

All Copy

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **10/01, 2018**, and ending **09/30, 2019**

B Check if applicable:

| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Address change |
| <input type="checkbox"/> | Name change |
| <input type="checkbox"/> | Initial return |
| <input type="checkbox"/> | Terminated |
| <input type="checkbox"/> | Amended return |
| <input type="checkbox"/> | Application pending |

C Name of organization: **LUTHERAN WORLD RELIEF**
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **700 LIGHT STREET**
 City or town, state or province, country, and ZIP or foreign postal code: **BALTIMORE, MD 21230-3850**

D Employer identification number: **13-2574963**

E Telephone number: **(410) 230-2700**

F Name and address of principal officer: **JOANN THEYS**
SAME AS "C" ABOVE

G Gross receipts \$: **143,540,885.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.LWR.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1945** **M** State of legal domicile: **NY**

H(c) Group exemption number ▶

Part I Summary

| | |
|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: LWR WORKS WITH LUTHERANS & PARTNERS AROUND THE WORLD TO END POVERTY, INJUSTICE, & HUMAN SUFFERING. |
| | 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) 3 15. |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15. |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 112. |
| | 6 Total number of volunteers (estimate if necessary) 6 15. |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. |
| 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 46,984,589. 46,842,067. |
| | 9 Program service revenue (Part VIII, line 2g) 789,053. 383,661. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,688,988. 891,333. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 50,654. 501,005. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 50,513,284. 48,618,066. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 23,724,059. 20,109,205. |
| Expenses | 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16,999,231. 17,144,023. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) 516,213. 514,289. |
| | b Total fundraising expenses (Part IX, column (D), line 25) 3,523,710. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,982,520. 15,141,090. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 54,222,023. 52,908,607. |
| 19 Revenue less expenses. Subtract line 18 from line 12 -3,708,739. -4,290,541. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 49,943,014. 40,236,973. |
| | 21 Total liabilities (Part X, line 26) 15,464,481. 9,799,375. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 34,478,533. 30,437,598. |

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: **JOANN THEYS** Date: _____
 Type or print name and title: **VP FOR FIN & ADMIN**

Paid Preparer Use Only

Print/Type preparer's name: **MARC BERGER** Preparer's signature: *Marc Berger* Date: **8/12/2020** Check if self-employed PTIN: **P01871563**

Firm's name: **BDO USA, LLP** Firm's EIN: **13-5381590**
 Firm's address: **8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102** Phone no.: **703-893-0600**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

AFFIRMING GOD'S LOVE FOR ALL PEOPLE, WE WORK WITH LUTHERANS AND PARTNERS AROUND THE WORLD TO END POVERTY, INJUSTICE AND HUMAN SUFFERING.

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 [X] No

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

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

4a (Code:) (Expenses \$ 22,115,029. including grants of \$ 16,107,779.) (Revenue \$ 0.)

EMERGENCIES AND MATERIAL RESOURCES: LUTHERAN WORLD RELIEF RESPONDS TO NATURAL DISASTERS AND CONFLICT-DRIVEN EMERGENCIES, ESPECIALLY THOSE THAT AFFECT THE WORLD'S POOREST COMMUNITIES. WE WORK WITH VULNERABLE COMMUNITIES TO HELP THEM REBUILD AFTER DISASTER STRIKES AND PREPARE FOR FUTURE DISASTERS. IN FISCAL YEAR 2019, WE ENGAGED IN 40 EMERGENCY RESPONSE AND MATERIAL RESOURCES PROJECTS AROUND THE WORLD. IN ADDITION, LUTHERAN WORLD RELIEF AND OUR PARTNERS CONDUCTED 26 DISTRIBUTIONS OF MISSION QUILTS OR CARE KITS REACHING MORE THAN 600,000 PEOPLE.

4b (Code:) (Expenses \$ 14,121,817. including grants of \$ 2,842,934.) (Revenue \$ 383,661.)

AGRICULTURE: LUTHERAN WORLD RELIEF WORKS WITH POOR, RURAL COMMUNITIES AROUND THE WORLD TO HELP FARMERS IMPROVE THEIR CROPS, LEARN NEW TECHNIQUES AND TOOLS TO INCREASE THEIR YIELD AND ATTRACT BUYERS WHO WILL PAY MORE FOR THEIR PRODUCTS. WE HELP RURAL COMMUNITIES DEVELOP PRODUCTIVE, RESILIENT AND STABLE ECONOMIES THROUGH AN ENTERPRISE-BASED APPROACH THAT ENGAGES THE PRIVATE SECTOR AT MULTIPLE LEVELS TO CREATE PROFITABLE PARTNERSHIPS THAT BENEFIT FAMILIES AND PROMOTE RURAL LIVELIHOODS. IN FISCAL YEAR 2019, WE CARRIED OUT 46 PROGRAMS FOCUSED ON AGRICULTURE AND FOOD SECURITY THAT ENGAGED APPROXIMATELY 130,000 FARMERS.

4c (Code:) (Expenses \$ 3,193,352. including grants of \$ 597,386.) (Revenue \$ 0.)

ATTACHMENT 1

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

(Expenses \$ 3,181,344. including grants of \$ 561,106.) (Revenue \$ 0.)

4e Total program service expenses 42,611,542.

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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | X | |
| b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> | X | |
| c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> | X | |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?. | X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). | 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 | |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DR. WILLIAM J. CRAFT CHAIRPERSON | 13.00 0. | X | | X | | | | 0. | 0. | 0. |
| (2) THE REV. TIMOTHY RUNTSCH SECRETARY | 5.00 0. | X | | X | | | | 0. | 0. | 0. |
| (3) MS. HILDA (BAMBI) ARELLANO DIRECTOR | 6.50 0. | X | | | | | | 0. | 0. | 0. |
| (4) DR. LOUISE EVENSON DIRECTOR | 9.00 0. | X | | | | | | 0. | 0. | 0. |
| (5) MS. JEAN HANSON DIRECTOR | 13.00 0. | X | | | | | | 0. | 0. | 0. |
| (6) MR. KENNETH JONES, II DIRECTOR | 6.00 0. | X | | | | | | 0. | 0. | 0. |
| (7) THE REV. DR. DAVID LOSE DIRECTOR | 4.50 0. | X | | | | | | 0. | 0. | 0. |
| (8) DR. KATHI TUNHEIM DIRECTOR | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (9) DR. GREGG SYLVESTER VICE CHAIR | 4.00 0. | X | | X | | | | 0. | 0. | 0. |
| (10) MS. MARTINE POLYCARPE DIRECTOR | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (11) MS. ABAGAIL NELSON OFFICER AT LARGE | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (12) MR. TAMRON KEITH DIRECTOR | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (13) MR. JEFF JORDAN DIRECTOR | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (14) MS. SONYA FUNNA EVELYN DIRECTOR | 4.00 0. | X | | | | | | 0. | 0. | 0. |

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 dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) MR. PHILLIP ATKINS-PATTENSON DIRECTOR | 4.00 0. | X | | | | | 0. | 0. | 0. | |
| (16) AMB. DANIEL V. SPECKHARD, RT. PRESIDENT AND CEO | 56.19 0. | | | X | | | 338,570. | 0. | 68,639. | |
| (17) MS. JOANN THEYS VP FIN & ADMIN/TREAS | 46.19 0. | | | X | | | 190,366. | 0. | 21,989. | |
| (18) MR. TIMOTHY MCCULLY SVP INTERNATIONAL PROGRAMS | 46.34 0. | | | X | | | 189,021. | 0. | 45,963. | |
| (19) MS. EMILY SOLLIE SR DIR, EXEC COMMUNICATIONS | 43.28 0. | | | X | | | 104,606. | 0. | 39,451. | |
| (20) MS. LAURA MORALES AVP OF FINANCE & ADMIN | 46.15 0. | | | X | | | 142,601. | 0. | 31,523. | |
| (21) MS. WENDY ROTHENBERGER VP, PRESIDENT'S OFFICE & HR | 44.41 0. | | | | | X | 181,450. | 0. | 26,848. | |
| (22) MS. GERALDINE SICOLA VP, STRATEGIC PSHIPS & EXT REL | 44.79 0. | | | | | X | 173,971. | 0. | 26,464. | |
| (23) MR. MICHAEL WATT VP INTERNATIONAL OPERATIONS | 44.98 0. | | | | | X | 160,881. | 0. | 24,638. | |
| (24) MR. FREDERICK KELLETT DIR, IMPACT INVESTING | 46.77 0. | | | | | X | 164,397. | 0. | 15,488. | |
| 1b Sub-total | | | | | | | 0. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 1,645,863. | 0. | 301,003. | |
| d Total (add lines 1b and 1c) | | | | | | | 1,645,863. | 0. | 301,003. | |

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 **▶** 9

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 3 | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 14

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 | 1a Federated campaigns | 1a | 227,181. | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | 892,339. | | | | |
| | e Government grants (contributions) | 1e | 6,512,235. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 39,210,312. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 13,426,901. | | | | |
| | h Total. Add lines 1a-1f ▶ | | 46,842,067. | | | | |
| | Program Service Revenue | | | | | | |
| 2a CONTRACT REVENUE | | | 541900 | 383,661. | 383,661. | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d _____ | | | | | | | |
| e _____ | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f ▶ | | | | 383,661. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). ▶ | | | 639,785. | | | 639,785. |
| | 4 Income from investment of tax-exempt bond proceeds . ▶ | | | 0. | | | |
| | 5 Royalties ▶ | | | 0. | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) ▶ | | | 0. | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 95,174,368. | | | | | |
| | b Less: cost or other basis and sales expenses | | | 94,922,819. | | | |
| | c Gain or (loss) | | | 251,549. | | | |
| | d Net gain or (loss) ▶ | | | 251,548. | | | 251,548. |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a | | | 0. | | | |
| | b Less: direct expenses b | | | 0. | | | |
| c Net income or (loss) from fundraising events ▶ | | | 0. | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 a | | | 0. | | | | |
| b Less: direct expenses b | | | 0. | | | | |
| c Net income or (loss) from gaming activities ▶ | | | 0. | | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | 0. | | | | |
| b Less: cost of goods sold b | | | 0. | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | 0. | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a MISCELLANEOUS | | 900099 | 501,005. | | | 501,005. | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | 501,005. | | | | |
| 12 Total revenue. See instructions. ▶ | | | 48,618,066. | 383,661. | | 1,392,338. | |

