual or infrequently occurring items | 20 | |
| | 21a Income tax expense (benefit) - current | 21a | 184,118. |
| Other Comprehensive Income | b Income tax expense (benefit) - deferred | 21b | |
| | 22 Current year net income or (loss) per books (combine lines 19 through 21b) | 22 | 300,045. |
| | 23a Foreign currency translation adjustments | 23a | |
| | b Other | 23b | |
| | c Income tax expense (benefit) related to other comprehensive income | 23c | |
| | 24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c) | 24 | |

Form **5471** (Rev. 12-2023)

Schedule F Balance Sheet

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

| Assets | | (a) Beginning of annual accounting period | (b) End of annual accounting period |
|---|---|---|---|
| 1 | Cash | 1 524,246. | 698,904. |
| 2a | Trade notes and accounts receivable | 2a | |
| b | Less allowance for bad debts | 2b (96,041.) | (165,459.) |
| 3 | Derivatives | 3 | |
| 4 | Inventories | 4 | |
| 5 | Other current assets (attach statement) | 5 15,825. | 63,880. |
| 6 | Loans to shareholders and other related persons | 6 | |
| 7 | Investment in subsidiaries (attach statement) | 7 | |
| 8 | Other investments (attach statement) | 8 | |
| 9a | Buildings and other depreciable assets | 9a 203,922. | 294,597. |
| b | Less accumulated depreciation | 9b (150,493.) | (149,822.) |
| 10a | Depletable assets | 10a | |
| b | Less accumulated depletion | 10b () | () |
| 11 | Land (net of any amortization) | 11 | |
| 12 | Intangible assets: | | |
| a | Goodwill | 12a | |
| b | Organization costs | 12b | |
| c | Patents, trademarks, and other intangible assets | 12c 49,924. | 49,924. |
| d | Less accumulated amortization for lines 12a, 12b, and 12c | 12d () | (49,924.) |
| 13 | Other assets (attach statement) | 13 5,002,588. | 6,256,525. |
| 14 | Total assets | 14 5,549,971. | 6,998,625. |
| Liabilities and Shareholders' Equity | | | |
| 15 | Accounts payable | 15 112,778. | 148,552. |
| 16 | Other current liabilities (attach statement) | 16 | |
| 17 | Derivatives | 17 | |
| 18 | Loans from shareholders and other related persons | 18 | |
| 19 | Other liabilities (attach statement) | 19 4,059,389. | 5,297,097. |
| 20 | Capital stock: | | |
| a | Preferred stock | 20a | |
| b | Common stock | 20b 706,663. | 706,663. |
| 21 | Paid-in or capital surplus (attach reconciliation) | 21 59,562. | 59,562. |
| 22 | Retained earnings | 22 611,579. | 786,751. |
| 23 | Less cost of treasury stock | 23 () | () |
| 24 | Total liabilities and shareholders' equity | 24 5,549,971. | 6,998,625. |

Schedule G Other Information

| | Yes | No |
|---|-----|----|
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? | | X |
| If "Yes," see the instructions for required statement. | | |
| 2 During the tax year, did the foreign corporation own an interest in any trust? | | X |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? | | X |
| If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions). | | |
| 4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? | | X |
| If "Yes," complete lines 4b and 4c. | | |
| b Enter the total amount of the base erosion payments \$ | | |
| c Enter the total amount of the base erosion tax benefits \$ | | |
| 5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? | | X |
| If "Yes," complete line 5b. | | |
| b Enter the total amount of the disallowed deductions (see instructions) \$ | | |

| FORM 5471 | OTHER INCOME | | STATEMENT 1 |
|-----------------------------------|---------------------|---------------|-------------|
| DESCRIPTION | FUNCTIONAL CURRENCY | EXCHANGE RATE | U.S. DOLLAR |
| MICROFINANCE INCOME | | | 160,609. |
| OTHER REVENUE | | | 80,985. |
| TOTAL TO 5471, SCHEDULE C, LINE 9 | | | 241,594. |

