			** PUBLIC DISCLOSURE COPY	* *				
	0	00	Return of Organization Exempt From	n Ir	icom	e Tax	OMB No. 1545-0047	
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code					
	Department of the Treasury Do not enter social security numbers on this form as it may						Open to Public	
Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection								
AF	or th	e 2016 calend	ar year, or tax year beginning OCT 1, 2016 and ending					
Bc	heck if	C Name o	forganization		D Empl	over identific	cation number	
a	pplicab				9998 - 1999 - 199 <b>8</b> - 1999	1)		
	Addre		ERAN WORLD RELIEF					
	Name	e				13-2	574963	
	Initial	Number	and street (or P.O. box if mail is not delivered to street address) Room/	'suite	E Telep	hone number	ŕ .	
	Final		LIGHT STREET			(410	)230-2700	
_	termin ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 95,948,0			
	Amen	DADT	IMORE, MD 21230-3850		H(a) Is the	his a group re		
	Appli tion pendi	F Name a	nd address of principal officer: AMB . DANIEL SPECKHARD,	R		subordinates		
	22	SAME	AS C ABOVE	1	H(b) Area	all subordinates in	cluded? Yes No	
		empt status:		527			list. (see instructions)	
		ite: ▶ WWW 🛛				up exemption		
			X Corporation	Year o	f formatio	n: 1945 N	A State of legal domicile: NY	
Pa	rt I	Summary						
é	1		e the organization's mission or most significant activities:					
Governance			OUND THE WORLD TO END POVERTY, INJUST					
ern	2		x      if the organization discontinued its operations or disposed of r			<ul> <li>1000 1000 1000 1000 1000 1000</li> </ul>		
201	3		ting members of the governing body (Part VI, line 1a)				<u> </u>	
	4		lependent voting members of the governing body (Part VI, line 1b)				110	
Activities &	5		of individuals employed in calendar year 2016 (Part V, line 2a)				15	
tivi	6	Total number	of volunteers (estimate if necessary)				0.	
Ac			business taxable income from Form 990-T, line 34				0.	
		Net unielated		<u> </u>	Prior		Current Year	
	8	Contributions	and grants (Part VIII, line 1h)			1,220.	51,779,744.	
Revenue	9		ce revenue (Part VIII, line 2g)	_		7,709.	1,271,701.	
iver			come (Part VIII, column (A), lines 3, 4, and 7d)			9,714.	871,575.	
č			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,492.	69,496.	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		48,54	1,135.	53,992,516.	
10			nilar amounts paid (Part IX, column (A), lines 1-3)		24,52	1,498.	24,264,039.	
	14		to or for members (Part IX, column (A), line 4)	15	10. A	0.	. 0.	
ŝ	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)		13,25	4,183.	14,509,499.	
nses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		62	2,468.	505,357.	
Exper			ng expenses (Part IX, column (D), line 25) 🕨 <u>4,202,542.</u>	- Contraction				
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	_	9,75	2,391.	12,193,217.	
х.,	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4		0,540.	51,472,112.	
	19	Revenue less	expenses. Subtract line 18 from line 12	_		0,595.	2,520,404.	
S OL				Beg	inning of (	Current Year	End of Year	
sset	20	Total assets (F		- 4		4,327.	51,831,295.	
Net Assets or Fund Balances	21		(Part X, line 26)			1,921.	13,200,755.	
		Net assets or Signature	fund balances. Subtract line 21 from line 20		34,33	2,406.	38,630,540.	
						the best of any	Lease designed by the faile	
			declare that I have examined this return, including accompanying schedules and sta			10 M	knowledge and belief, it is	
uue,	CUITER		Declaration of preparer (other than officer) is based on all information of which prep	parer n	as any kin	Jwieuge.	110	
Cian		Signature	ofjofficer			Date	410	
Sign Here			N THEYS, VP OF FIN & ADMIN					
пете	ð		rint name and title					
-	_	Print/Type prep		Da	ate	Check	PTIN	
Paid		and the second second second second	LANNERY, CPA		3	if self-employe		
Prep			▶ RSM US LLP		F	irm's EIN	42-0714325	
Use			▶ 100 INTERNATIONAL DRIVE, SUITE 1400					
			BALTIMORE, MD 21202		F	hone no. 41 (	0-246-9300	
Mari	tho II	DS discuss this	return with the preparer shown above? (see instructions)					

May the IRS dis	scuss this return with the preparer shown above? (see instructions)	
632001 11-11-16	LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.

X Yes No Form 990 (2016)

Form	990 (2016) LUTHERAN WORLD RELIEF	13-2574963 Pa	age <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: <u>AFFIRMING GOD'S LOVE FOR ALL PEOPLE, WE WORK WITH LUTHER</u> <u>PARTNERS AROUND THE WORLD TO END POVERTY, INJUSTICE AND</u> <u>SUFFERING</u> .		
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	XYes	No
	If "Yes," describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 24,450,918. including grants of \$ 20,082,801.) (Reve		)
	EMERGENCIES AND MATERIAL RESOURCES: LUTHERAN WORLD RELIE		
	COMMUNITIES EXPERIENCING POVERTY AND MARGINALIZATION CON		
	RECOVER FROM EMERGENCIES IN WAYS THAT PROMOTE LASTING IN		
	PEOPLE'S LIVING CONDITIONS. LWR'S HUMANITARIAN WORK RESP		~
	NATURAL DISASTERS AND COMPLEX EMERGENCIES INVOLVING CON		5
	THROUGH LOCAL PARTNERS TO HELP COMMUNITIES SURVIVE AND F		
	DISASTER STRIKES. IN ITS 2017 FISCAL YEAR, LWR ENGAGED I		
	RESPONSE AND MATERIAL RESOURCES PROJECTS. LWR AND ITS PA		
	CONDUCTED 24 DISTRIBUTIONS OF LWR QUILTS OR KITS REACHIN 499,000 PEOPLE AROUND THE WORLD.	G MORE IRAN	
	499,000 FEOFLE AROUND THE WORLD.		
4b	(Code:) (Expenses \$14,236,355. including grants of \$3,087,417. ) (Reve	nue \$ 1,271,70	1 \
40	(Code:) (Expenses \$14,236,355. including grants of \$3,087,417.) (Reve AGRICULTURE: IN ITS 2017 FISCAL YEAR, LWR CARRIED OUT 58		<u>+ •</u> )
	FOCUSED ON AGRICULTURE AND FOOD SECURITY, INCLUDING COFF		
	PROJECTS IN 12 COUNTRIES, THAT ENGAGED APPROXIMATELY 160		0
	IMPROVE THEIR AGRICULTURAL PRODUCTION AND INCOMES. BY IN	•	<u> </u>
	AGRICULTURE AND FOOD SECURITY, LUTHERAN WORLD RELIEF CRE		
	IMPACT IN POVERTY REDUCTION, COMMUNITY STABILITY AND RES		
	INVESTING IN AGRICULTURE IS ONE OF THE MOST EFFECTIVE WA		
	HUNGER AND POVERTY, PARTICULARLY IN RURAL AREAS. THAT IS		
	AGRICULTURE IS AT THE CORE OF LWR'S DEVELOPMENT WORK.		
4c	(Code:) (Expenses \$3,022,750. including grants of \$1,087,880. ) (Reve	nue \$	)
	CLIMATE CHANGE: LWR IMPLEMENTED APPROXIMATELY 28 PROJECT		L (
	YEAR 2017 THAT INVOLVED CLIMATE STRATEGIES AND APPROACHE		

YEAR 2017 THAT INVOLVED CLIMATE STRATEGIES AND APPROACHES. THE WORLD IS EXPERIENCING INCREASING VARIABILITY IN WEATHER PATTERNS, AND THESE CHANGES LEAD TO INCREASES IN THE FREQUENCY AND SEVERITY OF NATURAL DISASTERS, NEGATIVELY IMPACTING FOOD PRODUCTION AND RESILIENCE OF ECONOMIC AND ENVIRONMENTAL SYSTEMS. THE WORLD'S RURAL POOR ARE DISPROPORTIONATELY AFFECTED. LWR BELIEVES THAT HELPING COMMUNITIES ADAPT TO CHANGING CLIMATES IS A KEY ELEMENT IN BUILDING RESILIENT COMMUNITIES AND STRONG LOCAL ECONOMIES.

4d	Other program services (Describe in Sch	edule O.)		
	(Expenses \$ 2,170,328.	including grants of \$	5,941.) (Revenue \$	0.)
4e	Total program service expenses 🕨	43,880,351.		

Form	990	(2016)
FUIII	330	120101

Form 990 (2016) LUTHERAN WORLD RELIEF
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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b	Х	
с	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? If "Yes," complete Schedule D, Part VIII	11c	Х	
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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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		х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
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	45	v	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	х	
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	11	
18		18		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		- 23
19		19		x
	complete Schedule G. Part III	13		

**19** X Form **990** (2016)

Form	990	(2016)	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016)

Form	990 (2016) LUTHERAN WORLD RELIEF	13	3-2574	963	Р	<sub>age</sub> 5
Pa	t 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
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	60			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	· · · · ·	a			
-	(gambling) winnings to prize winners?			1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	110			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	· · · ·		2b	х	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instruction			LU		
30		,		3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	•		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			50		
Ha	financial account in a foreign country (such as a bank account, securities account, or other financial			4a	х	
h	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O			Ha		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	COOLINTO (ERAD)				
Fa	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. ,		Ea		x
		ation 2		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		x
ь	any contributions that were not tax deductible as charitable contributions?			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribut			Ch.		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the exemption requires a payment in evene of $C^{75}$ made partly as a contribution and partly for goods and as	ruiaaa providad ta	the new or O	7-		x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	•		7a		
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•		-		x
	to file Form 8282?	1 1		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-		v
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	•		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the		-		
				8		
9	Sponsoring organizations maintaining donor advised funds.			-		
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	<u>10a</u>				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	11				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	le O		14b		

Form	990	(2016)
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Form 990 (2016)
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# LUTHERAN WORLD RELIEF

Part VI Governance, Management, and Disclosure h "Va .... .... 

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	NO TE	espon	se
				X
800	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			Δ
Sec	tion A. doverning body and Management		V.	
	Enter the number of voting members of the governing body at the end of the tax year 1		Yes	No
1a	5 5 5 <b>7 </b>	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b 15	-		
b	5	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
-	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	──
b	Each committee with authority to act on behalf of the governing body?	8b	Х	──
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

# Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDU	기다면	U
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18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. X Own website Another's website X Upon request Other (explain in Schedule O) 

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

		_
	LAURA MORALES - 410-230-2800	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	

Part VII	Со	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Em	ployees, 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. Т 

(A) Name and Title	(B) Average			(C Posi	<b>C)</b> ition			(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per	box,	unles	ss per	rson i	s both r/trus	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DR. WILLIAM J. CRAFT	4.00	-	-	0	×	<u> </u>	ш			
CHAIRPERSON		х		х				0.	Ο.	0.
(2) MR. JONATHAN D. SCHULTZ	3.50									
VICE-CHAIRPERSON		х		х				0.	0.	0.
(3) MS. EMMA GRAEBER PORTER	3.00									
SECRETARY		х		х				0.	Ο.	0.
(4) MS. HILDA ARELLANO	3.00									
DIRECTOR		Х						0.	0.	0.
(5) MR. EMRIED D. COLE JR.	5.00									
DIRECTOR		Х						0.	0.	0.
(6) DR. LOUISE P. EVENSON	3.00									
DIRECTOR		Х						0.	0.	0.
(7) MR. STEVE GUNDERSON	3.00									
DIRECTOR		Х						0.	0.	0.
(8) MS. JEAN HANSON	5.00									
DIRECTOR (JOINED JULY 2017)		Х						0.	0.	0.
(9) MR. JAYESH HINES-SHAH	3.00									
DIRECTOR		Х						0.	0.	0.
(10) MR. KENNETH M. JONES II	3.00									
DIRECTOR		Х						0.	0.	0.
(11) THE REV. DR. DAVID J. LOSE	3.50									
DIRECTOR		Х						0.	0.	0.
(12) MS. LINDA K. REISER	3.00									
DIRECTOR		Х						0.	0.	0.
(13) THE REV. TIMOTHY RUNTSCH	3.50									_
DIRECTOR		Х						0.	0.	0.
(14) DR. KATHERINE A TUNHEIM	4.50									-
DIRECTOR		Х						0.	0.	0.
(15) MS. KRISTIN YAKIMOW	3.50									-
DIRECTOR		Х						0.	0.	0.
(16) AMB. DANIEL V. SPECKHARD, RT.	53.50								•	20.000
PRESIDENT AND CEO	46.00			Х				288,143.	0.	30,223.
(17) MS. JOANN THEYS	46.80							1 61 400	•	10 014
VP FIN & ADMIN/TREAS				Х				161,430.	0.	18,214.