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 | 101,892. | 101,892. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 20,007,313. | 20,007,313. | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 939,798. | 225,811. | 713,987. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 11,789,044. | 8,201,102. | 2,537,140. | 1,050,802. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 742,419. | 742,419. | | |
| 9 Other employee benefits | 3,033,025. | 2,209,018. | 484,374. | 339,633. |
| 10 Payroll taxes | 639,737. | 3,935. | 635,802. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 18,121. | 26,145. | -8,024. | |
| c Accounting | 120,019. | 25,719. | 94,300. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17. | 514,289. | | | 514,289. |
| f Investment management fees | 0. | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 2,857,907. | 1,718,281. | 925,526. | 214,100. |
| 12 Advertising and promotion | 0. | | | |
| 13 Office expenses | 2,706,430. | 1,321,636. | 507,318. | 877,476. |
| 14 Information technology | 0. | | | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 1,148,157. | 906,033. | 165,702. | 76,422. |
| 17 Travel | 2,689,018. | 2,064,588. | 474,408. | 150,022. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 0. | | | |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 178,321. | 134,325. | 24,473. | 19,523. |
| 23 Insurance | 120,714. | 64,699. | 56,015. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROGRAM INPUTS | 4,711,021. | 4,711,021. | | |
| b MEMBERSHIP FEES | 102,352. | 93,584. | 8,768. | |
| c MISCELLANEOUS | 121,149. | 43,784. | 40,113. | 37,252. |
| d BANK AND MERCHANT FEES | 367,881. | 10,237. | 113,453. | 244,191. |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 52,908,607. | 42,611,542. | 6,773,355. | 3,523,710. |
| 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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 18,594. | 3,314. | 13,271. | 2,009. |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|---------------------|
| Assets | 1 Cash - non-interest-bearing | 1,386,363. | 1 | 3,028,176. |
| | 2 Savings and temporary cash investments | 2,755,722. | 2 | 786,699. |
| | 3 Pledges and grants receivable, net | 1,910,593. | 3 | 1,384,496. |
| | 4 Accounts receivable, net | 1,587,093. | 4 | 1,435,329. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 Inventories for sale or use | 4,989,200. | 8 | 4,200,072. |
| | 9 Prepaid expenses and deferred charges | 200,408. | 9 | 381,608. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,997,445. | | |
| | b Less: accumulated depreciation | 10b 1,691,093. | 404,239. | 10c 306,352. |
| | 11 Investments - publicly traded securities | 19,778,321. | 11 | 18,170,167. |
| | 12 Investments - other securities. See Part IV, line 11 | 3,813,515. | 12 | 2,903,605. |
| | 13 Investments - program-related. See Part IV, line 11 | 3,598,281. | 13 | 3,559,345. |
| | 14 Intangible assets | 0. | 14 | 0. |
| | 15 Other assets. See Part IV, line 11 | 9,519,279. | 15 | 4,081,124. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 49,943,014. | 16 | 40,236,973. | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,289,850. | 17 | 3,474,688. |
| | 18 Grants payable | 0. | 18 | 0. |
| | 19 Deferred revenue | 0. | 19 | 0. |
| | 20 Tax-exempt bond liabilities | 1,801,979. | 20 | 1,679,026. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 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 | 9,372,652. | 25 | 4,645,661. |
| | 26 Total liabilities. Add lines 17 through 25 | 15,464,481. | 26 | 9,799,375. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 27,339,133. | 27 | 23,450,781. |
| | 28 Temporarily restricted net assets | 6,866,661. | 28 | 6,660,192. |
| | 29 Permanently restricted net assets | 272,739. | 29 | 326,625. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 34,478,533. | 33 | 30,437,598. | |
| 34 Total liabilities and net assets/fund balances | 49,943,014. | 34 | 40,236,973. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 48,618,066. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 52,908,607. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -4,290,541. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 34,478,533. |
| 5 | Net unrealized gains (losses) on investments | 5 | 249,606. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 30,437,598. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | X | |
| 3b | X | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

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 or 990-EZ).)
- 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 in 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 | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 46,233,099. | 46,181,220. | 51,779,744. | 46,984,589. | 46,842,067. | 238,020,719. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 Total. Add lines 1 through 3. | 46,233,099. | 46,181,220. | 51,779,744. | 46,984,589. | 46,842,067. | 238,020,719. |
| 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). | | | | | | 0. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 238,020,719. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| 7 Amounts from line 4. | 46,233,099. | 46,181,220. | 51,779,744. | 46,984,589. | 46,842,067. | 238,020,719. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 605,732. | 581,923. | 512,406. | 600,152. | 639,785. | 2,939,998. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1 | 19,895. | 112,492. | 69,496. | 50,654. | 501,006. | 753,543. |
| 11 Total support. Add lines 7 through 10 | | | | | | 241,714,260. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,572,527. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). | 14 | 98.47% |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 98.65% |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)), | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|----------|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | 2 | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

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

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2014 | 2015 | 2016 | 2017 | 2018 | TOTAL |
|---------------|----------------|-----------------|----------------|----------------|-----------------|-----------------|
| MISCELLANEOUS | 19,895. | 112,492. | 69,496. | 50,654. | 501,006. | 753,543. |
| TOTALS | <u>19,895.</u> | <u>112,492.</u> | <u>69,496.</u> | <u>50,654.</u> | <u>501,006.</u> | <u>753,543.</u> |

Schedule of Contributors

2018

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

| | |
|---|--|
| Name of the organization LUTHERAN WORLD RELIEF | Employer identification number 13-2574963 |
|---|--|

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **LUTHERAN WORLD RELIEF**

Employer identification number
13-2574963

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | _____ _____ _____ | \$ 1,791,261. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ _____ _____ | \$ 2,123,738. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| _____ | _____ _____ _____ | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _____ | _____ _____ _____ | \$ _____ | _____ |

Name of organization LUTHERAN WORLD RELIEF

Employer identification number
13-2574963

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 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 on 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 | 278,216. | 267,989. | 250,167. | 246,277. | 254,913. |
| b Contributions | 53,886. | 9,001. | 13,000. | | |
| c Net investment earnings, gains, and losses | 14,932. | 20,318. | 23,284. | 21,442. | -4,461. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 20,409. | 19,092. | 18,462. | 17,552. | 4,175. |
| f Administrative expenses | | | | | |
| g End of year balance | 326,625. | 278,216. | 267,989. | 250,167. | 246,277. |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ 100.0000 %
 - c** Temporarily restricted endowment ▶ _____ %
- 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 | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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 | | 41,125. | | 41,125. |
| b Buildings | | 63,650. | 38,761. | 24,889. |
| c Leasehold improvements | | | | |
| d Equipment | | 1,405,055. | 1,269,065. | 135,990. |
| e Other | | 906,786. | 802,438. | 104,348. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 306,352. |

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) COMMINGLED INVESTMENT VEHICLE | 1,397,595. | FMV |
| (B) POOLED TRUST FUND | 1,506,010. | FMV |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 2,903,605. | |

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) INVESTMENT IN LUTHERAN CENTER | | |
| (2) CORPORATION | 3,394,342. | COST |
| (3) INVESTMENT IN DIVINE CHOCOLATE | 165,003. | COST |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 3,559,345. | |

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) MONETIZATION RECEIVABLE | |
| (2) CHARITABLE TRUSTS | 2,113,901. |
| (3) OTHER ASSETS | 1,558,253. |
| (4) CASH SURRENDER VALUE OF LIFE | |
| (5) INSURANCE CONTRACTS | 408,970. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 4,081,124. |

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) ADVANCES RECEIVED FOR PROGRAM | |
| (3) PURPOSES | |
| (4) MONETIZATION LIABILITY | 4,645,661. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 4,645,661. |

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

ENDOWMENT GIFTS PROVIDED BY DONORS DO NOT HAVE RESTRICTION ON THE USE OF INCOME PRODUCED. ACCORDINGLY, ALL INCOME IS USED FOR UNRESTRICTED PURPOSES.

SCHEDULE D, PART X, LINE 2:

LWR IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE IRC. IN ADDITION, LWR QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. LWR HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED SEPTEMBER 30, 2019.

LWR FOLLOWS THE PROVISIONS OF THE FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. LWR FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTIONS. LWR-IMA BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON LWR'S FINANCIAL POSITION, RESULTS OF ACTIVITIES OR CASH FLOWS. ACCORDINGLY, LWR HAS NOT RECORDED ANY RESERVES OR RELATED ACCRUALS FOR TAXES, INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT SEPTEMBER 30, 2019. LWR IS OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM 2016 FORWARD.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

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 |
|---|-------------------------------------|--|--|--|--|
| (1) CENTRAL AMERICA/CARIBBEAN | 4. | 30. | PROGRAM SERVICES | SEE PART V | 749,248. |
| (2) EAST ASIA AND THE PACIFIC | 7. | 10. | PROGRAM SERVICES | SEE PART V | 273,537. |
| (3) MIDDLE EAST AND NORTH AFRICA | 3. | 0. | PROGRAM SERVICES | SEE PART V | 591,920. |
| (4) SOUTH AMERICA | 5. | 31. | PROGRAM SERVICES | SEE PART V | 383,226. |
| (5) SOUTH ASIA | 2. | 18. | PROGRAM SERVICES | SEE PART V | 998,805. |
| (6) SUB-SAHARAN AFRICA | 15. | 113. | PROGRAM SERVICES | SEE PART V | 2,253,058. |
| (7) SUB-SAHARAN AFRICA | 0. | 0. | INVESTMENTS | NONE | 803,476. |
| (8) SOUTH AMERICA | 0. | 0. | INVESTMENTS | NONE | 9,000. |
| (9) EUROPE | 0. | 0. | INVESTMENTS | NONE | 165,003. |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | 36. | 202. | | | 6,227,273. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 36. | 202. | | | 6,227,273. |

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

Schedule F (Form 990) 2018

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) |
|------|--------------------------|--|-------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | 31,559. | WIRE TRANSFE | | | NONE |
| (2) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | 75,000. | WIRE TRANSFE | | | NONE |
| (3) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | 75,000. | WIRE TRANSFE | | | NONE |
| (4) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | 29,797. | WIRE TRANSFE | | | NONE |
| (5) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | 25,000. | WIRE TRANSFE | | | NONE |
| (6) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | 72,914. | WIRE TRANSFE | | | NONE |
| (7) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | 9,042. | WIRE TRANSFE | | | NONE |
| (8) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | 89,520. | WIRE TRANSFE | | | NONE |
| (9) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | 81,417. | WIRE TRANSFE | | | NONE |
| (10) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | 60,000. | WIRE TRANSFE | | | NONE |
| (11) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | 200,000. | WIRE TRANSFE | | | NONE |
| (12) | | | EAST ASIA/PACIFIC | SEE PART V | 44,437. | WIRE TRANSFE | | | NONE |
| (13) | | | EAST ASIA/PACIFIC | SEE PART V | 47,169. | WIRE TRANSFE | | | NONE |
| (14) | | | EAST ASIA/PACIFIC | SEE PART V | 106,282. | WIRE TRANSFE | | | NONE |
| (15) | | | EAST ASIA/PACIFIC | SEE PART V | 69,549. | WIRE TRANSFE | | | NONE |
| (16) | | | EAST ASIA/PACIFIC | SEE PART V | 6,100. | WIRE TRANSFE | | | NONE |