FORM 5471

OTHER DEDUCTIONS

STATEMENT 2

| DESCRIPTION | FUNCTIONAL CURRENCY | EXCHANGE RATE | U.S. DOLLAR |
|------------------------------------|------------------------|------------------|-------------|
| PERSONNEL BENEFITS | | | 5,337. |
| PROVISION FOR LOAN LOSSES | | | 95,046. |
| TRAVEL | | | 73,266. |
| OFFICE EXPENSE | | | 43,650. |
| EQUIPMENT COSTS | | | 27,748. |
| PROFESSIONAL FEES | | | 62,278. |
| MISCELLANEOUS | | | 25,964. |
| INSURANCE | | | 10,638. |
| COMMUNICATIONS | | | 21,940. |
| BANK CHARGES | | | 101,322. |
| ADVERTISING | | | 10,433. |
| TOTAL TO 5471, SCHEDULE C, LINE 17 | | | 477,622. |

FORM 5471

OTHER CURRENT ASSETS

STATEMENT 3

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|---|--|---------------------------------------|
| PREPAID EXPENSES AND OTHER ASSETS | 15,825. | 63,880. |
| TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 5 | 15,825. | 63,880. |

| FORM 5471 | OTHER ASSETS | STATEMENT 4 |
|--|--|---------------------------------------|
| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
| MICROENTERPRISE AND AGRICULTURAL LOANS | 5,002,588. | 6,256,525. |
| TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 13 | 5,002,588. | 6,256,525. |

| FORM 5471 | OTHER LIABILITIES | STATEMENT 5 |
|--|---|---------------------------------------|
| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
| MICROENTERPRISE/AG DEVELOPMENT LIABILITIES | 1,344,491. | 1,743,853. |
| OTHER LIABILITIES | 2,714,898. | 3,553,244. |
| TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 19 | 4,059,389. | 5,297,097. |
| 13160618 758275 3084.000 | 82 2023.05080 WORLD RELIEF CORP. OF NAT 3084.001 | STATEMENT(S) 5 |

Schedule G Other Information (continued)

| | Yes | No |
|--|-----|----------|
| 6a Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 6b, 6c, and 6d. See instructions. | | X |
| b Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \$ _____ | | |
| c Enter the amount of gross receipts derived from all sales of intangible property to the foreign corporation that the filer included in its computation of FDDEI \$ _____ | | |
| d Enter the amount of gross receipts derived from all services provided to the foreign corporation that the filer included in its computation of FDDEI \$ _____ | | |
| 7 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year. | | X |
| 8 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))? | | X |
| 9a Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the tax year? If "Yes," go to line 9b. | | X |
| b Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d) (2)(B) for the tax year | | |
| 10 During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? If "Yes," see instructions and attach statement. | | X |
| 11 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G). | | X |
| 12 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? | | X |
| 13 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? | | X |
| 14 Did you answer "Yes" to any of the questions in the instructions for line 14? If "Yes," enter the corresponding code(s) from the instructions and attach statement | | X |
| 15 Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? If "Yes," enter the amount \$ _____ | | X |
| 16 Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? If "Yes," enter the amount \$ _____ | | X |
| 17a Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)? | | X |
| b If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)? | | |
| 18a Did the filer have any loan to or from the foreign corporation to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the filer used a rate of interest within the relevant safehaven range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)? | | X |
| b Did the filer have any loan to or from the foreign corporation to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the filer used a rate of interest outside the relevant safehaven range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)? | | X |
| 19a Did the filer issue a covered debt instrument in any of the transactions described in Regulations section 1.385-3(b) (2) with respect to the foreign corporation during the tax year, or, did the filer issue or refinance indebtedness owed to the foreign corporation during the 36 months before or after the date of a distribution or acquisition described in Regulations section 1.385-3(b)(3)(i) made by the filer of this Form 5471, and either the issuance or refinance of indebtedness, or the distribution or acquisition, occurred during the tax year? | | X |
| b If the answer to question 19a is "Yes," provide the following. (1) The amount of such transaction(s), distribution(s), and acquisition(s) \$ _____ (2) The amount of such related party indebtedness \$ _____ | | |