Form 990 (2016) LUTHERAN	WORLD R	EL	ΙE	F					13-2	<u>574</u>	963	Pa	.ge <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week			ss per	ition more son i:	than o s both	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatic from related	on	Est am	(F) imated ount c other	
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	I	frc orga and	pensat om the nizatio relate nizatio	e on ed
(18) MR. TIMOTHY MCCULLY SVP INTERNATIONAL PROGRAMS	45.50			x				159,576.		0.	38	8,91	.8.
(19) MS. ANDREA GREISE	49.00												
ASSISTANT SECRETARY				Х				69,315.		0.	21	.,95	4.
(20) MS. WENDY ROTHENBERGER VP, PRESIDENT'S OFFICE & HR	44.35					x		150,392.		0.		2,78	
(21) MS. GERALDINE SICOLA	47.54					- 23		150,552.		<u> </u>		,,,	4.
VP, STRATEGIC P'SHIPS & EXT. REL.						x		143,379.		0.	22	2,59	8.
(22) MR. MICHAEL WATT	46.03												
VP INTERNATIONAL OPERATIONS						Х		131,045.		0.	21	.,01	.3.
(23) DR. EVARISTE KARANGWA	52.09							100.151					_
SENIOR DIRECTOR, AFRICA	46 27					X		122,451.		0.	28	8,88	5.
(24) MS. LAURA MORALES AVP FIN & ADMIN	46.37					x		118,739.		0.	25	5,86	2.
1b Sub-total							•	1,344,470.		0.	230	),44	9.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)	<u></u>					]		1,344,470.		0.	230	),44	.9.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) who	o re	eceived more than \$100,	000 of reportable	Э			10
compensation from the organization												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director or tru	ister	- ko	ven	nlo	Vee	or	highest compensated en	nlovee on	ſ		103	NO
line 1a? If "Yes," complete Schedule J for s	-				•			•			3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual	-		4	X	
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	late	ed organization or individ	lual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or si	ich r	bers	on .					5		Х
Section B. Independent Contractors           1         Complete this table for your five highest contractors	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comr	pensat	ion froi	m	
the organization. Report compensation for	•	•							•				
(A) Name and business	address							<b>(B)</b> Description of s	ervices	с	(C) ompen		
MERKLE INC., 7001 COLUMBI	A GATEW	AY	D	RI	VE	,							
COLUMBIA, MD 21046								FUNDRAISER			989	,68	3.
MIDWEST WAREHOUSE, INC.													
398 EAST RICHMOND ST., ST								WAREHOUSE/PRO	DCESSING		591	.,73	3.
BRETHREN SERVICE CENTER,		N	ST	,	PO				OFCINC		396	. 75	5
BOX 188, NEW WINDSOR, MD KUEHNE + NAGEL SERVICES,		92	0					WAREHOUSE/PRO	- DUICCUDC		500	5,75	0.
LADBROOK DRIVE, SUITE 120	, DULLE	s,	V.					OCEAN FREIGH	r –		127	,89	5.
CARGO BROKERS INTERNATION	-			OP	ΓŌ	N		INTERNATIONA					
ROAD, SUITE 104, CHARLOTI	<u>'E, NY</u> 2	12	17					FREIGHT SHIP	PING		107	7,63	4.

 ROAD, SUITE 104, CHARLOTTE, NY 21217
 FREIGHT SHIPPING

 2
 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
 5

	990 (2 VII)		RAN WORL	U KELIEF			13-257	<b>4963</b> Pag
				or note to any line	in this Part VIII			Γ
		Check if Schedule O cont			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
s	1 a	Federated campaigns	1a	384,550.				
and Other Similar Amounts		Membership dues						
Amo	с	Fundraising events	1c					
ar /	d	Related organizations	1d					
Ē	е	Government grants (contribut	ions) <b>1e</b>	7,312,376.				
2 N	f	All other contributions, gifts, grar	its, and					
the		similar amounts not included abo	ve 1f	44,082,818.				
	g	Noncash contributions included in lines	1a-1f: \$	14,424,800.				
an	h	Total. Add lines 1a-1f			51,779,744.			_
				Business Code		4 454 544		
	2 a	CONTRACT REVENUE		541900	1,271,701.	1,271,701.		_
e	b							
/en	с							
He	d							
Kevenue	e f	All other program service reve						
		Total. Add lines 2a-2f			1,271,701.			
	3	Investment income (including			_ / _ ~ _ / ~ ~			
	-	other similar amounts)			512,406.			512,4
	4	Income from investment of ta						
	5	Royalties		Г				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	42,314,749.					
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)			250 160			250.1
		Net gain or (loss)		▶	359,169.			359,1
	8 а	Gross income from fundraisin including \$						
		including \$ contributions reported on line						
		Part IV, line 18	-					
	b	Less: direct expenses						
		Net income or (loss) from fund		<b></b>				
		Gross income from gaming a						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gan		<b>&gt;</b>				
1	0 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less: cost of goods sold						
	С	Net income or (loss) from sale		, <b>&gt;</b>				
_		Miscellaneous Revenu	e	Business Code	<u> </u>			
1		MISCELLANEOUS		900099	69,496.			69,4
	b							
	c			├				
1		All other revenue		L				
	6	Total. Add lines 11a-11d			69,496.			

Form 990 (2016)	LUTHERAN		RELIEF
Part IX Statement o	f Functional Exp	oenses	

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

<u>л</u> -	Check if Schedule O contains a respon		(B)	(C)	<u>Σ</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	24,264,039.	24,264,039.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	772,098.	543,827.	130,587.	97,684
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,079,368.	7,047,392.	1,728,578.	1,303,398
B	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	569,829.	416,593.	87,741.	65,495
Э	Other employee benefits	2,541,074.	1,860,635.	387,919.	292,520
C	Payroll taxes	547,130.	399,998.	84,246.	62,880
1	Fees for services (non-employees):				
а	Management				
b	Legal	6,003.		6,003.	
с	Accounting	78,023.		78,023.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	505,357.			505,35
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A) amount, list line 11g expenses on Sch 0.)	3,413,125.	3,104,229.	192,774.	116,122
2	Advertising and promotion				
3	Office expenses	2,850,387.	1,814,538.	155,273.	880,576
4	Information technology				
5	Royalties				
6	Occupancy	1,180,897.	866,252.	188,178.	126,467
7	Travel	1,963,512.	1,640,368.	134,544.	188,600
8	Payments of travel or entertainment expenses	, , -	, ,		
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
, ,	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	240,946.	160,120.	13,518.	67,308
3	Insurance	108,249.	56,388.	48,135.	3,726
5 1	Other expenses. Itemize expenses not covered				5,72
r	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 0.)				
ء	PROGRAM INPUTS	794,199.	794,199.		
a b	OTHER PROGRAM COSTS	548,921.	548,921.		
с С	BANK AND MERCHANT FEES	369,991.	1,334.	117,611.	251,040
d	MEMBERSHIP FEES	156,496.	128,911.	11,395.	16,190
		482,468.	232,607.	24,694.	225,16
	All other expenses	51,472,112.	43,880,351.	3,389,219.	4,202,542
5	Total functional expenses. Add lines 1 through 24e	51,714,114.	-J,000,JJI.	5,505,419.	Ŧ,404,J44
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	60,944.	27 052	29,756.	4,135
	Check here 🕨 🗴 if following SOP 98-2 (ASC 958-720)	00,944.	27,053.	43,130.	<u>4,13:</u>

4,135. Form 990 (2016)

LUTHERAN	WORLD	RELIEF
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I U							
		Check if Schedule O contains a response or note	e to any lin	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,026,630.	1	1,784,716.
	2	Savings and temporary cash investments			5,112,770.	2	8,490,636.
	3	Pledges and grants receivable, net	2,891,364.	3	1,265,463.		
	4	Accounts receivable, net	1,411,492.	4	1,594,757.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensat					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified					
		section 4958(f)(1)), persons described in section 4	-				
		employers and sponsoring organizations of section		-			
s		employees' beneficiary organizations (see instr).		-		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			4,337,151.	8	5,030,387.
	9	<b>S</b>			193,538.	9	196,324.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,285,353.			
	b	Less: accumulated depreciation	10b	1,800,806.	894,818.	10c	484,547.
	11				18,292,139.	11	22,860,826.
	12	Investments - other securities. See Part IV, line 11			1,207,920.	12	3,418,285.
	13	Investments - program-related. See Part IV, line 1			3,848,127.	13	3,679,220.
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,818,378.	15	3,026,134.		
	16	Total assets. Add lines 1 through 15 (must equal			42,034,327.	16	51,831,295.
	17	Accounts payable and accrued expenses		3,975,002.	17	4,962,440.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			2,030,387.	20	1,919,934.
	21	Escrow or custodial account liability. Complete P				21	
6	22	Loans and other payables to current and former of					
tie		key employees, highest compensated employees					
Liabilities				•		22	
Lia	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D			1,696,532.	25	6,318,381.
	26				7,701,921.	26	13,200,755.
		Organizations that follow SFAS 117 (ASC 958),	, check he	ere 🕨 🗴 and			
s		complete lines 27 through 29, and lines 33 and					
JCe	27	Unrestricted net assets			26,212,158.	27	30,266,101.
alar	28				7,869,510.	28	8,100,701.
Ä	29				250,738.	29	263,738.
ņ		Organizations that do not follow SFAS 117 (AS					
Ĕ		and complete lines 30 through 34.					
ţs	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equ			31		
štА	32	Retained earnings, endowment, accumulated inc				32	
ž	33	Total net assets or fund balances			34,332,406.	33	38,630,540.
	34	Total liabilities and net assets/fund balances			42,034,327.	34	51,831,295.
							Eorm <b>990</b> (2016)

51,831,295. Form **990** (2016)

Form 990 (2016)
Part X Balance Sheet

Form	990 (2016) LUTHERAN WORLD RELIEF	13-2	2574963	Pa	ge 12
	rt 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	53,99	2,5	16.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,47	2,1	12.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,52	0,4	04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,33	2,4	06.
5	Net unrealized gains (losses) on investments	5	1,77	7,7	30.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	38,63	0,5	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t 📔		
	Act and OMB Circular A-133?		<u>3a</u>	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X	

Form **990** (2016)

SCHEDULE A
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(Form	990	or	990-	EZ
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

υ	eparu	nent	01 11	ie i	reasur	y
In	ternal	Reve	enue	e Se	rvice	

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

OMB NO. 1545-0047
2016
Open to Public Inspection

Name of the	organization
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Nan	ne of	the organization						Employer	identification number
		LUTH	ERAN WORLD	RELIEF				1	3-2574963
Pa	rt I	Reason for Public C	Charity Status (/	All organizations must co	mplete th	s part.) Se	e instructions		
The	orga	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membersł	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more thar	1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	5 <b>09(a)(2)</b> .	See section &	509(a)(3). (	Check the box in
	_	lines 12a through 12d that o	describes the type of	supporting organization	and com	olete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	Ipporting
	_	organization. You must o	complete Part IV, Se	ctions A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int			•		-	an attentiv	/eness
	_	requirement (see instructi	ions). You must con	plete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga					Type I, Type	I, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			[
		ter the number of supported o	•						
g	Pro	ovide the following information (i) Name of supported	i about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see in	,	support (see instructions)
				above (see instructions))	165	NO			
Tota	1								
	••								

# Schedule A (Form 990 or 990 EZ) 2016 LUTHERAN WORLD RELIEF

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.)