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

3 Enter total number of other organizations or entities ▶ _____

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) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | MIDDLE EAST/NORTH AFRICA | SEE PART V | 12,442. | WIRE TRANSFE | | | NONE |
| (2) | | | MIDDLE EAST/NORTH AFRICA | SEE PART V | 54,649. | WIRE TRANSFE | | | NONE |
| (3) | | | MIDDLE EAST/NORTH AFRICA | SEE PART V | 20,000. | WIRE TRANSFE | | | NONE |
| (4) | | | MIDDLE EAST/NORTH AFRICA | SEE PART V | 107,970. | WIRE TRANSFE | | | NONE |
| (5) | | | MIDDLE EAST/NORTH AFRICA | SEE PART V | 34,354. | WIRE TRANSFE | | | NONE |
| (6) | | | MIDDLE EAST/NORTH AFRICA | SEE PART V | 34,550. | WIRE TRANSFE | | | NONE |
| (7) | | | MIDDLE EAST/NORTH AFRICA | SEE PART V | 39,866. | WIRE TRANSFE | | | NONE |
| (8) | | | MIDDLE EAST/NORTH AFRICA | SEE PART V | 68,361. | WIRE TRANSFE | | | NONE |
| (9) | | | NORTH AMERICA | SEE PART V | 109,730. | WIRE TRANSFE | | | NONE |
| (10) | | | NORTH AMERICA | SEE PART V | 109,998. | WIRE TRANSFE | | | NONE |
| (11) | | | SOUTH AMERICA | SEE PART V | 71,272. | WIRE TRANSFE | | | NONE |
| (12) | | | SOUTH AMERICA | SEE PART V | 63,918. | WIRE TRANSFE | | | NONE |
| (13) | | | SOUTH AMERICA | SEE PART V | 5,246. | WIRE TRANSFE | | | NONE |
| (14) | | | SOUTH AMERICA | SEE PART V | 63,380. | WIRE TRANSFE | | | NONE |
| (15) | | | SOUTH AMERICA | SEE PART V | 10,001. | WIRE TRANSFE | | | NONE |
| (16) | | | SOUTH AMERICA | SEE PART V | 20,000. | WIRE TRANSFE | | | NONE |

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

3 Enter total number of other organizations or entities ▶ _____

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) |
|------|--------------------------|--|---------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | SOUTH AMERICA | SEE PART V | 7,000. | WIRE TRANSFE | | | NONE |
| (2) | | | SOUTH AMERICA | SEE PART V | 20,000. | WIRE TRANSFE | | | NONE |
| (3) | | | SOUTH AMERICA | SEE PART V | 59,610. | WIRE TRANSFE | | | NONE |
| (4) | | | SOUTH AMERICA | SEE PART V | 62,799. | WIRE TRANSFE | | | NONE |
| (5) | | | SOUTH ASIA | SEE PART V | 58,913. | WIRE TRANSFE | | | NONE |
| (6) | | | SOUTH ASIA | SEE PART V | 83,472. | WIRE TRANSFE | | | NONE |
| (7) | | | SOUTH ASIA | SEE PART V | 46,347. | WIRE TRANSFE | | | NONE |
| (8) | | | SOUTH ASIA | SEE PART V | 29,879. | WIRE TRANSFE | | | NONE |
| (9) | | | SOUTH ASIA | SEE PART V | 44,118. | WIRE TRANSFE | | | NONE |
| (10) | | | SOUTH ASIA | SEE PART V | 29,900. | WIRE TRANSFE | | | NONE |
| (11) | | | SOUTH ASIA | SEE PART V | 50,000. | WIRE TRANSFE | | | NONE |
| (12) | | | SOUTH ASIA | SEE PART V | 50,000. | WIRE TRANSFE | | | NONE |
| (13) | | | SOUTH ASIA | SEE PART V | 15,263. | WIRE TRANSFE | | | NONE |
| (14) | | | SOUTH ASIA | SEE PART V | 18,200. | WIRE TRANSFE | | | NONE |
| (15) | | | SOUTH ASIA | SEE PART V | 51,594. | WIRE TRANSFE | | | NONE |
| (16) | | | SOUTH ASIA | SEE PART V | 15,000. | WIRE TRANSFE | | | NONE |

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

3 Enter total number of other organizations or entities ▶ _____

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) |
|------|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | SOUTH ASIA | SEE PART V | 28,593. | WIRE TRANSFE | | | NONE |
| (2) | | | SOUTH ASIA | SEE PART V | 24,615. | WIRE TRANSFE | | | NONE |
| (3) | | | SOUTH ASIA | SEE PART V | 138,715. | WIRE TRANSFE | | | NONE |
| (4) | | | SOUTH ASIA | SEE PART V | 6,000. | WIRE TRANSFE | | | NONE |
| (5) | | | SOUTH ASIA | SEE PART V | 77,031. | WIRE TRANSFE | | | NONE |
| (6) | | | SOUTH ASIA | SEE PART V | 75,000. | WIRE TRANSFE | | | NONE |
| (7) | | | SOUTH ASIA | SEE PART V | 78,943. | WIRE TRANSFE | | | NONE |
| (8) | | | SOUTH ASIA | SEE PART V | 27,222. | WIRE TRANSFE | | | NONE |
| (9) | | | SOUTH ASIA | SEE PART V | 20,000. | WIRE TRANSFE | | | NONE |
| (10) | | | SOUTH ASIA | SEE PART V | 30,000. | WIRE TRANSFE | | | NONE |
| (11) | | | SUB-SAHARAN AFRICA | SEE PART V | 73,926. | WIRE TRANSFE | | | NONE |
| (12) | | | SUB-SAHARAN AFRICA | SEE PART V | 111,813. | WIRE TRANSFE | | | NONE |
| (13) | | | SUB-SAHARAN AFRICA | SEE PART V | 152,449. | WIRE TRANSFE | | | NONE |
| (14) | | | SUB-SAHARAN AFRICA | SEE PART V | 15,809. | WIRE TRANSFE | | | NONE |
| (15) | | | SUB-SAHARAN AFRICA | SEE PART V | 69,640. | WIRE TRANSFE | | | NONE |
| (16) | | | SUB-SAHARAN AFRICA | SEE PART V | 137,954. | WIRE TRANSFE | | | NONE |

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

3 Enter total number of other organizations or entities ▶ _____

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) |
|------|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | SUB-SAHARAN AFRICA | SEE PART V | 87,576. | WIRE TRANSFE | | | NONE |
| (2) | | | SUB-SAHARAN AFRICA | SEE PART V | 66,590. | WIRE TRANSFE | | | NONE |
| (3) | | | SUB-SAHARAN AFRICA | SEE PART V | 129,994. | WIRE TRANSFE | | | NONE |
| (4) | | | SUB-SAHARAN AFRICA | SEE PART V | 15,000. | WIRE TRANSFE | | | NONE |
| (5) | | | SUB-SAHARAN AFRICA | SEE PART V | 255,826. | WIRE TRANSFE | | | NONE |
| (6) | | | SUB-SAHARAN AFRICA | SEE PART V | 133,000. | WIRE TRANSFE | | | NONE |
| (7) | | | SUB-SAHARAN AFRICA | SEE PART V | 205,249. | WIRE TRANSFE | | | NONE |
| (8) | | | SUB-SAHARAN AFRICA | SEE PART V | 22,296. | WIRE TRANSFE | | | NONE |
| (9) | | | SUB-SAHARAN AFRICA | SEE PART V | 359,213. | WIRE TRANSFE | | | NONE |
| (10) | | | SUB-SAHARAN AFRICA | SEE PART V | 31,428. | WIRE TRANSFE | | | NONE |
| (11) | | | SUB-SAHARAN AFRICA | SEE PART V | 100,000. | WIRE TRANSFE | | | NONE |
| (12) | | | SUB-SAHARAN AFRICA | SEE PART V | 130,652. | WIRE TRANSFE | | | NONE |
| (13) | | | SUB-SAHARAN AFRICA | SEE PART V | 28,544. | WIRE TRANSFE | | | NONE |
| (14) | | | SUB-SAHARAN AFRICA | SEE PART V | 16,979. | WIRE TRANSFE | | | NONE |
| (15) | | | SUB-SAHARAN AFRICA | SEE PART V | 65,891. | WIRE TRANSFE | | | NONE |
| (16) | | | SUB-SAHARAN AFRICA | SEE PART V | 43,229. | WIRE TRANSFE | | | NONE |

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

3 Enter total number of other organizations or entities ▶ _____

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) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | | NONE | 230,400. | SEE PART V | FAIR MARKET |
| (2) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | | NONE | 177,520. | SEE PART V | FAIR MARKET |
| (3) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | | NONE | 428,350. | SEE PART V | FAIR MARKET |
| (4) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | | NONE | 375,000. | SEE PART V | FAIR MARKET |
| (5) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | | NONE | 155,680. | SEE PART V | FAIR MARKET |
| (6) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | | NONE | 374,480. | SEE PART V | FAIR MARKET |
| (7) | | | CENT. AMERICA/CARIBBEAN | SEE PART V | | NONE | 642,240. | SEE PART V | FAIR MARKET |
| (8) | | | EUROPE/ICELAND/GREENLAND | SEE PART V | | NONE | 336,200. | SEE PART V | FAIR MARKET |
| (9) | | | EUROPE/ICELAND/GREENLAND | SEE PART V | | NONE | 230,400. | SEE PART V | FAIR MARKET |
| (10) | | | MIDDLE EAST/NORTH AFRICA | SEE PART V | | NONE | 433,460. | SEE PART V | FAIR MARKET |
| (11) | | | MIDDLE EAST/NORTH AFRICA | SEE PART V | | NONE | 1,508,180. | SEE PART V | FAIR MARKET |
| (12) | | | MIDDLE EAST/NORTH AFRICA | SEE PART V | | NONE | 502,827. | SEE PART V | FAIR MARKET |
| (13) | | | RUSSIA/NEWLY IND. STATES | SEE PART V | | NONE | 428,240. | SEE PART V | FAIR MARKET |
| (14) | | | RUSSIA/NEWLY IND. STATES | SEE PART V | | NONE | 178,030. | SEE PART V | FAIR MARKET |
| (15) | | | SOUTH AMERICA | SEE PART V | | NONE | 1,040,320. | SEE PART V | FAIR MARKET |
| (16) | | | SUB-SAHARAN AFRICA | SEE PART V | | NONE | 212,850. | SEE PART V | FAIR MARKET |

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

3 Enter total number of other organizations or entities ▶ _____

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) |
|------|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | SUB-SAHARAN AFRICA | SEE PART V | | NONE | 819,700. | SEE PART V | FAIR MARKET |
| (2) | | | SUB-SAHARAN AFRICA | SEE PART V | | NONE | 202,530. | SEE PART V | FAIR MARKET |
| (3) | | | SUB-SAHARAN AFRICA | SEE PART V | | NONE | 30,000. | SEE PART V | FAIR MARKET |
| (4) | | | SUB-SAHARAN AFRICA | SEE PART V | | NONE | 516,800. | SEE PART V | FAIR MARKET |
| (5) | | | SUB-SAHARAN AFRICA | SEE PART V | | NONE | 1,044,400. | SEE PART V | FAIR MARKET |
| (6) | | | SUB-SAHARAN AFRICA | SEE PART V | | NONE | 727,760. | SEE PART V | FAIR MARKET |
| (7) | | | SUB-SAHARAN AFRICA | SEE PART V | | NONE | 221,700. | SEE PART V | FAIR MARKET |
| (8) | | | SUB-SAHARAN AFRICA | SEE PART V | | NONE | 1,008,000. | SEE PART V | FAIR MARKET |
| (9) | | | SUB-SAHARAN AFRICA | SEE PART V | | NONE | 319,350. | SEE PART V | FAIR MARKET |
| (10) | | | SUB-SAHARAN AFRICA | SEE PART V | | NONE | 1,085,400. | SEE PART V | FAIR MARKET |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 43.