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

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

| Name of U.S. shareholder | Identifying number |
|--|--------------------|
| 1a Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions) | 1a |
| b Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions) | 1b |
| c Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6) | 1c |
| d Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6) | 1d |
| e Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) | 1e |
| f Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A) | 1f |
| g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) | 1g |
| h Other subpart F income (enter result from Worksheet A) | 1h |
| 2 Earnings invested in U.S. property (enter the result from Worksheet B) | 2 |
| 3 Reserved for future use | 3 |
| 4 Factoring income | 4 |
| See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return. | |
| 5a Section 245A eligible dividends (see instructions) | 5a |
| b Extraordinary disposition amounts (see instructions) | 5b |
| c Extraordinary reduction amounts (see instructions) | 5c |
| d Section 245A(e) dividends (see instructions) | 5d |
| e Dividends not reported on line 5a, 5b, 5c, or 5d | 5e |
| 6 Exchange gain or (loss) on a distribution of previously taxed earnings and profits | 6 |

| | Yes | No |
|---|-----|----------|
| 7a Was any income of the foreign corporation blocked? | | |
| b Did any such income become unblocked during the tax year (see section 964(b))? | | |
| If the answer to either question is "Yes," attach an explanation. | | |
| 8a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)? | | X |
| b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances. | | |
| c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances. | | |
| 9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) | | \$ |

Form **5471** (Rev. 12-2023)

**SCHEDULE J
(Form 5471)**

(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

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

Identifying number

23-6393344

Name of foreign corporation

IMF HEKIMA S.A.

EIN (if any)

000000000

Reference ID number

HEKIMA987203

- a** Separate Category (Enter code - see instructions.) ▶ **GEN**
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶

Part I Accumulated E&P of Controlled Foreign Corporation

☐ Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).

Important: Enter amounts in functional currency.

| | | (a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance) | (b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance) | (c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance) | (d) Hovering Deficit and Deduction for Suspended Taxes | (e) Previously Taxed E&P (see instructions) | |
|-----------|--|--|--|--|--|---|--|
| | | | | | | (i) Reclassified section 965(a) PTEP | (ii) Reclassified section 965(b) PTEP |
| 1a | Balance at beginning of year (as reported on prior year Schedule J) | | -20,983. | | | | |
| b | Beginning balance adjustments (attach statement) | | | | | | |
| c | Adjusted beginning balance (combine lines 1a and 1b) | | -20,983. | | | | |
| 2a | Reduction for taxes unsuspended under anti-splitter rules | | | | | | |
| b | Disallowed deduction for taxes suspended under anti-splitter rules | | | | | | |
| 3 | Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H) | | | | | | |
| 4 | E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation | | | | | | |
| 5a | E&P carried over in nonrecognition transaction | | | | | | |
| b | Reclassify deficit in E&P as hovering deficit after nonrecognition transaction | | | | | | |
| 6 | Other adjustments (attach statement) | | | | | | |
| 7 | Total current and accumulated E&P (combine lines 1c through 6) | | -20,983. | | | | |
| 8 | Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P | | | | | | |
| 9 | Actual distributions | | | | | | |
| 10 | Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P | | | | | | |
| 11 | Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) | | | | | | |
| 12 | Other adjustments (attach statement) | | | | | | |
| 13 | Hovering deficit offset of undistributed post- transaction E&P (see instructions) | | | | | | |
| 14 | Balance at beginning of next year (combine lines 7 through 13) | | -20,983. | | | | |