1 Gits, grants, contributions, and membership teer scoked. (b) not include any "unusual grants.")       37436703.45098326.46233099.46181220.51779744.226729092         2 Tax revenues levied for the organization include any "unusual grants.")       37436703.45098326.46233099.46181220.51779744.226729092         3 The value of services or facilities furnished by a governmental unit to the organization include any unusual grants.")       37436703.45098326.46233099.46181220.51779744.226729092         5 The portion of total contributions by each person (direft than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       37436703.45098326.46233099.46181220.51779744.226729092         6 Public support. Subtractines trows at 4       226729092         Section B. Total Support       (a) 2012       (b) 2013       (c) 2016       (f) rotal (f)	1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       37436703.45098326.46233099.46181220.51779744.2267290         2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalt       37436703.45098326.46233099.46181220.51779744.2267290         3 The value of services or facilities furnished by a governmental unit to the organization without charge       37436703.45098326.46233099.46181220.51779744.2267290         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)       37436703.45098326.46233099.46181220.51779744.2267290         6 Public support. Subtractine 5 from line 4.       2267290         7 Amounts from line 4.       37436703.45098326.46233099.46181220.51779744.2267290         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.       661,412.669,772.605,732.581,923.512,406.303124         9 Net income from unrelated business activities, whether or not the business is regularly carried on       661,412.669,772.605,732.581,923.512,406.303124	92
membership fees received. (Do not include any "unusual grants.")       37436703.45098326.46233099.46181220.51779744.226729092         2 Tax revenues levied for the organization is behalf       37436703.45098326.46233099.46181220.51779744.226729092         3 The value of services or facilities thumished by agovernmental unit to the organization without charge       37436703.45098326.46233099.46181220.51779744.226729092         4 Total. Add lines 1 through 3       37436703.45098326.46233099.46181220.51779744.226729092         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 thackceeds 2% of the amount shown on line 1.       37436703.45098326.46233099.46181220.51779744.226729092         7 Amounts from line 4       226729092         8 Gross income from interest, dividends, symmets received on securities leans, rents, royatites and income from interest, dividends, symmets received on securities leans, rents, royatites and income from inclused suriness activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or loss form related activities, etc. (see instructions)       12       2, 397, 522.         1 Total support percentage for 2016 (ittle, form) (ittle 301245.       12       2, 397, 522.         9 Net income. Co not include gain or loss form related activities, etc. (see instructions)       12       2, 397, 522.         1 Total support percentage for 2016 (ittle, form) (ittle divertions)       12       2, 397, 522.         1 Total support percentage for 2016 (ittle, form) (i	membership fees received. (Do not include any "unusual grants.")       37436703.45098326.46233099.46181220.51779744.2267290         2 Tax revenues levied for the organization benefit and either paid to or expended on its behaff       37436703.45098326.46233099.46181220.51779744.2267290         3 The value of services or facilities furnished by a governmental unit to the organization without charge       37436703.45098326.46233099.46181220.51779744.2267290         4 Total. Add lines 1 through 3       37436703.45098326.46233099.46181220.51779744.2267290         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)       37436703.45098326.46233099.46181220.51779744.2267290         Section B. Total Support       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.2267290       37436703.45098326.46233099.46181220.51779744.2267290         8 Gross income from intrest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.669,772.605,732.581,923.512,406.303124         9 Net income from unrelated business activities, whether or not the business is regularly carried on       661,412.669,772.605,732.581,923.512,406.303124	<u>92</u>
Include any 'unusual grants'n       37436703.45098326.46233099.46181220.51779744.226729092         2 Tax revenues levied for the organization's benefit and either part is a services or accounter the organization's benefit and either part is a services or accounter the organization's benefit and either part is a services or accounter the organization's benefit and either part is a service or accounter the organization's benefit and either part is a service or accounter the organization's part is a service or accounter the se	include any "unusual grants.")       37436703.45098326.46233099.46181220.51779744.2267290         2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       3         3 The value of services of facilities furnished by a governmental unit to the organization without charge       37436703.45098326.46233099.46181220.51779744.2267290         4 Total. Add lines 1 through 3       37436703.45098326.46233099.46181220.51779744.2267290         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)       37436703.45098326.46233099.46181220.51779744.2267290         6 Public support. Subtract line 5 throm line 4.       2267290         Section B. Total Support       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.2267290       37436703.45098326.46233099.46181220.51779744.2267290         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources securities loans, rents, royalties and income from similar sources securities loans, rents, royalties and income from similar sources securities loans, rents, royalties and income from unrelated business is regularly carried on securities is regularly carried on secure from unerelated business       661,412.669	<u>92</u>
2       Tar versues levid of the organization is behalf         3       The value of services or facilities         turnished by a governmental unit to         4       Total. Add lines 1 through 3         5       The portion of total contributions         by each person (after than a governmental unit to the organization without charge         4       Total. Add lines 1 through 3         5       The portion of total contributions by each person (after than a governmental unit or publicly supported organization is the 4.         2       Section B. Total Support         2       Section B. Total Support         2       Gross income from interest, organization without charge and income from interest, organization without charge and income from interest, organization without charge and income from interest, organization and the support.         6       Public support.         2       Section B. Total Support         2       Section B. Total Support Support Section B. Total Support Support Section B. Total Support Section Sectin Sectin Section Section Section Section Section Sec	2 Tax revenues levied for the organization's benefit and either paid to or expended on its behaff	<u>92</u>
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the organization without charge <b>1</b> Total. Add lines 1 through 3 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) <b>6</b> Public support. Setting the form similar sources <b>9</b> Net income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources <b>9</b> Net income from interest, dividends, payments received on securities loans, rents, royallies and income from interest, dividends, payments received on securities loans, rents, royallies and income from interest, dividends, payments received on securities loans, rents, royallies and income from interest, dividends, payments received on securities loans, rents, royallies and income from interest, dividends, payments received on securities loans, rents, royallies and income from interest, dividends, payments received on securities loans, rents, royallies and income from interest, dividends, payments received on securities loans, rents, royallies and income from interest, dividends, payments received on row lass from line 4 assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 25, 388. 1, 221. 19, 895. 112, 492. 69, 496. 228, 492. 229988829 12 Cross receipts from related advities, etc. (see instructions) 12 2, 397, 522. 13 First five years. If the Form 900 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <b>9</b> Net lines of mo2015 Schedule A, Part II, III 14 <b>9</b> Public support test - 2016. If the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <b>9</b> Public support test - 2016. If the organization did not check ta box on line 13, and line 14 is 31 3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 2267290 Section B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4 B Gross income from similar sources and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 37436703.45098326.46233099.46181220.51779744.2267290 661,412.669,772.605,732.581,923.512,406.303124	
4       Total. Add lines 1 through 3       37436703.45098326.46233099.46181220.51779744.226729092         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)       226729092         6       Public support. Surpratues trom line 4       226729092         Section B. Total Support       (f) Total Support       (f) Total Support         Calendary set (or fiscal year beginning in) ►       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (f) Total 2015         7       Amounts from line 4       37436703.45098326.46233099.46181220.51779744.226729092       37436703.45098326.46233099.46181220.51779744.226729092       661, 412.669, 772.605, 732.581, 923.512, 406.3031245.         9       Net income from interest, dividends, payments received on securities loans, tents, royaties and income from sinilar sources and civities, whether or not the business is regularly carried on or lost ford the sale of capital assets (Explain in Part V).       25, 388.1, 221.19, 895.112, 492.69, 496.228, 492.22, 23988229         11       Total support. Add lines 7 through 10       25, 388.1, 221.19, 895.112, 492.69, 496.228, 492.52.537, 522.5381, 923.512, 406.3031245.5383, 93         12       Cross receipts from related activities, etc. (see instructions)       12       2, 397, 522.5383, 93         13       Total support test - 2016. If the organization is first, second, third, fourth, or fifth tax year	4 Total. Add lines 1 through 3       37436703.45098326.46233099.46181220.51779744.2267290         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)       2267290         6 Public support. Subtract line 5 from line 4.       2267290         Section B. Total Support         (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         37436703.45098326.46233099.46181220.51779744.2267290         Section B. Total Support         Calendar year (or fiscal year beginning in)         7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.2267290         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.6669,772.605,732.581,923.512,406.303124         9 Net income from unrelated business activities, whether or not the business is regularly carried on       661,412.669,772.605,732.581,923.512,406.303124	
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 (i)       226729092         Section B. Total Support       226729092         Section B. Total Support       37436703.4 5098326.46233099.46181220.51779744.226729092         Section B. Total Support       37436703.4 5098326.46233099.46181220.51779744.226729092         6 Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources       661,412.669,772.605,732.581,923.512,406.3031245.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI).       25,388.1,221.19,895.112,492.69,496.228,492.         11 Total support. Add lines 7 through 10       22,397,522.         12 Gross receipts from related activities, etc. (see instructions)       12         12 Copport percentage for 2016 (ine 6, column (f) divided by line 11, column (f))       14       98.58.9         9 Heblic support percentage for 2016 (ine 6, column (f) divided by supported organization organization qualifies as a publicly supported organization at the organization qualifies as a publicly supported organization at the organization qualifies as a publicly supported organization at the organization qualifies as a publicly supported organization at stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and it the organization meets the "facts and-	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)       2267290         6 Public support. Subtract line 5 from line 4.       2267290         Section B. Total Support         Calendar year (or fiscal year beginning in)         a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources activities, whether or not the business is regularly carried on       661,412.       669,772.       605,732.       581,923.       512,406.       303124	
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 (0) <u>support Subtractine Stem tire 4</u> <u>226729092</u> Section B. Total Support. Section B. Total Support Subtractine Stem tire 4 <b>37436703.45098326.46233099.46181220.51779744.226729092</b> <b>8</b> Gross income from interest, dividents, payments received on securities loans, rents, royalties and income from similar sources. <b>9</b> Net income from similar sources. <b>9</b> Net income from similar sources. <b>9</b> Net income from the ded capital assets (Explain in Part VI). <b>10</b> Other income. Do not include gain or loss from the ale of capital assets (Explain in Part VI). <b>11</b> Total support. Add lines 7 through 10 <b>25</b> , 388. <b>1</b> , 221. <b>19</b> , 895. <b>112</b> , 492. <b>69</b> , 496. 228, 492. <b>12</b> 2, 397, 522. <b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sectors 501(c)(3) organization, check this box and stop here. <b>31</b> Poblic support text-2016. If the organization id not check the box on line 13 or 16a, and line 14 is 31 1/3% or more, check this box and stop here. <b>14</b> Public support text-2016. If the organization id not check the box on line 13 or 16a, and line 14 is 30 1/3% or more, check this box and stop here. <b>15</b> No or more, check this box and stop here. <b>17</b> 10% - facts-and-circumstances text - 2016. If the organization did not check the box on line 13 or 16a, and line 14 is 30 1/3% or more, check this box and stop here. <b>17</b> 10% - facts-and-circumstances text - 2016. If the organization did not check the box on line 13 or 16a, and line 14 is 0% or more, and if the organization did not check the box on line 13 or 16a, and line 14 is 0% or more, and if the organization did not check the box on line 13 or 16a, or 16a, and line 14 is 10% or more, and if the organization did not check the box on line 13 or 16a, or 16a, and line 14 is 10% or more, and if the organization did not check the box on line 13 or 16	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) <u>6 Public support. Subtract line 5 from line 4.</u> <u>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on</u>	92
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       226729092         6 Public support. Submat line 5 from line 4.       226729092         Section B. Total Support       37436703.45098326.46233099.46181220.51779744.226729092         7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.226729092         8 Gross income from interest, dividends, payments received on securites loans, rents, royalties and income from similar sources activities, whether on ot the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       661,412.6669,772.605,732.581,923.512,406.3031245.         10 Other income. Do not incide gain or loss from the sale of capital assets (Explain in Part VI)       25,388.1,221.19,895.112,492.69,496.228,492.         12 Gross receipts from related activities, etc. (see instructions)       12 2,397,522.         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.         9 Public support percentage from 2015 Schedule A, Part II, line 14       14 98.58 % 15 98.40 %         16 Ba3 1/3% support test - 2016. 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 and it the organization meets the "facts-and-circumstances" test. The organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets'test. The organization did not check tho so	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       2267290         6 Public support. Subtract line 5 from line 4.       2267290         Section B. Total Support       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.2267290         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.6669,772.605,732.581,923.512,406.303124         9 Net income from unrelated business activities, whether or not the business is regularly carried on       661,412.669,772.605,732.581,923.512,406.303124	
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       226729092         6 Public support. Subtract line 4 stom line 4.       226729092         Section B. Total Support       37436703.45098326.46233099.46181220.51779744.226729092         6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       661,412.669,772.605,732.581,923.512,406.3031245.         9 Net income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       25,388.1,221.19,895.112,492.69,496.228,492.         11 Total support. Add lines 7 through 10       12       2,397,522.1         13 First five years. If the Form 900 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       >         14 Public support percentage from 2015 Schedule A, Part II, line 14.       14       98.58 %         15 Public support percentage from 2015 Schedule A, Part II, line 14.       15       98.40 %         16 33 1/3% support test - 2016. 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 and if the orga	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       2267290         6 Public support. Subtract line 5 from line 4.       2267290         Section B. Total Support       32012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.2267290         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.6669,772.605,732.581,923.512,406.303124         9 Net income from unrelated business activities, whether or not the business is regularly carried on       661,412.6669,772.605,732.581,923.512,406.303124	
on line 1 that exceeds 2% of the amount shown on line 11, column (f)       226729092         Section B. Total Support       226729092         Section B. Total Support       37436703.45098326.46233099.46181220.51779744.226729092         3 To anouts from line 4       37436703.45098326.46233099.46181220.51779744.226729092         8 Gross income from interest, dividends, payments received on securites loans, rents, royatiles and income from similar sources       661,412.6669,772.605,732.581,923.512,406.3031245.         9 Net income from unrelated business activities, whether or not the business is regularly carried on into ross from the seal of capital assets (Explain in Part VI).       25,388.1,221.19,895.112,492.69,496.228,492.228,492.         10 Other income. Do not include gain or loss from the seal of capital assets (Explain in Part VI).       25,388.1,221.19,895.112,492.69,496.228,492.         12 Gross receipts from related activities, etc. (see instructions)       12       2,397,522.         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       9         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       98.58 %         15 98.40 %       98.40 %       98.40 %       98.40 %         16a 33 1/3% support test - 2016. If the organization did not check to 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 organizat	on line 1 that exceeds 2% of the amount shown on line 11, column (f)       2267290         6 Public support. Subtract line 5 from line 4.       2267290         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶         7 Amounts from line 4       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.2267290         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.6669,772.605,732.581,923.512,406.303124         9 Net income from unrelated business activities, whether or not the business is regularly carried on       661,412.6669,772.605,732.581,923.512,406.303124	
amount shown on line 11, column (f)       226729092         Section B. Total Support       226729092         Section B. Total Support       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.226729092         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       661,412.669,772.605,732.581,923.512,406.3031245.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       12,2,397,522.         11 Total support. Add lines 7 through 10       12,2,397,522.         12 Trotal support percentage for 2016 (ine 6, column (f) divided by line 11, column (f))       14       98.58 %         15 Public support percentage for 2015 Schedule A, Part II, line 14       15       98.40 %         16 33 1/3% support test - 2015. 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, and if the organization qualifies as a publicly supported organization as a sublicity supported organization and into the capacity supported organization and and tot check the box on line 13, end 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, check this box on line 13, fia, r	amount shown on line 11, column (f)       amount shown on line 11, column (f)       amount shown on line 11, column (f)         6 Public support. Subtract line 5 from line 4.       2267290         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶         7 Amounts from line 4       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.2267290       37436703.45098326.46233099.46181220.51779744.2267290         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.669,772.605,732.581,923.512,406.303124         9 Net income from unrelated business activities, whether or not the business is regularly carried on       661,412.669,772.605,732.581,923.512,406.303124	