3 Enter total number of other organizations or entities ▶ 40.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
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| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2:

LWR PARTNER ORGANIZATIONS (SUB-GRANTEES) ARE PROVIDED TECHNICAL MANAGEMENT AND CAPACITY BUILDING SUPPORT BY LWR STAFF THROUGHOUT THE LIFE CYCLE OF THE GRANT. IN-COUNTRY STAFF TEAMS WORK CLOSELY WITH PARTNERS FROM THE BEGINNING PHASES OF PROJECT DEVELOPMENT THROUGH PROJECT COMPLETION. PRE-AWARD ASSESSMENTS ARE CONDUCTED TO ASSESS OVERALL RISK (FINANCIAL SYSTEMS, TECHNICAL CAPACITY, TYPE/SIZE OF FUNDING AND EXPERIENCE WITH LWR, ETC.). ACTION PLANS, CAPACITY BUILDING AND MONITORING VISITS ARE PLANNED BASED ON RISK ASSESSMENT.

MONITORING IS DONE THROUGH A COMBINATION OF VERBAL AND SCHEDULED WRITTEN FINANCIAL AND PROGRAMMATIC REPORTS, AS WELL AS ON-SITE MONITORING VISITS DURING THE PROJECT FOR TECHNICAL SUPPORT AND VERIFICATION OF PROJECT ACTIVITIES. ON-SITE MONITORING VISITS ARE ALSO OCCASSIONALLY CONDUCTED BY US-BASED FINANCE AND PROGRAM STAFF.

QUARTERLY OR MONTHLY (DEPENDING ON THE PROJECT) FINANCIAL AND NARRATIVE REPORTS ARE REQUIRED FROM PARTNERS AND USED TO REVIEW FINANCIAL PROGRESS. THESE REPORTS ARE REVIEWED AND EVALUATED BY STAFF IN COUNTRY AS WELL AS BY HEADQUARTER STAFF.

SCHEDULE F, PART I, LINE 3, COLUMN (E):

3(1)(E) SPECIFIC TYPES OF SERVICES IN CENTRAL AMERICA/CARIBBEAN:

- SMALL FARMERS' ACCESS TO LOCAL, REGIONAL AND INTERNATIONAL MARKETS PARTICULARLY IN THE COCOA & COFFEE SECTORS

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).

- AGRO-ECOLOGICAL PRODUCTION METHODS
- VULNERABILITY REDUCTION AND RESILIENCE & CAPACITY STRENGTHENING
- DISTRIBUTION OF IN-KIND MATERIAL RESOURCES INCLUDING, QUILTS, PERSONAL CARE KITS, SCHOOL KITS, BABY CARE KITS AND FABRIC KITS.

3(2)(E) SPECIFIC TYPES OF SERVICES IN EAST ASIA AND THE PACIFIC:

- LIVELIHOODS (PROMTING INCOME GENERATION THROUGH TRAINING, MICRO ENTERPRISE SUPPORT AND OTHER MEANS
- AGRICULTURE & FOOD SECURITY (INCORPORATING LANDWATER ACCESS, TRADE ENVIRONMENTAL ISSUES AND NATURAL RESOURCE MANAGEMENT, CLIMATE SMART AGRICULTURE, AGRICULTURE VALUE CHAIN)
- VULNERABILITY REDUCTION AND CAPACITY STRENGTHENING (FOR MARGINALIZED AND FOR THOSE AFFECTED BY EMERGENCIES OR LIVING IN CRISIS ZONES; AS WELL AS CLIMATE CHANGE ADAPTATION AND DISASTER RISK REDUCTION)
- REHABILITATION AND RECONSTRUCTION FOR COMMUNITIES IN HIGH RISK AREAS
- DISTRIBUTION OF IN-KIND MATERIAL RESOURCES INCLUDING, QUILTS, PERSONAL CARE KITS, SCHOOL KITS, BABY CARE KITS AND FABRIC KITS.

3(3)(E) SPECIFIC TYPES OF SERVICES IN MIDDLE EAST AND NORTH AFRICA:

- VULNERABILITY REDUCTION FOR MARGINALIZED
- LIVELIHOODS (PROMOTING INCOME GENERATION THROUGH TRAINING, MICRO ENTERPRISE SUPPORT AND OTHER MEANS AND FOR THOSE AFFECTED BY EMERGENCIES OR LIVING IN CRISIS ZONES
- DISTRIBUTION OF IN-KIND MATERIAL RESOURCES INCLUDING, QUILTS,

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).

PERSONAL CARE KITS, SCHOOL KITS, BABY CARE KITS AND FABRIC KITS.

3(4)(E) SPECIFIC TYPES OF SERVICES IN SOUTH AMERICA:

- SMALL FARMERS' ACCESS TO LOCAL, REGIONAL AND INTERNATIONAL MARKETS

PARTICULARLY IN THE COCOA & COFFEE SECTORS

- AGRO-ECOLOGICAL PRODUCTION METHODS

- COLLABORATION WITH MUNICIPAL GOVERNMENTS

- PROMOTION OF PEACE AND CONFLICT RESOLUTION

- CLIMATE CHANGE VULNERABILITY REDUCTION AND CAPACITY STRENGTHENING

3(5)(E) SPECIFIC TYPES OF SERVICES IN SOUTH ASIA:

- RIGHTS BASED WORK: SOCIAL, ECONOMIC, CULTURAL AND POLITICAL; FIGHTING

INJUSTICE, INEQUALITY AND DISCRIMINATION

- LIVELIHOODS (PROMOTING INCOME GENERATION THROUGH TRAINING, MICRO ENTERPRISE SUPPORT AND OTHER MEANS)

- AGRICULTURE & FOOD SECURITY (INCORPORATING LANDWATER ACCESS, TRADE ENVIRONMENTAL ISSUES AND NATURAL RESOURCE MANAGEMENT, CLIMATE SMART AGRICULTURE, AGRICULTURE VALUE CHAIN)

- WOMEN EMPOWERMENT

- VULNERABILITY REDUCTION AND CAPACITY STRENGTHENING (FOR MARGINALIZED AND FOR THOSE AFFECTED BY EMERGENCIES OR LIVING IN CRISIS ZONES; AS WELL AS CLIMATE CHANGE ADAPTATION AND DISASTER RISK REDUCTION)

- REHABILITATION AND RECONSTRUCTION FOR COMMUNITIES IN HIGH RISK AREAS

- DISTRIBUTION OF IN-KIND MATERIAL RESOURCES INCLUDING, QUILTS,

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).

PERSONAL CARE KITS, SCHOOL KITS, BABY CARE KITS AND FABRIC KITS.

3(6)(E) SPECIFIC TYPES OF SERVICES IN SUB-SAHARAN AFRICA:

- FOOD SECURITY AND NATURAL RESOURCE MANAGEMENT, AGRICULTURAL PRODUCTION AND MARKETING INCLUDING VALUE CHAINS IN COMMODITIES INCLUDING COFFEE, SESAME, DRY CEREALS, FRUITS AND VEGETABLES, ETC.
- AGRO-ECOLOGICAL PRODUCTION METHODS
- CLIMATE CHANGE VULNERABILITY REDUCTION AND CAPACITY STRENGTHENING
- MICRO ENTERPRISE SUPPORT
- BASIC SERVICE PROVISION TO REFUGEES IN CAMPS
- DISTRIBUTION OF IN-KIND MATERIAL RESOURCES INCLUDING, QUILTS, PERSONAL CARE KITS, SCHOOL KITS, BABY CARE KITS AND FABRIC KITS

SCHEDULE F, PART II, LINE 1(1)(D):

1(1)(D) PURPOSE OF GRANT: DROUGHT RESPONSE, RESILIENCE: BUILDING RESILIENCE IN THE DRY CORRIDOR OF WESTERN HONDURAS

SCHEDULE F, PART II, LINE 1(2)(D):

1(2)(D) PURPOSE OF GRANT: TO IMPROVE THE RESILIENCE OF COFFEE PRODUCING COMMUNITIES IN THE FACE OF CLIMATE CHANGE: CAFENICA: RESILIENCE IN THE COFFEE SECTOR IN THE FACE OF CLIMATE CHANGE

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).

SCHEDULE F, PART II, LINE 1(3)(D):

1(3)(D) PURPOSE OF GRANT: TO STRENGTHEN MARKET COMPETITIVENESS OF SMALL
SCALE CACAO PRODUCERS: FUNDACIÓN FUNDASISTEMAS: STRENGTHENING
COMPETITIVENESS OF SMALL CACAO PRODUCERS

SCHEDULE F, PART II, LINE 1(4)(D):

1(4)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
IHCAFE: STRENGTHENING YOUTH CAPACITIES IN ENTREPRENEURSHIP AND COFFEE IN
HONDURA

SCHEDULE F, PART II, LINE 1(5)(D):

1(5)(D) PURPOSE OF GRANT: IMPROVING INCOME GENERATION THROUGH CLIMATE
SMART AG, PRODUCTION, AND GENDER ROLES: ILFE: PROMOTING ECONOMIC
DEVELOPMENT IN SOMOTO, NICARAGUA

SCHEDULE F, PART II, LINE 1(6)(D):

1(6)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
OCDIH: IMPROVING PRODUCTIVITY AND QUALITY IN TWO COFFEE COOPERATIVES

SCHEDULE F, PART II, LINE 1(7)(D):

1(7)(D) PURPOSE OF GRANT: FOOD FOR PROGRESS - USDA PROJECT: PROGRESA
CARIBE - IPADE

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).

SCHEDULE F, PART II, LINE 1(8)(D):

1(8)(D) PURPOSE OF GRANT: EARLY RECOVERY, EMERGENCY RESPONSE: SHELTER AND SETTLEMENTS RESPONSE TO HURRICANE MARIA IN DOMINICA

SCHEDULE F, PART II, LINE 1(9)(D):

1(9)(D) PURPOSE OF GRANT: EARLY RECOVERY, LIVELIHOOD RECOVERY, EMERGENCY RESPONSE: SUPPORTING ALTERNATIVE LIVELIHOOD OPPORTUNITIES IN DOMINICA CONSTRUCTION SECTOR

SCHEDULE F, PART II, LINE 1(10)(D):

1(10)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS: UCA SOPPEXCCA: IMPROVING CLIMATE RESILIENCE FOR COFFEE PRODUCERS IN NICARAGUA

SCHEDULE F, PART II, LINE 1(11)(D):

1(11)(D) PURPOSE OF GRANT: WASH AND NUTRITION IN SCHOOLS: WASH PROMOTION & NUTRITION SERVICES TO PREVENT CHOLERA IN HAITI

SCHEDULE F, PART II, LINE 1(12)(D):

1(12)(D) PURPOSE OF GRANT: FLOOD RESILIENCE: ACT ALLIANCE EMERGENCY RESPONSE TO LOMBOK EARTHQUAKE IDN181

SCHEDULE F, PART II, LINE 1(13)(D):

1(13)(D) PURPOSE OF GRANT: ENTREPRENEURIAL SKILLS; EMPLOYMENT IN TOURISM SECTORL WOMEN'S ECONOMIC EMPOWERMENT: AWESOME (ACCELERATING WOMEN'S EMPOWERMENT THROUGH MICROENTERPRISE)

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).