Part I Accumulated E&P of Controlled Foreign Corporation *(continued)*

| (e) Previously Taxed E&P (see instructions) | | | | | |
|---|---|-------------------------------------|---------------------------------------|---|---------------------------|
| | (iii) General section 959(c)(1) PTEP | (iv) Reclassified section 951A PTEP | (v) Reclassified section 245A(d) PTEP | (vi) Section 965(a) PTEP | (vii) Section 965(b) PTEP |
| 1a | | | | | |
| b | | | | | |
| c | | | | | |
| 2a | | | | | |
| b | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5a | | | | | |
| b | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| | (e) Previously Taxed E&P (see instructions) | | | (f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x)) | |
| | (viii) Section 951A PTEP | (ix) Section 245A(d) PTEP | (x) Section 951(a)(1)(A) PTEP | | |
| 1a | | | | -20,983. | |
| b | | | | | |
| c | | | | -20,983. | |
| 2a | | | | | |
| b | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5a | | | | | |
| b | | | | | |
| 6 | | | | | |
| 7 | | | | -20,983. | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | -20,983. | |

Part II **Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))****Important:** Enter amounts in functional currency.

| | | | | |
|----------|--|---|----------|--|
| 1 | Balance at beginning of year | ▶ | 1 | |
| 2 | Additions (amounts subject to future recapture) | ▶ | 2 | |
| 3 | Subtractions (amounts recaptured in current year) | ▶ | 3 | |
| 4 | Balance at end of year (combine lines 1 through 3) | ▶ | 4 | |

Schedule J (Form 5471) (Rev. 12-2020)

**SCHEDULE M
(Form 5471)**(Rev. December 2021)
Department of the Treasury
Internal Revenue Service**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

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

Identifying number

23-6393344

Name of foreign corporation

IMF HEKIMA S.A.

EIN (if any)

000000000

Reference ID number

HEKIMA987203

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

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **UNITED STATES, DOLLAR .000000**

| (a) Transactions of foreign corporation | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|---|---------------------------------------|--|---|--|---|
| 1 Sales of stock in trade (inventory) ... | | | | | |
| 2 Sales of tangible property other than stock in trade | | | | | |
| 3 Sales of property rights (patents, trademarks, etc.) | | | | | |
| 4 Platform contribution transaction payments received | | | | | |
| 5 Cost sharing transaction payments received | | | | | |
| 6 Compensation received for technical, managerial, engineering, construction, or like services | | | | | |
| 7 Commissions received | | | | | |
| 8 Rents, royalties, and license fees received ... | | | | | |
| 9 Hybrid dividends received (see instr.) ... | | | | | |
| 10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income) | | | | | |
| 11 Interest received | | | | | |
| 12 Premiums received for insurance or reinsurance | | | | | |
| 13 Loan guarantee fees received | | | | | |
| 14 Other amounts received (att. statement) | | | | | |
| 15 Add lines 1 through 14 | | | | | |
| 16 Purchases of stock in trade (inventory) | | | | | |
| 17 Purchases of tangible property other than stock in trade | | | | | |
| 18 Purchases of property rights (patents, trademarks, etc.) | | | | | |
| 19 Platform contribution transaction payments paid | | | | | |
| 20 Cost sharing transaction payments paid | | | | | |
| 21 Compensation paid for technical, managerial, engineering, construction, or like services | | | | | |
| 22 Commissions paid | | | | | |
| 23 Rents, royalties, and license fees paid | | | | | |
| 24 Hybrid dividends paid (see instructions) | | | | | |
| 25 Dividends paid (exclude hybrid dividends paid) | | | | | |
| 26 Interest paid | | | | | |
| 27 Premiums paid for insurance or reinsurance | | | | | |
| 28 Loan guarantee fees paid | | | | | |
| 29 Other amounts paid (attach statement) | | | | | |
| 30 Add lines 16 through 29 | | | | | |

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

Schedule M (Form 5471) (Rev. 12-2021)

312371 04-01-23

Name of person filing Form 5471

Identifying number

**WORLD RELIEF CORP. OF NATIONAL
ASSOCIATION OF EVANGELICALS****23-6393344**

| (a) Transactions of foreign corporation | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|---|---------------------------------------|--|---|--|---|
| 31 Accounts Payable | | | | | |
| 32 Amounts borrowed (enter the maximum loan balance during the year) - see instr. | | | | | |
| 33 Accounts Receivable | | | | | |
| 34 Amounts loaned (enter the maximum loan balance during the year) - see instr. | | | | | |

Schedule M (Form 5471) (Rev. 12-2021)