column (i)       6       Public support. Subtract time 5 from line 4.       226729092         Section B. Total Support       226729092       226729092         Calendar year (or fisal year beginning in) ►       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.226729092       37436703.45098326.46233099.46181220.51779744.226729092         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.669,772.605,732.581,923.512,406.3031245.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       25,388.1,221.19,895.112,492.69,496.228,492.228,492.122,397,522.13         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       25,388.1,221.19,895.112,492.69,496.228,492.122,397,522.13         11 Total support. Add lines 7 through 10       22,397,522.13         12 Gross receipts from related activities, etc. (see instructions)       12       2,397,522.13         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.       98.40         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       98.58 % / 15	column (f)       2267290         6       Public support. Subtract line 5 from line 4.       2267290         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶         7       Amounts from line 4       37436703.45098326.46233099.46181220.51779744.2267290         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.6669,772.605,732.581,923.512,406.303124         9       Net income from unrelated business activities, whether or not the business is regularly carried on       661,412.6669,772.605,732.581,923.512,406.303124	
6 Public support. Subtract line 4 from line 4.       226729092         Section B. Total Support         Calendar year (or fiscal year beginning in)         7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.226729092         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.6669,772.605,732.581,923.512,406.3031245.         9 Net income from unrelated business activities, whether or not the business is regularly carded on rolss from the sale of capital assets (Explain in Part VI.)       25,388.1,221.19,895.112,492.69,496.228,492.         11 Total support. Add lines 7 through 10       25,388.1,221.19,895.112,492.69,496.228,492.         12 Gross receipts from related activities, etc. (see instructions)       12       2,397,522.         13 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization of Public Support Percentage         4 Public support percentage from 2015 Schedule A, Part II, line 14       14       98.58.96         16 as 31/3% support test - 2016. 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       X         17a 10% - facts-and-circumstances' test. The organization did not check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "fa	6       Public support. Subtract line 5 from line 4.       2267290         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4         37436703.45098326.46233099.46181220.51779744.2267290         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.6669,772.605,732.581,923.512,406.303124         9       Net income from unrelated business activities, whether or not the business is regularly carried on       661,412.669,772.605,732.581,923.512,406.303124	
6       Public support. Subtract line 3 from line 4.       226729092         Section B. Total Support       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7       Amounts from line 4       37436703.45098326.46233099.46181220.51779744.226729092       (a) 2017       (b) 2016       (f) Total         8       Gross income from interest, dividends, payments received on securities loans, rents, royaties and income from sinilar sources       661,412.669,772.605,732.581,923.512,406.3031245.       661,412.669,772.605,732.581,923.512,406.3031245.         9       Net income from unrelated business activities, whether or not the business is regularly caried on or loss from the sale of capital assets (Explain in Part VI.)       25,388.1,221.19,895.112,492.69,496.228,492.         11       Total support. Add lines 7 through 10       22.9988829         12       Gross receipts from related activities, etc. (see instructions)       12       2,397,522.         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         4       Public support percentage from 2015 Schedule A, Part II, line 14       15       98.40       %         15       Public support test - 2016. 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 supporte	6       Public support. Subtract line 5 from line 4.       2267290         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4         37436703.45098326.46233099.46181220.51779744.2267290         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.6669,772.605,732.581,923.512,406.303124         9 Net income from unrelated business activities, whether or not the business is regularly carried on       661,412.669,772.605,732.581,923.512,406.303124	
Section B. Total Support       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.226729092         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.6669,772.605,732.581,923.512,406.3031245.         9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).       25,388.1,221.19,895.112,492.69,496.228,492.         12 Gross receipts from related activities, etc. (see instructions)       12       2,397,522.         13 First five years. If the Form 90 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       14       98.58 %         14 Public support test - 2016. If the organization if divided by line 11, column (fi)       14       98.58 %       98.40 %         15 Public support test - 2016. If the organization did not check ta 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       15       98.40 %         16 a3 3 1/3% support test - 2016. If the organization did not check a 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       15         17 10% - facts-and-circumstancees	Section B. Total Support         Calendar year (or fiscal year beginning in) ▶         (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.2267290         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.669,772.605,732.581,923.512,406.303124         9 Net income from unrelated business activities, whether or not the business is regularly carried on       661,412.669,772.605,732.581,923.512,406.303124	92
7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.226729092         8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources       661,412.669,772.605,732.581,923.512,406.3031245.         9 Net income from unrelated business activities, whether or not the business is regularly carried on the sale of capital assets (Explain in Part VI.)       661,412.669,772.605,732.581,923.512,406.3031245.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       25,388.1,221.19,895.112,492.69,496.228,492.         21 Total support. Add lines 7 through 10       25,388.1,221.19,895.112,492.69,496.228,492.         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.         Section C. Computation of Public Support Percentage       14         14 Public support test - 2016. If the organization (di not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization dual files as a publicly supported organization         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the	<ul> <li>7 Amounts from line 4 37436703. 45098326. 46233099. 46181220. 51779744. 2267290</li> <li>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 661, 412. 669, 772. 605, 732. 581, 923. 512, 406. 303124</li> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li> </ul>	
7 Amounts from line 4       37436703.45098326.46233099.46181220.51779744.226729092         8 Gross income from interest, dividends, payments received on securities loans, rents, royaties and income from similar sources       661,412.669,772.605,732.581,923.512,406.3031245.         9 Net income from unrelated business activities, whether or not the business is regularly carried on in O Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       25,388.1,221.19,895.112,492.69,496.228,492.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       25,388.1,221.19,895.112,492.69,496.228,492.         21 Total support. Add lines 7 through 10       22,9988829         22 Gross receipts from related activities, etc. (see instructions)       12       2,397,522.         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, of Public Support Percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       98.58 %         14 Public support test - 2016. 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       Xi         17a 10% -facts-and-circumstances test - 2016. 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 did not check a box	<ul> <li>7 Amounts from line 4 37436703. 45098326. 46233099. 46181220. 51779744. 2267290</li> <li>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 661, 412. 669, 772. 605, 732. 581, 923. 512, 406. 303124</li> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li> </ul>	
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.669,772.605,732.581,923.512,406.3031245.         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       661,412.669,772.605,732.581,923.512,406.3031245.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       25,388.1,221.19,895.112,492.69,496.228,492.         11       Total support. Add lines 7 through 10       229988829         12       Gross receipts from related activities, etc. (see instructions)       12       2,397,522.         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       14         14       Public support percentage from 2015 Schedule A, Part II, line 14       14       98.40 %         15       Public support test - 2016. 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 and stop here. The organization qualifies as a publicly supported organization and stop here. The organization dual not check a box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization	<ul> <li>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</li> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li> </ul>	92
dividends, payments received on securities loans, rents, royalties and income from similar sources       661,412.669,772.605,732.581,923.512,406.3031245.         9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       25,388.1,221.19,895.112,492.69,496.228,492.         11 Total support. Add lines 7 through 10       25,388.1,221.19,895.112,492.69,496.228,492.         12 Gross receipts from related activities, etc. (see instructions)       12 2,397,522.         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.       >         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14 98.58 %         15 Public support test - 2016. If the organization id 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       >         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, rda, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       >         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, rda, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       >         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, rda, rd 1	dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on	
securities loans, rents, royalties and income from similar sources       661,412.       669,772.       605,732.       581,923.       512,406.       3031245.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       25,388.       1,221.       19,895.       112,492.       69,496.       228,492.         11 Total support. Add lines 7 through 10       25,388.       1,221.       19,895.       112,492.       69,496.       228,492.         12 Gross receipts from related activities, etc. (see instructions)       12       2,397,522.       12       2,397,522.         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       >       >         24 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       98.58 % 15       98.40 %         18 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       >       X         17a 10% -facts-and-circumstances test - 2016. 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 qualifies as a publicly supported organization       >       X         17a 10% -facts-and-circumstances	securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on	
and income from similar sources       661,412.669,772.605,732.581,923.512,406.3031245.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       10         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       25,388.1,221.19,895.112,492.69,496.228,492.         11 Total support. Add lines 7 through 10       25,388.1,221.19,895.112,492.69,496.228,492.         12 Gross receipts from related activities, etc. (see instructions)       12 2,397,522.         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       Image: Computation of Public Support Percentage         14 Public support percentage form 2015 Schedule A, Part II, line 14       14       98.58 %. 15 Public support percentage form 2015 Schedule A, Part II, line 14         15 a 33 1/3% support test - 2016. If the organization did not check the box on line 13 and line 14 is 31 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and 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 - 2015. 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	and income from similar sources 661,412. 669,772. 605,732. 581,923. 512,406. 303124 9 Net income from unrelated business activities, whether or not the business is regularly carried on	
<ul> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li> <li>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 through 10</li> <li>25, 388. 1, 221. 19, 895. 112, 492. 69, 496. 228, 492.</li> <li>12 Gross receipts from related activities, etc. (see instructions)</li> <li>12 2, 397, 522.</li> <li>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</li> <li>Section C. Computation of Public Support Percentage</li> <li>14 Public support test - 2016. 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</li> <li>b 33 1/3% support test - 2015. 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</li> <li>17a 10% -facts-and-circumstances test - 2016. If the organization did not check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the</li> </ul>	9 Net income from unrelated business activities, whether or not the business is regularly carried on	5.
activities, whether or not the business is regularly carried on       10         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       25,388.       1,221.       19,895.       112,492.       69,496.       228,492.         11       Total support. Add lines 7 through 10       22,9988829       12       2,397,522.         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       >         Section C. Computation of Public Support Percentage       14       98.58.%       %         14       Public support test - 2016. If the organization (f) divided by line 11, column (f))       14       98.58.%         16       33 1/3% support test - 2015. 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       >       X         17a       10% -facts-and-circumstances test - 2016. 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 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	activities, whether or not the business is regularly carried on	<u> </u>
business is regularly carried on         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc. (see instructions)         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         Section C. Computation of Public Support Percentage         14       Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))         14       98.58 %         15       Public support percentage for 2016. 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         17a       10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, r16a, 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         10% -facts-and-circumstances test - 2015. If the organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization         114       98.40 organization meets the "facts-and-circumstances" test, check this box and s	business is regularly carried on	
10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       25,388.1,221.19,895.112,492.69,496.228,492.         11       Total support. Add lines 7 through 10       229988829         12       Cross receipts from related activities, etc. (see instructions)       12       2,397,522.         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         Section C. Computation of Public Support Percentage         14       Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       98.58 %         15       Public support test - 2016. 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       X         33       31 /3% support test - 2016. 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       X         17a       10% -facts-and-circumstances test - 2016. 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, check this box and stop here. Explain in Part VI how the         10% -facts-and-circumstances tes		
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assets (Explain in Part VI.)       25,388.       1,221.       19,895.       112,492.       69,496.       228,492.         11       Total support. Add lines 7 through 10       229988829         12       Gross receipts from related activities, etc. (see instructions)       12       2,397,522.         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         Section C. Computation of Public Support Percentage       14       98.58 %         14       Public support percentage from 2015 Schedule A, Part II, line 14       15       98.40 %         16a 33 1/3% support test - 2016. 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       X         b 33 1/3% support test - 2015. If the organization did not check a box on line 13, r16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       X         and stop here. The organization qualifies as a publicly supported organization       10       14       19,49.40         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, r16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       10         b 10% -facts-and-circumstances" test. The organization qualifies as a pub		
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12       Gross receipts from related activities, etc. (see instructions)       12       2,397,522.         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)       Image: comparization check this box and stop here       Image: comparization check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       98.58 %         15       Public support percentage from 2015 Schedule A, Part II, line 14       15       98.40 %         16a 33 1/3% support test - 2016. 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       Image: Comparization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2016. 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 qualifies as a publicly supported organization       Image: Comparization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2015. If the organization qualifies as a publicly supported organization       Image: Comparization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2015. If the organization qualifies as a publicly supported organization       Image: Comparization qualifies as a publicly		
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         Section C. Computation of Public Support Percentage         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14 98.58 %         15 Public support percentage from 2015 Schedule A, Part II, line 14       15 98.40 %         16a 33 1/3% support test - 2016. 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       X         b 33 1/3% support test - 2015. 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       X         17a 10% -facts-and-circumstances test - 2016. 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         b 10% -facts-and-circumstances test - 2015. 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, check this box and stop here         Section C. Computation of Public Support Percentage         14       98.58 %         15       Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       98.58 %         15       Public support percentage from 2015 Schedule A, Part II, line 14       15       98.40 %         16a 33 1/3% support test - 2016. 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       IX         b 33 1/3% support test - 2015. 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       IX         17a 10% -facts-and-circumstances test - 2016. 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         b 10% -facts-and-circumstances test - 2015. If the organization qualifies as a publicly supported organization       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		<u> </u>
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organization meets the "tacts-and-circumstances" test. The organization gualifies as a publicly supported organization		
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
<b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	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  Check this box and see instructions	