SCHEDULE F, PART II, LINE 1(14)(D):

1(14)(D) PURPOSE OF GRANT: TSUNAMI/EARTHQUAKE RELIEF: EMERGENCY FOOD & NFI
DISTRIBUTION TO PEOPLE AFFECTED BY THE SULAWESI EARTHQUAKE

SCHEDULE F, PART II, LINE 1(15)(D):

1(15)(D) PURPOSE OF GRANT: WOMEN'S LEADERSHIP, WASH: KOPI NANDE WOMEN LED
COMMUNITY HEALTH AND HYGIENE - PKPA

SCHEDULE F, PART II, LINE 1(16)(D):

1(16)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
PARTNERSHIP TO SUPPORT SMALLHOLDER AGRI-ENTERPRISES (PASSAGE)

SCHEDULE F, PART II, LINE 1(17)(D):

1(17)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
AGRICULTURE FOR PEACE IN LEBANON

SCHEDULE F, PART II, LINE 1(18)(D):

1(18)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
CONFLICT MANAGEMENT AND COMMUNITY LIVELIHOODS DEVELOPMENT

SCHEDULE F, PART II, LINE 1(19)(D):

1(19)(D) EMERGENCY RESPONSE: EMERGENCY RESPONSE FOR NORMA STORM IN
LEBANON

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).

SCHEDULE F, PART II, LINE 1(20)(D):

1(20)(D) PURPOSE OF GRANT: ENHANCE LIVELIHOOD AND FOOD SECURITY SITUATION
IN NINEWA: ENHANCING LIVLIHOODS AND FOOD SECURITY SITUATION IN THE NINEWA

SCHEDULE F, PART II, LINE 1(21)(D):

1(21)(D) IMPROVING THE LIVES OF REFUGEES AND HOST COMMUNITY THROUGH
LIVELIHOODS: IMPROVING THE LIVELIHOOD CONDITIONS OF HOST COMMUNITIES &
SYRIANS WORKING IN AG

SCHEDULE F, PART II, LINE 1(22)(D):

1(22)(D) PURPOSE OF GRANT: WOMEN EMPOWERMENT AND LIVELIHOOD SUPPORT: JOB
PLACEMENT OF WOMEN MINORITY IDPS IN IRAQ

SCHEDULE F, PART II, LINE 1(23)(D):

1(23)(D) PURPOSE OF GRANT: IMPROVING THE LIVES OF REFUGEES AND HOST
COMMUNITY THROUGH LIVELIHOODS: MAKHZOUMI - TRAINING ON BEEKEEPING SKILLS
AND ENVIRONMENTAL ARTS AND CRAFTS

SCHEDULE F, PART II, LINE 1(24)(D):

1(24)(D) PURPOSE OF GRANT: PROTECTION, AND LIVELIHOOD DEVELOPMENT:
PROTECTION AND LIVELIHOODS SUPPORT TO WOMEN, YOUTH AND CHILDREN IN MOSUL

SCHEDULE F, PART II, LINE 1(25)(D):

1(25)(D) PURPOSE OF GRANT: WASTE MANAGEMENT PROJECT: WASH FOR VULNERABLE
COMMUNITIES IN ADEN, YEMEN

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).

SCHEDULE F, PART II, LINE 1(26)(D):

1(26)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS: WASH
PROJECT IN QABITAH DISTRICT IN YEMEN

SCHEDULE F, PART II, LINE 1(27)(D):

1(27)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
BIOVERSITY - MOCCA

SCHEDULE F, PART II, LINE 1(28)(D):

1(28)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
CEDINCO - FOOD SECURITY THROUGH CLIMATE ADAPTED AGRICULTURAL DEVELOPMENT

SCHEDULE F, PART II, LINE 1(29)(D):

1(29)(D) PURPOSE OF GRANT: HUMANITARIAN ASSISTANCE FOR VENEZUELAN
REFUGEES: ENCIENTROS: PROTECTION AND HUMANITARIAN ASSISTANCE FOR
VENEZUELAN REFUGEES

SCHEDULE F, PART II, LINE 1(30)(D):

1(30)(D) PURPOSE OF GRANT: EMERGENCY RESPONSE: ENCIENTROS: STRENGTHENING
HUMANITARIAN ASSISTANCE AND ADVOCACY FOR VENEZUELANS

SCHEDULE F, PART II, LINE 1(31)(D):

1(31)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS: FINE
CHOCOLATE INDUSTRY ASSOCIATION - MOCCA

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).

SCHEDULE F, PART II, LINE 1(32)(D):

1(32)(D) PURPOSE OF GRANT: PROVIDE INTEGRATED REHABILITATIVE SERVICES TO
DISABLED YOUTH & YOUNG ADULTS: ILC-CHILE: CASA BETESDA~SEMBRANDO PARA
CRECER / BETHESDA CENTER~SOWING TO GROW

SCHEDULE F, PART II, LINE 1(33)(D):

1(33)(D) PURPOSE OF GRANT: PROVISION OF VITAL MEDICINES FOR PERSONS IN
VENEZUELA: ILC-CHILE: MEDICAMENTOS PARA VENEZUELA, III - MEDICINE FOR
VENEZUELA, III

SCHEDULE F, PART II, LINE 1(34)(D):

1(34)(D) PURPOSE OF GRANT: CONSTRUCTION OF MULTIPURPOSE HALL FOR LIFE
SKILLS TRAINING: ILU: SALON MULTIUSO CHAPICUY, III - MULTIPURPOSE HALL
CHAPICUY, III

SCHEDULE F, PART II, LINE 1(35)(D):

1(35)(D) PURPOSE OF GRANT: STRENGTHEN THE AVAILABILITY OF WATER AND
SANITATION SERVICES IN SCHOOLS: PRACTICAL ACTION: SAFE AND HEALTHY
SCHOOLS IN APURIMAC, PERU

SCHEDULE F, PART II, LINE 1(36)(D):

1(36)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
RIKOLTO - MOCCA

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).

SCHEDULE F, PART II, LINE 1(37)(D):

1(37)(D) PURPOSE OF GRANT: INCREASE PRODUCTIVITY, PRODUCTION AND
MARKETING OF CITRUS: CITRUS MARKET DEVELOPMENT PROJECT-IV

SCHEDULE F, PART II, LINE 1(38)(D):

1(38)(D) PURPOSE OF GRANT: IMPROVED LIVELIHOODS FOR COFFEE FARMERS:
COFFEE SUPPORT IN WESTERN MID-HILLS OF NEPAL

SCHEDULE F, PART II, LINE 1(39)(D):

1(39)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
CONGREGATIONAL TBR - GEAG

SCHEDULE F, PART II, LINE 1(40)(D):

1(40)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
CONGREGATIONAL TBR - IDF

SCHEDULE F, PART II, LINE 1(41)(D):

1(41)(D) AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS: CONGREGATIONAL TBR -
KVS

SCHEDULE F, PART II, LINE 1(42)(D):

1(42)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
CONGREGATIONAL TBR - SAHAMATI

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).

SCHEDULE F, PART II, LINE 1(43)(D):

1(43)(D) PURPOSE OF GRANT: YOUTH VOCATIONAL SKILLS AND ENTREPRENEURSHIP
TRAINING: ECONOMIC EMPOWERMENT THROUGH SKILLS DEVELOPMENT IN WESTERN
NEPAL - BASE

SCHEDULE F, PART II, LINE 1(44)(D):

1(44)(D) PURPOSE OF GRANT: YOUTH VOCATIONAL SKILLS AND ENTREPRENEURSHIP
TRAINING: ECONOMIC EMPOWERMENT THROUGH SKILLS DEVELOPMENT IN WESTERN
NEPAL - DAFUO

SCHEDULE F, PART II, LINE 1(45)(D):

1(45)(D) PURPOSE OF GRANT: FLOOD RESILIENT SHELTER: FLOOD RESILIENT
HOUSING IN NAWALPARASI

SCHEDULE F, PART II, LINE 1(46)(D):

1(46)(D) PURPOSE OF GRANT: FLOOD RELIEF: HUMANITARIAN RESPONSE TO ASSAM
FLOODS - LWSIT

SCHEDULE F, PART II, LINE 1(47)(D):

1(47)(D) PURPOSE OF GRANT: ADOPTION AND SALE OF HIGH VALUE CROPS:
IMPROVING LIVELIHOOD RESILIENCE OF EARTHQUAKE AFFECTED COMMUNITIES IN
GORKHA

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).

SCHEDULE F, PART II, LINE 1(48)(D):

1(48)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:

KERALA FLOODS EMERGENCY RESPONSE

SCHEDULE F, PART II, LINE 1(49)(D):

1(49)(D) PURPOSE OF GRANT: POST EARTHQUAKE LIVELIHOODS, WASH AND DISASTER

RISK REDUCTION: LIVELIHOOD RECOVERY SUPPORT PROJECT (LRSP) IN GORKHA,

NEPAL

SCHEDULE F, PART II, LINE 1(50)(D):

1(50)(D) PURPOSE OF GRANT: POST EARTHQUAKE LIVELIHOODS, WASH AND DISASTER

RISK REDUCTION: LIVELIHOOD RECOVERY SUPPORT PROJECT (LRSP) IN LAMJUNG,

NEPAL

SCHEDULE F, PART II, LINE 1(51)(D):

1(51)(D) PURPOSE OF GRANT: ADDRESS THE FOOD & NUTRITION SECURITY NEEDS OF

4,000 SMALL HOLDER FAMILIES: PARTNERSHIP BIHAR - PRADAN

SCHEDULE F, PART II, LINE 1(52)(D):

1(52)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:

RELIEF DISTRIBUTION TO FLOOD AFFECTED HOUSEHOLDS - AASAMAN NEPAL

SCHEDULE F, PART II, LINE 1(53)(D):

1(53)(D) PURPOSE OF GRANT: URBAN DISASTER RISK REDUCTION: SAFER CITY:

URBAN DRR FROM RISK TO RESILIENCE IN KATHMANDU VALLEY - ISET

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).

SCHEDULE F, PART II, LINE 1(54)(D):

1(54)(D) PURPOSE OF GRANT: TRANSBOUNDARY FLOOD RESILIENCE: TRANS BOUNDARY
FLOOD RESILIENCE IN KAMALA RIVER BASIN

SCHEDULE F, PART II, LINE 1(55)(D):

1(55)(D) PURPOSE OF GRANT: INCREASED INCOME FROM PULSE SALES:
TRANSFORMING ECONOMIES OF PULSE FARMERS THROUGH PRODUCERS & COLLECTIVES

SCHEDULE F, PART II, LINE 1(56)(D):

1(56)(D) PURPOSE OF GRANT: FLOOD RESILIENCE: TRANSITIONAL TBR - GDS

SCHEDULE F, PART II, LINE 1(57)(D):

1(57)(D) PURPOSE OF GRANT: FLOOD RESILIENCE: TRANSITIONAL TBR - IDF

SCHEDULE F, PART II, LINE 1(58)(D):

1(58)(D) PURPOSE OF GRANT: FLOOD RESILIENCE: TRANSITIONAL TBR- SAHAMATI

SCHEDULE F, PART II, LINE 1(59)(D):

1(59)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
ADALTCHI_GDA_12/12: AN ALLIANCE FOR YEAR-ROUND RESILIENCE IN TAHOUA AND
MARA

SCHEDULE F, PART II, LINE 1(60)(D):

1(60)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
AMINTCHI_GDA_12/12: AN ALLIANCE FOR YEAR-ROUND RESILIENCE IN TAHOUA AND

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).