Schedule A (Form 990 or 990-EZ) 2016

Part II

# Schedule A (Form 990 or 990-EZ) 2016 LUTHERAN WORLD RELIEF Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

Se	ction A. Public Support			-		-	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	6 (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 per- formed, 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 bus-						
	iness under section 513						
4							
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge	l					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	6 (f) Total
	Amounts from line 6	(4) 2012	(1) 2010	(0) 2011	(4) 2010		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization?	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) org	anization,
_							<b>&gt;</b>
	ction C. Computation of Public						
15	Public support percentage for 2016 (li	ne 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2015					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>16</b> (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	2015 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and l	ine 17 is not
	more than 33 1/3%, check this box an						
k	33 1/3% support tests - 2015. If the						3%, and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	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			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	~		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a L	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	Type III Non-Functio				
Schedule A	(Form 990 or 990-EZ) 2016	LUTHERAN	WORLD	RELIEF	

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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
-				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2016 LUTHERAN WORLD RELIEF

Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions	Ŭ I		
9	Distributable amount for 2016 from Section C, line 6			
0	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
octi	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			110 2010	
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>а</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 LUTHERAN WORLD RELIEF	13-2574963	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	r 17b; Part III, line 12; I and 2; Part IV, Section /, Section B, line 1e; Par	C,
	(See instructions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

# \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2016

Employer identification number

13-2574963

# LUTHERAN WORLD RELIEF

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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, 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 exclusively religious is charitable, etc., be successible to the parts unless to the parts unless the the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successible to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be total contributions totaling \$5,000 or more during the year for an exclusively total contributions total total total total total total contributions total total to the parts unless to the parts unless the total contributions total total to the parts unless total t

**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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

## Name of organization

LUTHERAN WORLD RELIEF

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

noncash contributions.)

Part I	Contributors (See instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,817,128.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,060,121.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>2,084,653.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$2,916,465.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Employer identification number

13-2574963

Name of organization

Employer identification number

13-2574963

## LUTHERAN WORLD RELIEF

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

		ii ii 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

ime of orga	nization		Employer identification number			
	AN WORLD RELIEF		13-2574963			
art III	the year from any one contributor Complete (	columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) <b>*</b>			
a) No.	Use duplicate copies of Part III if additiona	al space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
·						
•			[			
		(e) Transfer of gi	ft			
-	Transferee's name, address, ar	nd 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 gi	ft			
		()				
-	Transferee's name, address, ar	nd 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 gi	ft			
-	Transferee's name, address, ar	nd 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 gi	ft			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
.						
·						
·						

SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047			
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527						2016	
Department of the Treasury Internal Revenue Service	Open to Public Inspection						
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (other</li> </ul>	anizations: Com r than section 50	Form 990, Part IV, line 3, or For plete Parts I-A and B. Do not com I1(c)(3)) organizations: Complete P	plete Part I-C.			ities), then	
<ul> <li>Section 527 organization</li> </ul>		Part I-A only. Form 990, Part IV, line 4, or For	m 990-E7 Dart VI lin	e 47 (Lobbying Acti	vitios) the	n	
		nave filed Form 5768 (election und					
	•	nave NOT filed Form 5768 (election	( )/				
		Form 990, Part IV, line 5 (Proxy				•	
Tax) (see separate inst		, , , <b>,</b> ,			,	, <b>, , , ,</b>	
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organizat	ions: Complete Part III.					
Name of organization					Employer	identification number	
	LUTHERA	N WORLD RELIEF			1	<u>3-2574963</u>	
Part I-A Comple	ete if the org	anization is exempt under	r section 501(c) o	r is a section 52	7 organ	ization.	
<ol> <li>Provide a description</li> <li>Political campaigner</li> <li>Volunteer hours for</li> </ol>	activity expendit						
	political campa						
Part I-B Comple	ete if the org	anization is exempt under	r section 501(c)(3	).			
1 Enter the amount o	f any excise tax	incurred by the organization under	r section 4955		▶\$		
2 Enter the amount o	f any excise tax	incurred by organization managers	s under section 4955		.►\$		
3 If the organization i	ncurred a section	n 4955 tax, did it file Form 4720 fo				Yes No	
4a Was a correction m	ade?					Yes No	
b If "Yes," describe in							
Part I-C Comple	ete if the org	anization is exempt under	r section 501(c), e	except section 5	601(c)(3).		
		I by the filing organization for secti			. ► \$		
exempt function ac	tivities	ization's funds contributed to othe	~		►\$		
line 17b	······	. Add lines 1 and 2. Enter here and			▶\$		
5 Enter the names, and made payments. For contributions receive	<ul> <li>4 Did the filing organization file Form 1120-POL for this year?</li> <li>5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.</li> </ul>						
( <b>a)</b> Name	)	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's cor er -0 I d	e) Amount of political htributions received and promptly and directly elivered to a separate political organization. If none, enter -0	

Schedule C (Form 990 or 990-EZ) 2016 LUTHE Part II-A Complete if the organization section 501(h)).	RAN WOI	RLD RELIEF opt under section	501(c)(3) and file	13-2 d Form 5768 (el	2574963 Page 2 ection under
A Check   if the filing organization below expenses, and share of exce	•	• • •	Part IV each affiliated	group member's nam	ne, address, EIN,
B Check ► if the filing organization check	, 0	, ,	visions apply		
Limits on Lok (The term "expenditures" r	bying Exper	ditures		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pul	olic opinion (a	rass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a le					
c Total lobbying expenditures (add lines 1a ar					
			ſ		
e Total exempt purpose expenditures (add line	es 1c and 1d)				
f Lobbying nontaxable amount. Enter the amo	ount from the	following table in both	n columns.		
If the amount on line 1e, column (a) or (b) is:		bying nontaxable am			
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,00	\$225,000 plus 5% of the excess over \$1,500,000.			
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (enter 25% c	of line 1f)				
h Subtract line 1g from line 1a. If zero or less,	enter -0				
i Subtract line 1f from line 1c. If zero or less,	enter -0				
j If there is an amount other than zero on eith	er line 1h or l	ine 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this year?					Yes No
(Some organizations that made	a section 50	raging Period Under 01(h) election do not l ate instructions for lir	nave to complete all o	f the five columns b	elow.
Lot	bying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (a) (or fiscal year beginning in)	2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
<u><b>c</b></u> Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

# Schedule C (Form 990 or 990-EZ) 2016 LUTHERAN WORLD RELIEF 13-2574963 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(4	(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:		x			
<ul><li>a Volunteers?</li><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li></ul>	X				
c Media advertisements?		x			
d Mailings to members, legislators, or the public?		X			
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?				621.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i Other activities?		X			
j Total. Add lines 1c through 1i				621.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<b></b>	<b></b>			
Part III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)(	5), or sec	tion		
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from					
Part III-B Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(	5), or sec	tion		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," OR	(b) Part	III-A, line	e 3, is	
answered "Yes."					
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	lical				
expenses for which the section 527(f) tax was paid).					
a Current year					
b Carryover from last year					
		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of t					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?					
<ul><li>5 Taxable amount of lobbying and political expenditures (see instructions)</li></ul>		<u>4</u> 5			
Part IV Supplemental Information		5			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	n list): Part II.	A lines 1 a	nd 2 (see		
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	p 1100, 1 art 11	/ , iii ico i u	10 2 (000		
PART II-B, LINE 1, LOBBYING ACTIVITIES:					
LWR PAID STAFF TO MEET WITH OR SEND E-MAIL CORRESPOND	ENCE TO	<b>D</b>			
CONGRESSIONAL STAFF AND ADMINISTRATION OFFICIALS REGA	RDING I	POLICI	ES ON		
INTERNATIONAL DEVELOPMENT, FOREIGN ASSISTANCE AND HUM	ANITAR	IAN			
RESPONSE. MOST OF THIS WORK INVOLVED GENERAL EDUCATIO	N OR II	NFORMA	TION		
ON THESE TOPICS, BUT ON SOME OCCASIONS CONCERNED RELE	VANT AU	JTHORI	ZING		
	Schedu	ule C (Form	990 or 990	D-EZ) 2016	

# OR APPROPRIATIONS LEGISLATION ON HUMANITARIAN AND DEVELOPMENT

ASSISTANCE AND GLOBAL FOOD SECURITY IN PARTICULAR.

60		Supplement	al Financial Statements		OMB No. 1545-0047	
	SCHEDULE D       Supplemental Financial Statements         (Form 990)       ► Complete if the organization answered "Yes" on Form 990,					
•			Open to Public			
	ment of the Treasury I Revenue Service	orm990.	Inspection			
Nam	e of the organizati		-	Employe	ridentification number 3-2574963	
Pa	t I Organiza		d Funds or Other Similar Funds or Aco			
I U		n answered "Yes" on Form 990, Part IV, lin		oounts.		
	organizatio			<b>)</b> Funds an	d other accounts	
1	Total number at er	nd of year		-		
2		f contributions to (during year)				
3		f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised funds	S		
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No	
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used on	lly		
	for charitable purp		r donor advisor, or for any other purpose conferrir	•		
Pa	impermissible priv	ate benefit?		······	Yes No	
			ganization answered "Yes" on Form 990, Part IV, I	line 7.		
1		servation easements held by the organization	·			
		n of land for public use (e.g., recreation or e If natural habitat	education) Preservation of a historically i	•		
		n of open space		stone struct	ure	
2			fied conservation contribution in the form of a con	servation e	asoment on the last	
2	day of the tax year	• •			at the End of the Tax Year	
а				2a		
b				2b		
с	•		ucture included in (a)	2c		
d			after 8/17/06, and not on a historic structure			
	listed in the Natior	nal Register		2d		
3					g the tax	
	year 🕨					
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	,	orcement of the conservation easements it			Yes No	
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easements	s during the year	
_	▶	<del></del>				
7	× .	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ease	ements dur	ing the year	
8		viction accompant reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i	<b>`</b>		
0	and section 170(h)				Yes No	
9			on easements in its revenue and expense stateme			
-			tion's financial statements that describes the orga			
	conservation ease		5		5	
Pa	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other Si	milar Ass	sets.	
	Complete it	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement and	l balance sh	neet works of art,	
	historical treasures	s, or other similar assets held for public ext	nibition, education, or research in furtherance of p	ublic servic	e, provide, in Part XIII,	
		tnote to its financial statements that descri				
b	-		C 958), to report in its revenue statement and bal			
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, pro				the following amounts	
	relating to these it			•		
				► \$		
~						
2			asures, or other similar assets for financial gain, p	rovide		
~		unts required to be reported under SFAS 1	To (ASC 958) relating to these items:	▶ \$		
a b				► \$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Schedule D (Form 990) 2016

		N WORLD REL					13-25			age <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tr	easures, o	r Other	Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	t are a sig	nificant ι	use of its c	ollection	items	\$
	(check all that apply):									
а	Public exhibition	d	Loan or exe	change progra	ams					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatio	on's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang							ine 9. or		
	reported an amount on Form 990, Par		0				, ,	,		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	arv for contributior	s or other as	sets not ir	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a						······ <u> </u>			
~			offing table.					Amoun	ł	
c	Beginning balance					1c		, arrouri	<u> </u>	
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					.y				1
Par		the organization and	swered "Yes" on F	orm 990 Part	IV line 1	0				
		(a) Current year	(b) Prior year	(c) Two yea			years back	(e) Four	vears	hack
1a	Beginning of year balance	250,167.	246,277,		4,913.		249,272.	(0) 1 001		245.
b	Contributions	13,000.	,		<i>'</i>		4,791.		,	232.
	Net investment earnings, gains, and losses	23,284.	21,442.		4,461.		18,402.		21	560.
	Grants or scholarships	, -	/			, .			,	
	Other expenditures for facilities									
C		18,462.	17,552.		4,175.		17,552.	52 20 7		765.
f	Administrative expenses		_ ,	, 	-,			,		
		267,989.	250,167	2.4	6,277.	2	254,913.		249	272.
g 2	Provide the estimated percentage of the curre				•,_,,				,	
z a	Board designated or quasi-endowment	ent year end balance	%	u)) Heiu as.						
	Permanent endowment  98.41	%								
	· · · · · · · · · · · · · · · · · · ·	L.59 %								
C	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
20	Are there endowment funds not in the posses	-	tion that are hold a	nd administa	ad for the	o organiz	ation			
Ja		sion of the organizat	lion that are new a	nu auminister		e organiz	alion	l	Yes	No
	by: (i) unrelated organizations							3a(i)	162	No X
								3a(ii)		X
L	(ii) related organizations		d an Cabadula D2					3b		- 23
4	Describe in Part XIII the intended uses of the							30		L
Par	t VI Land, Buildings, and Equipme		vment lunus.							
	Complete if the organization answered		Part IV line 11a	See Form 990	Part X I	line 10				
	Description of property	(a) Cost or ot		t or other		ccumulate	bo	(d) Boo	k valu	
	Description of property	basis (investm		(other)		preciation		( <b>u</b> ) Doo	it valu	C
19	Land		· ·	1,125.				4	1.1	25.
	Land			53,650.		35,2	25.			25.
	Buildings Leasehold improvements				L	55,2		2	., -	
			2 1 1	4,433.	1 7	765,5	81	34	8 8	52.
	Equipment			56,145.	, <i>'</i>	55,5	<u>~-•</u>		5,0 6,1	
	Other									<u>4</u> 7.
TULA	. Aud intes la tritough le. (Column (a) must et	<u>juai Form 990, Part &gt;</u>	<u>, column (B), line</u>	<u>UC.)</u>			Schodula			

Schedule D (Form 990) 2016

	(Form 990) 2016	LUTHERAN		RELIER
Part VII	Investments -	<b>Other Securities</b>	<b>.</b>	