MARADI

SCHEDULE F, PART II, LINE 1(61)(D):

1(61)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:

CEB_GDA 12/12: AN ALLIANCE FOR YEAR-ROUND RESILIENCE IN TAHOUA AND

MARADI, NIGER

SCHEDULE F, PART II, LINE 1(62)(D):

1(62)(D) PURPOSE OF GRANT: CANCER PATIENT SCREENING: CERVICAL CANCER

TREATMENT FOR TANZANIAN WOMEN

SCHEDULE F, PART II, LINE 1(63)(D):

1(63)(D) PURPOSE OF GRANT: EMERGENCY ASSISTANCE FOR CYCLONE: CYCLONE IDAI

EMERGENCY RELIEF PROJECT

SCHEDULE F, PART II, LINE 1(64)(D):

1(64)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS: MAC_

(CORE II)+FDTT (BURKINA FASO)

SCHEDULE F, PART II, LINE 1(65)(D):

1(65)(D) PURPOSE OF GRANT: TO IMPROVE RESILIENCE IN AGROPASTORAL REGIONS

OF MALI: MAC_ (CORE II)+UNION TAMANI (MALI)

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).

SCHEDULE F, PART II, LINE 1(66)(D):

1(66)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS: MAC_
CORE II+FEDERATION KISHI (NIGER)

SCHEDULE F, PART II, LINE 1(67)(D):

1(67)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:
NAZARI_GDA_12/12: AN ALLIANCE FOR YEAR-ROUND RESILIENCE IN TAHOUA AND
MARADI

SCHEDULE F, PART II, LINE 1(68)(D):

1(68)(D) PURPOSE OF GRANT:MARKETING COOKSTOVES: PILOTING A SALES AND
MARKETING MODEL IN KINSHASA FOR THE IMA STOVE "SALA MAKALA"

SCHEDULE F, PART II, LINE 1(69)(D):

1(69)(D) PURPOSE OF GRANT: COFFEE FARMING: REAL STRATEGY PILOT: BUKONZO
ORGANIC FARMERS COOPERATIVE UNION (BOCU)

SCHEDULE F, PART II, LINE 1(70)(D):

1(70)(D) PURPOSE OF GRANT: REAL STRATEGY: REAL STRATEGY PILOT: MOUNTAIN
HARVEST

SCHEDULE F, PART II, LINE 1(71)(D):

1(71)(D) PURPOSE OF GRANT: ACTIVITY IMPLEMENTATION: SESAME - AFRIQUE
VERTE MASTER

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).

SCHEDULE F, PART II, LINE 1(72)(D):

1(72)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS:

SESAME - CNFA MASTER

SCHEDULE F, PART II, LINE 1(73)(D):

1(73)(D) PURPOSE OF GRANT: ACTIVITY IMPLEMENTATION: SESAME - NITIDAE

MASTER (PREVIOUSLY RONGEAD)

SCHEDULE F, PART II, LINE 1(74)(D):

1(74)(D) PURPOSE OF GRANT: EBOLA RESPONSE: STRENGTHENING EBOLA

PREPAREDNESS IN HEALTH FACILITIES IN UGANDA (STEP)

SCHEDULE F, PART II, LINE 1(75)(D):

1(75)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS: THE

RELIEF TO RESILIENCE (R2R) IN THE SAHEL_FEDERATION KISHI

SCHEDULE F, PART II, LINE 1(76)(D):

1(76)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS: THE

RELIEF TO RESILIENCE (R2R) IN THE SAHEL_FDTT

SCHEDULE F, PART II, LINE 1(77)(D):

1(77)(D) PURPOSE OF GRANT: ASSIST CANCER PATIENTS IN TANZANIA: SUPPORT

FOR PEDIATRIC ONCOLOGY SERVICES IN TANZANIA

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).

SCHEDULE F, PART II, LINE 1(78)(D):

1(78)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS: THE
RELIEF TO RESILIENCE (R2R) IN THE SAHEL_FUSC

SCHEDULE F, PART II, LINE 1(79)(D):

1(79)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE, LIVELIHOODS: THE
RELIEF TO RESILIENCE (R2R) IN THE SAHEL_USCET

SCHEDULE F, PART II, LINE 1(80)(D):

1(80)(D) PURPOSE OF GRANT: MICRO-BUSINESSES: TILALT TAMADRAK: SUPPORT TO
YOUTH

SCHEDULE F, PART II, LINE 1(81)(H):

1(81)(H) PURPOSE OF GRANT: SCHOOL KITS FOR VULNERABLE CHILDREN AND
FAMILIES THROUGHOUT HONDURAS

SCHEDULE F, PART II, LINE 1(82)(H):

1(82)(H) PURPOSE OF GRANT: QUILTS AND PERSONAL CARE KITS FOR
BENEFICIARIES IN NORTHERN HAITI AFFECTED BY RECENT EARTHQUAKE

SCHEDULE F, PART II, LINE 1(83)(H):

1(83)(H) PURPOSE OF GRANT: SCHOOL KITS AND HYGIENE KITS FOR FOOD FOR
HUNGRY BENEFICIARIES IN GUATEMALA

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).

SCHEDULE F, PART II, LINE 1(84)(H):

1(87)(H) PURPOSE OF GRANT: SCHOOL KITS FOR LWR COFFEE COOPERATIVES
COMMUNITIES IN NICARAGUA

SCHEDULE F, PART II, LINE 1(85)(H):

1(88)(H) PURPOSE OF GRANT: QUILTS, PERSONAL CARE KITS AND SCHOOL KITS TO
BE DISTRIBUTED TO FAMILIES WHO REMAIN DISPLACED AND LIVING IN SHELTERS
AFTER HURRICANE MARIA

SCHEDULE F, PART II, LINE 1(86)(H):

PERSONAL CARE KITS: MATERIAL RESOURCES FOR RETURNED MIGRANTS AND DISASTER
AFFECTED POPULATIONS IN EL SALVADOR

SCHEDULE F, PART II, LINE 1(87)(H):

QUILTS AND SCHOOL KITS FOR COMMUNITIES IN NICARAGUA

SCHEDULE F, PART II, LINE 1(88)(H):

1(91)(H) PURPOSE OF GRANT: QUILTS AND KITS FOR WINTERIZATION PROGRAM
TARGETING REFUGEES CROSSING THROUGH BOSNIA ON THEIR WAY TO EUROPE, IN
PARTNERSHIP WITH LOCAL RED CROSS

SCHEDULE F, PART II, LINE 1(89)(H):

1(92)(H) PURPOSE OF GRANT: SCHOOL KITS FOR IDP AND VULNERABLE POPULATIONS

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).

SCHEDULE F, PART II, LINE 1(90)(H):

1(93)(H) PURPOSE OF GRANT: QUILTS AND KITS FOR WINTERIZATION PROGRAM IN
JED'H CAMP OUTSIDE OF MOSUL

SCHEDULE F, PART II, LINE 1(91)(H):

1(94)(H) PURPOSE OF GRANT: SHIPMENT OF ALLL INVENTORY ITEMS TO BE
DISTRIBUTED BY THE SYRIAN ARAB RED CRESCENT SOCIETY TO IDPS THROUGHOUT
SYRIA

SCHEDULE F, PART II, LINE 1(92)(H):

SCHOOL AND HYGIENE KITS: MATERIAL RESOURCES FOR REFUGEES IN LEBANON

SCHEDULE F, PART II, LINE 1(93)(H):

1(96)(H) PURPOSE OF GRANT: QUILTS, PCKS, SCHOOL AND BABY CARE KITS FOR
IDP POPULATION IN TSEROVANI, ONE OF THE COUNTRY'S LARGEST INFORMAL
SETTLEMENTS FOR DISPLACED PEOPLE

SCHEDULE F, PART II, LINE 1(94)(H):

1(97)(H) PURPOSE OF GRANT: QUILTS, PCKS, SCHOOL AND BABY CARE KITS FOR
REFUGEE POPULATIONSETTLEMENTS FOR DISPLACED PEOPLE

SCHEDULE F, PART II, LINE 1(95)(H):

QUILTS AND KITS TO COMMUNITIES IN PERU

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).

SCHEDULE F, PART II, LINE 1(96)(H):

1(99)(H) PURPOSE OF GRANT: SCHOOL KITS, PCK AND BABY CARE KITS

SCHEDULE F, PART II, LINE 1(97)(H):

1(100)(H) PURPOSE OF GRANT: THE TARGET POPULATION FOR THIS PROJECT
INCLUDES MALIAN REFUGEES, ORPHANS, AND VICTIMS OF GENDER BASED VIOLENCE

SCHEDULE F, PART II, LINE 1(98)(H):

QUILTS AND SCHOOL KITS FOR VULNERABLE COMMUNITIES IN RWANDA

SCHEDULE F, PART II, LINE 1(99)(H):

1(102)(H) PURPOSE OF GRANT: 2,000 SCHOOL KITS FOR EMERGENCY SCHOOL
CENTERS IN MOZAMBIQUE COMMUNITIES AFFECTED BY CYCLONE IDAI

SCHEDULE F, PART II, LINE 1(100)(H):

1(103)(H) PURPOSE OF GRANT: SCHOOL KITS FOR CHILD FUND PROGRAMMING AT
SCHOOLS AND COMMUNITY CENTERS IN SIERRA LEONE

SCHEDULE F, PART II, LINE 1(101)(H):

QUILTS AND VARIOUS KITS: MATERIALS FOR IDPS IN MALI

SCHEDULE F, PART II, LINE 1(102)(H):

QUILTS AND VARIOUS KITS: RESOURCES FOR VULNERABLE POPULATIONS IN ANGOLA

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).

SCHEDULE F, PART II, LINE 1(103)(H):

QUILTS AND KITS TO VULNERABLE COMMUNITIES IN ZAMBIA

SCHEDULE F, PART II, LINE 1(104)(H):

QUILTS AND BABY CARE KITS FOR VULNERABLE COMMUNITIES IN ANGOLA

SCHEDULE F, PART II, LINE 1(105)(H):

QUILTS AND BABY CARE KITS FOR VULNERABLE COMMUNITIES IN TANZANIA

SCHEDULE F, PART II, LINE 1(106)(H):

QUILTS AND KITS TO VULNERABLE COMMUNITIES IN BURKINA FASO

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

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

- 2a 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 | | | |
| 1 MERKLE | DIRECT MAIL | | X | 4,563,738. | 419,077. | 4,144,661. |
| 2 MP MAY | COMB FED CAMPAIGN | | X | 179,306. | 6,000. | 173,306. |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 4,743,044. | 425,077. | 4,317,967. |

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.