(4)		Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(2) Closely-held equity interests	<b>(a)</b> D	l-of-year market value				
(3) Other       (A) POOLED TRUST FUND       1,352,267.       END-OF-YEAR MARKET VALUE         (B) COMMINGLED INVESTMENT       (C) VEHICLE       2,066,018.       END-OF-YEAR MARKET VALUE         (C) VEHICLE       2,066,018.       END-OF-YEAR MARKET VALUE         (D)       (F)       (F)       (F)         (G)       (H)       (F)       (G)         (H)       (G)       (H)       (H)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)       3, 418, 285.       (Part VIII)         Part VIII       Investments - Program Related.       (O) Book value       (e) Method of valuation: Cost or end-of-year market value         (1) INVESTMENT IN DIVINE       (f)       (f)       (f)       (f)         (a) DEscription of investment       (b) Book value       (f) Method of valuation: Cost or end-of-year market value         (1) INVESTMENT IN DIVINE       (f)       (f)       (f)         (a) CENTER CORPORATION       3, 514, 217.       COST         (g)       (f)       (f)       (f)         (g)       (g)       (g)       (g)         (g)       (g)       (g)       (g)         (h)       (g)       (g)       (g)         (g)       (g)       (g)       (g)	(1) Fir	nancial derivatives				
(A) POOLED TRUST FUND       1,352,267.       END-OF-YEAR MARKET VALUE         (B) COMMINGLED INVESTMENT	(2) Cla	osely-held equity interests				
(B) COMMINGLED INVESTMENT         (C) VEHICLE       2,066,018.       END-OF-YEAR MARKET VALUE         (D)       (E)       (E)         (F)       (G)       (G)         (G)       (G)       (G)         (H)       (G)       (G)         (H)       (G)       (G)         (H)       (G) Description of investment       (G) Book value         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1) INVESTMENT IN DIVINE       (C) Method of valuation: Cost or end-of-year market value         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1) INVESTMENT IN DIVINE       (C) Method of valuation: Cost or end-of-year market value       (E)         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (f) INVESTMENT IN LUTHERAN       3,514,217.       COST         (G)       (G)       (G)       (G)						
C:       VEHICLE       2,066,018.       END-OF-YEAR MARKET VALUE         (D)       (D)       (D)       (D)         (E)       (E)       (D)       (D)         (G)       (G)       (D)       (D)       (D)         (G)       (G)       (D)       (D)       (D)         (G)       (G)       (D)       (D)       (D)       (D)         (G)       (D)       (D)       (D)       (D)       (D)         (G)       (D)       (D)       (D)       (D)       (D)         (G)       (D)       (D)       (D)       (D)       (D)       (D)         (H)       (D)       (D) <td>(A)</td> <td></td> <td>1,352,267</td> <td>END-OF-YE</td> <td>EAR MARKET</td> <td>VALUE</td>	(A)		1,352,267	END-OF-YE	EAR MARKET	VALUE
(D)       (E)         (F)       (G)         (G)       (H)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►       3 , 418 , 285 .         Part VIII       Investments - Program Related.         (a) Description of investment       (b) Book value         (c) Method of valuation: Cost or end-of-year market value         (1) INVESTMENT IN DIVINE       (c) Method of valuation: Cost or end-of-year market value         (a) DEscription of investment       (b) Book value         (c) COLATE       165 , 003 .         (a) CENTER CORPORATION       3 , 514 , 217 .         (G)       (G)         (a) CENTER CORPORATION       3 , 514 , 217 .         (b)       (c) (b) must equal Form 990, Part X, col. (B) line 13.) ►         (a)       (c) (b) must equal Form 990, Part X, col. (B) line 13.) ►         (b)       (c) (b) must equal Form 990, Part X, col. (B) line 13.) ►         (a)       (b) Ecor Form 990, Part X, line 15.         (b)       (c) Other Assets.       (c) Other Assets.         (c)       (c) Other Assets.       (c) Other Assets	(B)					
(E)       (F)         (G)       (G)         (H)       (G)         (II)       (II)         (III)       (III)         (IIII)       (IIIIIII)         (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	(C)	VEHICLE	2,066,018	END-OF-YE	EAR MARKET	VALUE
(F)       (G)         (H)       (H)         (H)       (H)         (I)       (I)         (I)       (I)         (II)       (II)         (III)       (III)         (IIII)       (IIIIIIII)         (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII						
(G)       (H)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 3, 418, 285.         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         (1) INVESTMENT IN DIVINE       (c) Method of valuation: Cost or end-of-year market value         (2) CHOCOLATE       165,003.         (3) INVESTMENT IN LUTHERAN       (c) Sort         (4) CENTER CORPORATION       3,514,217.         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c) 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) CHARITABLE TRUSTS       2,030,437.         (2) OTHER ASSETS       630,482.         (3) CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS       365,215.         (4)       (4)						
(H)       3,418,285.         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. <ul> <li>(a) Description of investment</li> <li>(b) Book value</li> <li>(c) Method of valuation: Cost or end-of-year market value</li> </ul> (1) INVESTMENT IN DIVINE       (c) Method of valuation: Cost or end-of-year market value         (1) INVESTMENT IN LUTHERAN       (a) DESCRIPTION         (3) INVESTMENT IN LUTHERAN       (b) Eok value         (4) CENTER CORPORATION       3,514,217.         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c) Uther 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) CHARITABLE TRUSTS       2,030,437.         (2) OTHER ASSETS       630,482.         (3) CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS       365,215.         (4)       (4)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) →       3,418,285.         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         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1) INVESTMENT IN DIVINE       (c) Method of valuation: Cost or end-of-year market value         (a) DESCTMENT IN LUTHERAN       (c) Method of valuation: Cost or end-of-year market value         (a) CENTER CORPORATION       3,514,217.         (b)       (c) Must equal Form 990, Part X, col. (B) line 13.) →         (c)       (c) Must equal Form 990, Part X, col. (B) line 13.) →         (a) Description       (b) Book value         (c)       (c)         (d)       (c)         (e)       (c)         (f)       (f)         (g)       (g)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) →       3,679,220.         Part IX       Other Assets.       (g) Description         (h) Description       (b) Book value         (i)       CHARITABLE TRUSTS       2,030,437.         (g)       (g) Description       (g) Book value         (g)						
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         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1) INVESTMENT IN DIVINE       (c) Method of valuation: Cost or end-of-year market value         (1) INVESTMENT IN DIVINE       (c) Method of valuation: Cost or end-of-year market value         (a) Description of investment       165,003.         (b) EXTER       COST         (c) CHOCOLATE       165,003.         (c) CENTER       CORPORATION         (c) CENTER       3,514,217.         (c)       (c)			2 410 205			
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 DIVINE       (c) Method of valuation: Cost or end-of-year market value         (2) CHOCOLATE       165,003.       COST         (3) INVESTMENT IN LUTHERAN       (c) Method of valuation: Cost or end-of-year market value         (4) CENTER CORPORATION       3,514,217.       COST         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (c)       3, 679, 220.         Part IX       Other Assets.       (c) Description         (a) Description       (b) Book value         (1) CHARITABLE TRUSTS       2,030,437.         (2) OTHER ASSETS       630,482.         (3) CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS       365,215.         (4)       (c)			3,418,285			
(a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1) INVESTMENT IN DIVINE	Fart					
(1) INVESTMENT IN DIVINE         (2) CHOCOLATE       165,003. COST         (3) INVESTMENT IN LUTHERAN         (4) CENTER CORPORATION       3,514,217. COST         (5)						
(2) CHOCOLATE       165,003. COST         (3) INVESTMENT IN LUTHERAN			(b) BOOK value	(C) Method of Va	iuation. Cost of end	-or-year market value
(3) INVESTMENT IN LUTHERAN         (4) CENTER CORPORATION       3,514,217.         (5)         (6)         (7)         (8)         (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         3,679,220.         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) CHARITABLE TRUSTS       2,030,437.         (2) OTHER ASSETS       630,482.         (3) CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS       365,215.         (4)       4			165 002	COCI		
(4) CENTER CORPORATION       3,514,217.       COST         (5)			105,005	CUST		
(5)       (6)         (7)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 3, 679, 220.         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)       CHARITABLE TRUSTS       2,030,437.         (2)       OTHER ASSETS       630,482.         (3)       CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS       365,215.         (4)       (4)			2 514 217	COCI		
(6)       (7)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       3 , 679 , 220 .         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)       CHARITABLE TRUSTS       2 , 030 , 437 .         (2)       OTHER ASSETS       630 , 482 .         (3)       CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS       365 , 215 .         (4)       (4)		CENTER CORPORATION	5,514,217			
(7)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 3, 679, 220.         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)       CHARITABLE TRUSTS       2,030,437.         (2)       OTHER ASSETS       630,482.         (3)       CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS       365,215.         (4)       (4)						
(8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 3, 679, 220.         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)       CHARITABLE TRUSTS       2,030,437.         (2)       OTHER ASSETS       630,482.         (3)       CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS       365,215.         (4)       (4)						
(9)       3,679,220.         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       3,679,220.         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)       CHARITABLE TRUSTS       2,030,437.         (2)       OTHER ASSETS       630,482.         (3)       CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS       365,215.         (4)       4						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       3,679,220.         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) CHARITABLE TRUSTS         (2) OTHER ASSETS         (3) CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS         (4)						
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)       CHARITABLE TRUSTS       2,030,437.         (2)       OTHER ASSETS       630,482.         (3)       CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS       365,215.         (4)       4		Col (b) must equal Form 000 Part Y, col (B) line 13 )	3 679 220			
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) CHARITABLE TRUSTS       2,030,437.         (2) OTHER ASSETS       630,482.         (3) CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS       365,215.         (4)       4		IX Other Assets.	576757226			
(a) Description(b) Book value(1) CHARITABLE TRUSTS2,030,437.(2) OTHER ASSETS630,482.(3) CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS365,215.(4)(4)			on Form 990. Part IV. line	e 11d. See Form 990. P	art X, line 15.	
(1) CHARITABLE TRUSTS2,030,437.(2) OTHER ASSETS630,482.(3) CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS365,215.(4)(4)						(b) Book value
(2) OTHER ASSETS630,482.(3) CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS365,215.(4)(4)	(1)	CHARITABLE TRUSTS				
(3) CASH SURRENDER VALUE OF LIFE INSURANCE CONTRACTS 365,215. (4)						
(4)	(3)	CASH SURRENDER VALUE OF LI	IFE INSURANCE	CONTRACTS		365,215.
(5)						
(6)						
(7)	(7)					
(8)	(8)					
(9)	(9)					
Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.) 3,026,134.			<u>e 15.)</u>		▶	3,026,134.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	· art		on Form 990 Part IV line	11e or 11f Son Form	000 Part V line 25	
(a) Description of lightight	4	· · ·			330, 1 art X, inte 23.	
(1) Federal income taxes (2) ADVANCES RECEIVED FOR PROGRAM			RAM			
(3) PURPOSES 6,318,381.				6 318 381		
				-,,		
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		(Column (b) must equal Form 990, Part X, col. (B) line	≥ 25.) ►	6,318,381.		

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 X

	dule D (Form 990) 2016 LUTHERAN WORLD RELLEF				25/4963 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	56,211,344.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	<u>1,777,730.</u>	-	
b	Donated services and use of facilities	2b	441,098.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	2,218,828.
3	Subtract line 2e from line 1			3	53,992,516.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
с 5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	53,992,516.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents With		5	53,992,516. n.
с 5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	nents With		5	n.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents With <sup>2a.</sup>	n Expenses per l	5	53,992,516. n. 51,913,210.
с 5 Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With <sup>2a.</sup>	n Expenses per l	5 Retur	n.
c 5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With	n Expenses per l	5 Retur	n.
c 5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With <sup>2a.</sup>	n Expenses per l	5 Retur	n.
c 5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents With 2a. 2a 2b	n Expenses per l	5 Retur	n.
c 5 Pai 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a            2a            2b            2c	n Expenses per l	5 Retur	n. 51,913,210.
c 5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a            2a            2b            2c            2d	n Expenses per 1 441,098.	5 Retur	n. 51,913,210. 441,098.
c 5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a            2a            2b            2c            2d	n Expenses per 1 441,098.	5 Retur	n. 51,913,210.
c 5 Pai 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a            2a            2b            2c            2d	n Expenses per 1 441,098.	5 Retur	n. 51,913,210. 441,098.
c 5 Pai 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a            2a            2b            2c            2d	n Expenses per 1 441,098.	5 Retur	n. 51,913,210. 441,098.
c 5 Pai 1 2 a b c d 8 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	n Expenses per 1 441,098.	5 Retur	n. 51,913,210. 441,098.
c 5 Pai 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2a           2b           2c           2d           2d           4a           4b	n Expenses per 1	5 Retur	n. 51,913,210. 441,098. 51,472,112. 0.
c5 Part 12 a b c d e 34 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2a           2b           2c           2d           2d	n Expenses per   441,098.	5 Retur	n. 51,913,210. 441,098. 51,472,112.

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

PART 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.

PART X, LINE 2:

LWR HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN

INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS

CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN

THE FINANCIAL STATEMENTS. UNDER THIS POLICY, LWR MAY RECOGNIZE THE TAX

BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT

## THAT THE TAX POSITION WOULD BE SUSTAINED ON EXAMINATION BY TAXING

AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT HAS

EVALUATED LWR'S TAX POSITIONS AND HAS CONCLUDED THAT LWR HAS TAKEN NO

UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL

STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

LWR FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTIONS. LWR IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2014.

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	tes	OMB No. 1545-0047
(Form 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.	2016
Department of the Treasury	Information ab	out Schodulo E	► Attach to Form 990. (Form 990) and its instructions is at	ununu ina arau/fe		Open to Public Inspection
Internal Revenue Service           Name of the organization		Sut Schedule P		www.irs.gov/ic		entification number
LUTHERAN WORLD	RELIEF				13-2574	963
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answere	d "Yes" on
Form 990, Part I						
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance o	outside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
(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, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND			PROG. SERV., GRANTS TO			
THE CARIBBEAN	7	48	RECIPIENTS	SEE PART V		4,031,115.
EAST ASIA AND THE			PROG. SERV., GRANTS TO			
PACIFIC	4	27	RECIPIENTS	SEE PART V		412,111.
						,
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS	SEE PART V		382,640.
ICELAND & GREENLAND)	0	0	SRANTS TO RECIFIENTS	SEE FARI V		562,640.
MIDDLE EAST AND			PROG. SERV., GRANTS TO			
NORTH AFRICA	1	0	RECIPIENTS	SEE PART V		1,757,802.
RUSSIA & THE NEWLY			PROG. SERV., GRANTS TO			
INDEPENDENT STATES	0	0	RECIPIENTS	SEE PART V		2,007,400.
			PROG. SERV., GRANTS TO			
SOUTH AMERICA	6	15	RECIPIENTS	SEE PART V		2,116,658.
			PROG. SERV., GRANTS TO			
SOUTH ASIA	2	16	RECIPIENTS	SEE PART V		2,588,094.
			PROG. SERV., GRANTS TO			
SUB-SAHARAN AFRICA	13	92	RECIPIENTS	SEE PART V		8,888,039.
3 a Sub-total	33	198				22,183,859.
<b>b</b> Total from continuation	0	0				498,570.
sheets to Part I c Totals (add lines 3a						±20,370.
and 3b)	33	198				22,682,429.