ALL STATES

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|---|--------------|------------------|---------------------------------|
| | | (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | | | |
| | 2 | Less: Contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | | | |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | | | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | |

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 | | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 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: _____

- 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 ▶ _____

- 15 a 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 explanation 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 I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

Part I General Information on Grants and Assistance

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) LUTHERAN DISASTER RESPONSE 8765 W HIGGINS ROAD CHICAGO, IL 60631 | 41-1568278 | 501(C)(3) | 50,000. | | NONE | | AGRICULTURE, CLIMATE |
| (2) LUTHERAN WORLD SERVICES INDIA TRUST 84, DR. SURESH ROAD KOLKATA WEST BENGAL IN | | | 45,500. | | NONE | | NFI DISTRIBUTION |
| (3) HASER CAMBIO INC. P.O. BOX 649 SAN JUAN, PR 00978 | | | 6,392. | | NONE | | AGRICULTURE, CLIMATE |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

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 non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

SCHEDULE I, PART I, LINE 2:

LWR PARTNER ORGANIZATIONS (SUB-GRANTEES) ARE PROVIDED TECHNICAL MANAGEMENT AND CAPACITY BUILDING SUPPORT BY LWR STAFF THROUGHOUT THE LIFE CYCLE OF THE GRANT. PRE-AWARD ASSESSMENTS ARE CONDUCTED TO ASSESS OVERALL RISK (FINANCIAL SYSTEMS, TECHNICAL CAPACITY, TYPE/SIZE OF FUNDING AND EXPERIENCE WITH LWR, ETC.). ACTION PLANS, CAPACITY BUILDING AND MONITORING VISITS ARE PLANNED BASED ON RISK ASSESSMENT.

MONITORING IS DONE THROUGH A COMBINATION OF VERBAL AND SCHEDULED WRITTEN FINANCIAL AND PROGRAMMATIC REPORTS, AS WELL AS ON-SITE MONITORING VISITS

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 non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

DURING THE PROJECT FOR TECHNICAL SUPPORT AND VERIFICATION OF PROJECT ACTIVITIES. ON-SITE MONITORING VISITS ARE ALSO OCCASSIONALLY CONDUCTED BY US-BASED FINANCE AND PROGRAM STAFF.

QUARTERLY OR MONTHLY (DEPENDING ON THE PROJECT) FINANCIAL AND NARRATIVE REPORTS ARE REQUIRED FROM PARTNERS AND USED TO REVIEW FINANCIAL PROGRESS. THESE REPORTS ARE REVIEWED AND EVALUATED BY STAFF IN COUNTRY AS WELL AS BY HEADQUARTER STAFF.

THESE REPORTS ARE REVIEWED AND EVALUATED BY STAFF IN COUNTRY AS WELL AS BY HEADQUARTER STAFF.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LUTHERAN WORLD RELIEF

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

2018

**Open to Public
Inspection**

Employer identification number

13-2574963

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

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" 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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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 |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2018

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 AMB. DANIEL V. SPECKHAR PRESIDENT AND CEO | (i) | 314,768. | 9,270. | 14,532. | 65,661. | 2,978. | 407,209. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 MS. JOANN THEYS VP FIN & ADMIN/TREAS | (i) | 184,406. | 5,000. | 960. | 17,530. | 4,459. | 212,355. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 MR. TIMOTHY MCCULLY SVP INTERNATIONAL PROGRAMS | (i) | 184,061. | 4,000. | 960. | 17,400. | 28,563. | 234,984. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 MS. WENDY ROTHENBERGER VP, PRESIDENT'S OFFICE & HR | (i) | 170,490. | 10,000. | 960. | 16,542. | 10,306. | 208,298. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 MS. GERALDINE SICOLA VP, STRATEGIC PSHIPS & EXT REL | (i) | 170,011. | 3,000. | 960. | 15,896. | 10,568. | 200,435. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 MR. MICHAEL WATT VP INTERNATIONAL OPERATIONS | (i) | 153,421. | 6,500. | 960. | 14,624. | 10,014. | 185,519. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 MR. FREDERICK KELLETT DIR, IMPACT INVESTING | (i) | 157,237. | 5,000. | 2,160. | 14,796. | 692. | 179,885. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 MS. LAURA MORALES AVP OF FINANCE & ADMIN | (i) | 134,381. | 7,500. | 720. | 13,252. | 18,281. | 174,134. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B:

MB. DANIEL V. SPECKHARD, RT. PARTICIPATED IN A NONQUALIFIED RETIREMENT
PLAN UNDER SECTION 457(F) DURING 2018 UNDER WHICH \$35,000 IN DEFERRED
COMPENSATION WAS RECORDED.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

2018

▶ **Attach to Form 990.**

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LUTHERAN WORLD RELIEF

Employer identification number
13-2574963

Part I Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A MARYLAND ECONOMIC DEVELOPMENT CORPORATION | 52-1376562 | 54420NOAV | 07/26/2007 | 5,950,792. | SEE PART VI | | X | | X | | X |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

Part II Proceeds

| | A | | B | | C | | D | |
|--|------------|----|-----|----|-----|----|-----|----|
| 1 Amount of bonds retired | 2,410,000. | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | |
| 3 Total proceeds of issue | 5,950,792. | | | | | | | |
| 4 Gross proceeds in reserve funds | 480,497. | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | |
| 6 Proceeds in refunding escrows | 5,838,489. | | | | | | | |
| 7 Issuance costs from proceeds | 112,303. | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | |
| 10 Capital expenditures from proceeds | | | | | | | | |
| 11 Other spent proceeds | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | |
| 13 Year of substantial completion | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X | | | | | | | |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | X | | | | | | | |
| 16 Has the final allocation of proceeds been made? | X | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |

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

Schedule K (Form 990) 2018

| Part III Private Business Use | | MARYLAND ECONOMIC DEVELOPMENT CORPORATION | | | | | | | |
|--------------------------------------|--|---|-----------|------------|-----------|------------|-----------|------------|-----------|
| | | A | | B | | C | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | | | | | | | |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | | | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | | | | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | % | | % | | % | | % |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | % | | % | | % | | % |
| 6 | Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 | Does the bond issue meet the private security or payment test? | | | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |

| Part IV Arbitrage | | A | | B | | C | | D | |
|--------------------------|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | X | | | | | | |
| b | Exception to rebate? | | X | | | | | | |
| c | No rebate due? | X | | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | X | | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART I, LINE A(F)

A(F) DESCRIPTION OF PURPOSE: ADVANCE REFUNDING OF SERIES 2000 REVENUE
BONDS

SCHEDULE K, PART I, LINE A

LUTHERAN WORLD RELIEF AND LUTHERAN IMMIGRATION AND REFUGEE SERVICE,
INC. (EIN: 13-2574854), AN UNRELATED 501(C)(3) ORGANIZATION, ARE
JOINTLY AND SEVERALLY LIABLE FOR THE 2007 BONDS AND AS SUCH, EACH HAS
RECORDED 50% OF THE OUTSTANDING DEBT AND RELATED ISSUE COSTS ON THE
FINANCIAL STATEMENTS. 100% OF THE LIABILITY AND RELATED COSTS ARE
REPORTED ON SCHEDULE K.

SCHEDULE K, PART IV, LINE 2C

THE REBATE COMPUTATION WAS PERFORMED ON JUNE 30, 2017.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles. | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 3,511. | 197,084. | FMV |
| 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 | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (MATERIAL RES.) | X | 758,131. | 13,229,817. | FMV |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

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

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

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

Schedule M (Form 990) 2018

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.

SCHEDULE M, PART I, LINE 32B:

LWR ACCEPTS STOCK DONATIONS AND CAN RECEIVE THEM IN TWO WAYS:

1) DTC (DEPOSITORY TRANSFER CHECK) TRANSFER TO OUR AGENTS AT WILMINGTON TRUST, OR 2) ACTUAL RECEIPT OF A STOCK CERTIFICATE.

LWR PROVIDES DONORS OF STOCK WITH AN ACKNOWLEDGEMENT LETTER THAT THE DONOR MAY USE FOR TAX PURPOSES. THE DONOR RELATIONS DEPARTMENT HAS DETAILED INSTRUCTIONS FOR DONORS REQUESTING INFORMATION ON HOW TO DONATE STOCK TO LWR. LWR HAS BEEN ADVISED BY ITS AUDITORS THAT STAFF MEMBERS SHOULD NOT COMPLETE EITHER USG FORMS 8283 OR 8282 FOR STOCK GIFTS AS IT MAY BE INCORRECTLY CONSTRUED AS PROVIDING TAX ADVICE TO THE DONOR. PLEASE SEE THE ASSOCIATE VICE-PRESIDENT FOR FINANCE AND ADMINISTRATION WITH ANY QUESTIONS REGARDING STOCK DONATIONS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LUTHERAN WORLD RELIEF

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

13-2574963

FORM 990, PART III, LINE 4D:

OTHER PROGRAM SERVICES:

LWR MAKES IMPACT INVESTMENTS THROUGH GROUND UP INVESTING (GUI). GUI HAS USED THOSE FUNDS TOWARDS INVESTMENTS IN MOUNTAIN HARVEST IN UGANDA, NEVACOS BEANS IN COLUMBIA - A MINORITY INTEREST INVESTMENT, AND UNCOMMON CACAO BESED IN BERKELEY (CK) - CONVERTIBLE DEBT INVESTMENT. BOTH GROUND UP (GUI) AND MOUNTAIN HARVEST (MH) ARE DISREGARDED ENTITIES WHOLLY OWNED BY LWR.

EXPENSES: \$1,406,476. GRANTS: \$0. REVENUE: \$0.

OTHER PROGRAM SERVICES:

CONSTITUENT ENGAGEMENT, HEALTH PROGRAMS, AND OTHER PROGRAMS.

EXPENSES: \$1,774,868. GRANTS: \$561,106. REVENUE: \$0.

FORM 990, PART V, LINE 4B:

LIST OF FOREIGN COUNTRIES: NICARAGUA, PERU, COLOMBIA, BURKINA FASO, MALI, NIGER, KENYA, UGANDA, TANZANIA, INDIA, NEPAL, PHILIPPINES, INDONESIA, EL SALVADOR

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

THE PROCESS FOR BOARD REVIEW OF THE ANNUAL FORM 990 IS OUTLINED IN LWR'S

| | |
|---|--|
| Name of the organization LUTHERAN WORLD RELIEF | Employer identification number 13-2574963 |
|---|--|

BOARD POLICY AS FOLLOWS: PRIOR TO LWR'S ANNUAL SUBMISSION OF IRS FORM 990, EACH BOARD MEMBER SHALL RECEIVE A COPY OF THE FORM AS COMPLETED BY LWR'S CERTIFIED PUBLIC ACCOUNTANTS. BOARD MEMBERS SHALL HAVE AT LEAST FIVE BUSINESS DAYS TO REVIEW THE FORM AND RAISE QUESTIONS, MAKE SUGGESTIONS, AND BRING ANY POTENTIAL PROBLEMS OR CONCERNS TO THE CHAIR OF THE AUDIT AND RISK COMMITTEE.

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

- LWR'S CONFLICT OF INTEREST POLICY (APPLICABLE TO BOARD OF DIRECTORS AND ALL EMPLOYEES) STATES THAT A CONFLICT OF INTEREST EXISTS WHENEVER THERE IS A PROPOSED AGENCY TRANSACTION IN WHICH A DIRECTOR, OFFICER, OR STAFF MEMBER HAS ANY ACTUAL OR POTENTIAL INVOLVEMENT, INTEREST, OR RELATIONSHIP, EITHER DIRECTLY OR INDIRECTLY.
- A CONFLICT OF INTEREST MAY ALSO EXIST WHEN THE INTERESTS OR CONCERNS OF AN EMPLOYEE, OR SUCH EMPLOYEE'S IMMEDIATE FAMILY, OR ANY PARTY, GROUP OR ORGANIZATION TO WHICH SUCH PERSON HAS ALLEGIANCE, MAY BE SEEN AS COMPETING WITH THE INTERESTS OR CONCERNS OF THE AGENCY.
- EACH EMPLOYEE HAS A DUTY TO DISCLOSE TO THE PRESIDENT THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OF THE AGENCY IN WHICH SUCH PERSON HAS ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST.
- THE REQUIRED DISCLOSURE MUST BE MADE PRIOR TO ANY CONSIDERATION OF SUCH PROPOSED TRANSACTION BY THE AGENCY.
- AN EMPLOYEE OR BOARD MEMBER HAVING AN ACTUAL OR PROPOSED CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN THE DELIBERATIONS OR DECISION-MAKING PROCESS OF THE AGENCY REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, HE OR SHE SHALL PROVIDE THE AGENCY WITH ANY, AND ALL RELEVANT INFORMATION

| | |
|---|--|
| Name of the organization LUTHERAN WORLD RELIEF | Employer identification number 13-2574963 |
|---|--|

REGARDING THE MATTER.

- THE PRESIDENT SHALL TAKE SUCH ADDITIONAL ACTION AS MAY BE REQUIRED TO ENSURE THAT THE CONFLICT OF INTEREST IS RESOLVED AND SHALL MAINTAIN A RECORD.

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

DETERMINATION OF PRESIDENT'S COMPENSATION: AN INDEPENDENT COMPENSATION CONSULTANT PERFORMS AN ANALYSIS ANNUALLY USING INDEPENDENT RESEARCH WHICH CONSIDERS THE ORGANIZATION'S CURRENT BUDGET, THE CURRENT SALARY OF THE PRESIDENT, AND THE NUMBER OF YEARS THE PRESIDENT HAS SERVED IN THAT POSITION. THE ANALYSIS IS BASED ON VARIOUS SALARY SURVEYS TO PROVIDE A SALARY RANGE COMPETITIVE WITH OTHER SIMILARLY SITUATED NONPROFITS IN THE GEOGRAPHICAL AREA. THE RESULTING FINDINGS ARE PROVIDED TO THE BOARD OF DIRECTORS' OFFICERS, WHO REVIEWS THE FINDINGS AND MAKES A RECOMMENDATION TO THE FULL BOARD FOR THEIR APPROVAL REGARDING THE PRESIDENT'S COMPENSATION FOR THE COMING YEAR. COMPENSATION OF ALL OTHER STAFF (INCLUDING OTHER OFFICERS): SALARY ADJUSTMENTS FOR ALL LWR STAFF ARE GUIDED BY A SALARY ADMINISTRATION POLICY DEVELOPED BY LWR. THE OBJECTIVE OF THIS POLICY IS TO ENSURE THAT SALARIES ARE COMMENSURATE WITH COMPARABLE ORGANIZATIONS IN THE COMPETITIVE LABOR MARKET AND THAT SALARY GRADES REFLECT THE RELATIVE INTERNAL RESPONSIBILITY, ACCOUNTABILITY AND KNOW-HOW OF ALL POSITIONS ACROSS THE ORGANIZATION. AN INTERNAL COMMITTEE EVALUATES EVERY JOB DESCRIPTION TO DETERMINE THE APPROPRIATE SALARY RANGE FOR ALL POSITIONS; SALARY RANGES ARE INTENDED TO REINFORCE CAREER GROWTH, CONSIDER MARKET VALUES, AND ARE MANAGED IN AN EQUITABLE MANNER CONSISTENT WITH ORGANIZATIONAL VALUES. THE SALARY RANGES ARE ADJUSTED EVERY TWO

| | |
|---|--|
| Name of the organization LUTHERAN WORLD RELIEF | Employer identification number 13-2574963 |
|---|--|

YEARS BASED ON AN ANALYSIS CONDUCTED BY AN EXTERNAL COMPENSATION CONSULTANT TO ENSURE THAT SALARY RANGES REMAIN COMPETITIVE WITH THE LOCAL LABOR MARKET.

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

AS REQUIRED BY BOARD POLICY, THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC ITS AUDITED FINANCIAL STATEMENTS, IRS FORM 990, A LIST OF CURRENT BOARD MEMBERS, CONFLICT OF INTEREST POLICY AND OTHER INFORMATION THAT MAY BE HELPFUL TO THE PUBLIC IN UNDERSTANDING THE ORGANIZATION'S PURPOSES, GOALS, ACTIVITIES, AND RESULTS. THIS INFORMATION IS AVAILABLE EITHER THROUGH LWR'S WEBSITE (LWR.ORG), VARIOUS CHARITY MONITORING WEBSITES, OR UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART IX, LINE 24A:

PROGRAM INPUTS - EXPENSES INCURRED BY LWR THAT DIRECTLY SUPPORT PARTNER PROJECT IMPLEMENTATION, E.G. SEEDS, AGRICULTURAL EQUIPMENT, ETC.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

CLIMATE CHANGE: LUTHERAN WORLD RELIEF HELPS COMMUNITIES PROTECT THEIR AGRICULTURAL ASSETS IN THE FACE OF CHALLENGING CLIMATE CONDITIONS AND IMPROVE THEIR RESILIENCE TO NATURAL HAZARDS LIKE FLOODS AND DROUGHTS. IN FISCAL YEAR 2019, LUTHERAN WORLD RELIEF IMPLEMENTED APPROXIMATELY 17 PROJECTS THAT INVOLVED CLIMATE STRATEGIES AND APPROACHES. WE INTRODUCED ENVIRONMENTALLY SUSTAINABLE FARMING PRACTICES SO THAT COMMUNITIES GET THE MOST OUT

| | |
|---|--|
| Name of the organization LUTHERAN WORLD RELIEF | Employer identification number 13-2574963 |
|---|--|

ATTACHMENT 1 (CONT'D)

OF THEIR LAND WHILE CONSERVING AND RESTORING THEIR NATURAL RESOURCES. WE ALSO WORKED WITH LOCAL AND NATIONAL GOVERNMENTS TO FACILITATE THE EQUITABLE ACCESS TO AND PROTECTION OF NATURAL RESOURCES, HELPING COMMUNITIES ASSESS THEIR VULNERABILITIES TO NATURAL HAZARDS AND DEVELOP THE PLANS AND SKILLS THEY NEED TO PREPARE FOR THEM.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,
DC, 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

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| MERKLE INC. 7001 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046 | FUNDRAISER | 1,040,559. |
| LUTHERAN CENTER CORPORATION 700 LIGHT STREET BALTIMORE, MD 21230 | MAINTAIN CENTER | 643,396. |
| MIDWEST WAREHOUSE INC. 398 EAST RICHMOND ST. ST. PAUL, MN 55075 | WAREHOUSE/PROCESSING | 484,326. |
| BRETHREN SERVICE CENTER 601 MAIN STREET NEW WINDSOR, MD 21776 | PROCESSING SVCS | 367,569. |

| | |
|---|--|
| Name of the organization LUTHERAN WORLD RELIEF | Employer identification number 13-2574963 |
|---|--|

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| BDO USA, LLP 8401 GREENSBORO DRIVE MCLEAN, VA 22102 | AUDITING SERVICES | 262,751. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) GROUND UP INVESTING, LLC C/O THE CORPORATION TRUST COMP WILMINGTON, DE 19801 82-1406539 | SEE PART VII | DE | 6,969. | 677,204. | SEE PART VII |
| (2) MOUNTAIN HARVEST, SMC LTD. PO BOX 22892 KAMPALA, UG 98-1398811 | SEE PART VII | UG | 1,946. | 777,792. | SEE PART VII |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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 |
| (1) LUTHERAN CENTER CORPORATION 700 LIGHT STREET BALTIMORE, MD 21230 52-2055143 | SEE PART VII | MD | 501(C)(3) | 12A, I | SEE PART VII | X | |
| (2) IMA INNOVATIONS 1730 M STREET, NW, SUITE 1100 WASHINGTON, DC 20036 82-4219629 | SEE PART VII | | 501(C)(3) | LINE 7 | SEE PART VII | X | |
| (3) INTERCHURCH MEDICAL ASSISTANCE, INC. 1730 M STREET, NW, SUITE 1100 WASHINGTON, DC 20036 52-2112460 | SEE PART VII | | 501(C)(3) | LINE 7 | SEE PART VII | X | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) 2018

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 | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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 |
| (1) CHARITABLE GIFT ANNUITY (5) | INVESTMENT | MD | N/A | | | | | | X |
| (2) CHARITABLE REMAINDER UNITRUST (2) | INVESTMENT | MD | N/A | | | | | | X |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

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 | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | X | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) LUTHERAN CENTER CORPORATION | K | 644,588. | LEASE AGREEMENT |
| (2) LUTHERAN CENTER CORPORATION | P | 117,704. | ACTUAL COST |
| (3) LUTHERAN CENTER CORPORATION | Q | 27,573. | ACTUAL COST |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (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 | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part VII Supplemental Information

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

SCHEDULE R, PART I, COLUMNS (B) & (F)

(A) NAME OF DISREGARDED ENTITY: GROUND UP INVESTING, LLC

(B) PRIMARY ACTIVITY: REDUCE POVERTY THROUGH AN ENTERPRISE BASED
DEVELOPMENT APPROACH

(F) DIRECT CONTROLLING ENTITY: LUTHERAN WORLD RELIEF

(A) NAME OF DISREGARDED ENTITY: MOUNTAIN HARVEST, SMC LTD.

(B) PRIMARY ACTIVITY: BUYING COFFEE FROM LOCAL FARMERS, PROCESSING IT
AND THEN EXPORTING THE COFFEE

(F) DIRECT CONTROLLING ENTITY: GROUND UP INVESTING, LLC

SCHEDULE R, PART II, LINE (1)(B) & (F):

(A) NAME OF RELATED TAX EXEMPT ORG: LUTHERAN CENTER CORPORATION

(B) MAINTAIN AND OPERATE THE LUTHERAN CENTER IN BALTIMORE, MD.

(F) DIRECT CONTROLLING ENTITY: LUTHERAN WORLD RELIEF

(A) NAME OF RELATED TAX EXEMPT ORG: IMA INNOVATIONS

(B) INNOVATING PUBLIC HEALTH AND ALLIED PROGRAMS.

(F) DIRECT CONTROLLING ENTITY: INTERCHURCH MEDICAL ASSISTANCE, INC.

(A) NAME OF RELATED TAX EXEMPT ORG: INTERCHURCH MEDICAL ASSISTANCE,
INC.(B) PROVIDE HEALTH SERVICES AND BUILD HEALTHY COMMUNITIES AROUND THE
WORLD.

(F) DIRECT CONTROLLING ENTITY: INTERCHURCH MEDICAL ASSISTANCE, INC.