**Statement of Activities Outside the United States** 

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

Schedule F (Form 990) 2016

OMB No. 1545-0047

Schedule F (Form 990) Part I Continuatio	T 2 - 2 3	74963 Page			
(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
UB-SAHARAN AFRICA	0	0	INVESTMENTS		324,459
SOUTH AMERICA	0	0	INVESTMENTS		9,108
EUROPE (INCLUDING CELAND & GREENLAND)	0	0	INVESTMENTS		165,003
					100,000
Totals	•				498,570

LUTHERAN WORLD RELIEF

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.

<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	KITS TO VULNERABLE					
		AND THE CARIBBEAN	GROUPS IN EL SALVADOR	0.		196,320.	KITS	FMV
			BABY CARE KITS TO					
		CENTRAL AMERICA	HOSPITALS IN			<u> </u>		
		AND THE CARIBBEAN	GUATEMALA	0.		629,760.	KITS	FMV
			QUILTS & KITS PEOPLE					
		CENTRAL AMERICA	AFFECTED BY HURRICANE					
		AND THE CARIBBEAN	MATTHEW IN HAITI	0.		363,300.	QUILTS AND KITS	FMV
			QUILTS & KITS PEOPLE					
		CENTRAL AMERICA	AFFECTED BY HURRICANE					
		AND THE CARIBBEAN	MATTHEW IN HAITI	0.		360,900.	QUILTS AND KITS	FMV
			SCHOOL KITS TO					
			VULNERABLE					
		CENTRAL AMERICA	COMMUNITIES IN					
		AND THE CARIBBEAN	HONDURAS	٥.		230,400.	KITS	FMV
			SCHOOL KITS TO					
			VULNERABLE					
		CENTRAL AMERICA	COMMUNITIES IN					
		AND THE CARIBBEAN	HONDURAS	0.		196,875.	KITS	FMV
			SCHOOL KITS TO			,		
			VULNERABLE					
		CENTRAL AMERICA	COMMUNITIES IN					
		AND THE CARIBBEAN	NICARAGUA	0.		691,200.	KTTS	FMV
			SCHOOL & PERSONAL					
		EUROPE (INCLUDING	CARE KITS FOR					
		ICELAND &	VULNERABLE FAMILIES					
		GREENLAND)	REFUGEES IN SERBIA	0.		151,320.	<b>Z</b> TTTC	FMV
• • • • • • •				-			6112	<u>г н</u> и
			recognized as charities by the f	oreign country,	recognized as tax-ex	empt by		F 0
	-		1 501(c)(3) equivalency letter					<u> </u>
3 Enter total number of	other organizations of	or entities						29

Schedule F (Form 990) 2016

Page 2

Schedule F (Form 990)	LUTHE	RAN WORLD RE	LIEF		Page <b>2</b>			
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SCHOOL KITS FOR VULNERABLE					
		ICELAND &	COMMUNITIES IN					
		GREENLAND)	DJIBOUTI	0.		151,320.	KITS	FMV
			SCHOOL KITS FOR					
		MIDDLE EAST AND	VULNERABLE COMMUNITIES IN					
		NORTH AFRICA	DJIBOUTI	0.		460,800.	עדידיים	FMV
		NORTH AFRICA	00100011	0.		400,000.	K115	
			SCHOOL KITS FOR					
		MIDDLE EAST AND	DISPLACED CHILDREN IN					
		NORTH AFRICA	IRAQ	0.		196,875.	KITS	FMV
			SCHOOL KITS AND			,		
			PERSONAL CARE KITS					
		MIDDLE EAST AND	FOR SYRIAN REFUGEES					
		NORTH AFRICA	IN JORDAN	٥.		151,320.	KITS	FMV
			QUILTS AND KITS TO					
			PALESTINIAN AND					
		MIDDLE EAST AND	SYRIAN REFUGEES IN					
		NORTH AFRICA	LEBANON	0.		399,470.	QUILTS AND KITS	FMV
			QUILTS AND KITS TO					
		RUSSIA AND	VULNERABLE					
		NEIGHBORING	COMMUNITIES IN					
		STATES	GEORGIA	0.		764,500.	QUILTS AND KITS	FMV
			QUILTS AND KITS TO					
		RUSSIA AND	VULNERABLE					
		NEIGHBORING	COMMUNITIES IN					
		STATES	GEORGIA	0.		940,500.	QUILTS AND KITS	FMV
		RUSSIA AND	PERSONAL CARE KITS					
		NEIGHBORING	FOR VULNERABLE GROUPS	0		303 400	Z TRO	
		STATES	IN UKRAINE	0.		302,400.	VT1.2	FMV
			QUILTS AND KITS FOR					
			PEOPLE AFFECTED BY					
		SOUTH AMERICA	FLOODING IN PERU	0.		831 600	QUILTS AND KITS	FMV
				· · ·	1	,,		

Schedule F (Form 990)	LUTHERAN WORLD RELIEF				Page <b>2</b>				
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SOUTH ASIA	QUILTS TO VULNERABLE COMMUNITIES IN INDIA	0.		940,500.	QUILTS	FMV	
		SUB-SAHARAN	QUILTS AND KITS TO VULNERABLE GROUPS IN						
		AFRICA	ANGOLA	0.		1271460.	QUILTS AND KITS	FMV	
		SUB-SAHARAN AFRICA	QUILTS AND KITS FOR VULNERABLE GROUPS IN	0.		1111000	QUILTS AND KITS	FMV	
		AFRICA	BURKINA FASO	0.		1111980.	QUILIS AND KITS		
		SUB-SAHARAN	QUILTS AND KITS TO VULNERABLE GROUPS IN						
		AFRICA	MAURITANIA	0.		1061670.	QUILTS AND KITS	FMV	
		SUB-SAHARAN	QUILTS AND KITS FOR VULNERABLE GROUPS IN						
		AFRICA	NIGER	0.		1256740.	QUILTS AND KITS	FMV	
		SUB-SAHARAN	QUILTS TO A LUTHERAN COMMUNITY CLINIC IN						
		AFRICA	SOUTH SUDAN	0.		10,260.	QUILTS	FMV	
		SUB-SAHARAN	QUILTS TO VULNERABLE			450.050			
		AFRICA	GROUPS IN TANZANIA	0.		470,250.	QUILTS	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	LIGHT & LIFE FOR PERSONS WITH IDD	65,000.	WIRE TRANSFER	0.			
		CENTRAL AMERICA AND THE CARIBBEAN	REGIONAL PROJECT OF THE SIERRA TECAPA CHINAMECA	110,000.	WIRE TRANSFER	0.			

13-2574963 LUTHERAN WORLD RELIEF Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (f) Manner of (d) Purpose of (e) Amount (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) VIOLENCE PREVENTION AMONG YOUTH IN HIGH CENTRAL AMERICA RISK AREAS IN EL AND THE CARIBBEAN SALVADOR 20,000. WIRE TRANSFER 0. COCOA DIPLOMA FOR CENTRAL AMERICA RURAL YOUTH IN THE EAST OF EL SALVADOR AND THE CARIBBEAN 18,934. WIRE TRANSFER 0. STRENGTHENING THE COMPETITIVENESS OF CENTRAL AMERICA SMALL-SCALE COCOA 107,338. WIRE TRANSFER AND THE CARIBBEAN PRODUCERS 0. CENTRAL AMERICA HOUSEHOLD AND COFFEE RESILIENCE AND THE CARIBBEAN 83,218. WIRE TRANSFER 0. HURRICANE MATTHEW EARLY RECOVERY INTERVENTION -CENTRAL AMERICA 164,451. WIRE TRANSFER AND THE CARIBBEAN NORD-OUEST 0. CENTRAL AMERICA CREATING COCOA AND THE CARIBBEAN ALLIANCES IN HAITI 40,794. WIRE TRANSFER 0 CENTRAL AMERICA HURRICANE MATTHEW AND THE CARIBBEAN RESPONSE 75,000. WIRE TRANSFER 0. CENTRAL AMERICA HURRICANE MATTHEW AND THE CARIBBEAN RESPONSE 75,000. WIRE TRANSFER Ο. HURRICANE MATTHEW EARLY RECOVERY CENTRAL AMERICA INTERVENTION IN 50,000. WIRE TRANSFER AND THE CARIBBEAN SUD-EST 0.

13-2574963 LUTHERAN WORLD RELIEF Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) CENTRAL AMERICA HURRICANE MATTHEW AND THE CARIBBEAN 10,000. WIRE TRANSFER RESPONSE OPERATIONS 0. HURRICANE MATTHEW CENTRAL AMERICA EARLY RECOVERY IN AND THE CARIBBEAN CENTRE DEPARTMENT 42,176. WIRE TRANSFER 0. COCOA PRODUCTION CENTRAL AMERICA TOWARDS EXPORT 71,500. WIRE TRANSFER AND THE CARIBBEAN MARKETS - APROCACAHO 0. REDUCING GENDER INEQUALITIES IN CENTRAL AMERICA AGRICULTURE IN AND THE CARIBBEAN CENTRAL AMERICA 50,168. WIRE TRANSFER 0. RESILIENCE IN THE COFFEE SECTOR IN THE CENTRAL AMERICA FACE OF CLIMATE AND THE CARIBBEAN 35,000. WIRE TRANSFER CHANGE 0. RESILIENCE IN THE COFFEE SECTOR IN THE CENTRAL AMERICA FACE OF CLIMATE AND THE CARIBBEAN CHANGE 51,000. WIRE TRANSFER 0 DEVELOPING COCOA CENTRAL AMERICA VALUE CHAIN IN RAAN AND THE CARIBBEAN NICARAGUA 89,712. WIRE TRANSFER 0. DEVELOPING COCOA CENTRAL AMERICA VALUE CHAIN IN RIO AND THE CARIBBEAN SAN JUAN NICARAGUA 110,068. WIRE TRANSFER Ο. RESILIENCE IN THE COFFEE SECTOR IN THE CENTRAL AMERICA FACE OF CLIMATE AND THE CARIBBEAN 38,000. WIRE TRANSFER CHANGE 0.

Schedule F (Form 990)	LUTHE	RAN WORLD RE	LIEF		Page <b>2</b>			
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	)	
<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PRODUCTIVE ECONOMIC					
			DEVELOPMENT OF					
		CENTRAL AMERICA	FAMILIES FROM 4					
		AND THE CARIBBEAN	SOMOTO COMMUNITIES	55,000.	WIRE TRANSFER	٥.		
			RECOVERY OF					
			EARTHQUAKE AFFECTED					
		EAST ASIA AND THE	CHILDREN IN PIDIE					
		PACIFIC	JAYA, ACEH, INDONESIA	39,940.	WIRE TRANSFER	٥.		
			IMPROVING THE					
			CAPACITY OF GAYO LUES					
		EAST ASIA AND THE	FARMERS TO SUPPORT					
		PACIFIC	SUSTAINABLE FARMING	48,358.	WIRE TRANSFER	٥.		
			CACAO FARMING					
			ENTERPRISE					
		EAST ASIA AND THE	ADVANCEMENT FOR					
		PACIFIC	SUSTAINABILITY	152,670.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC	NUTRIPAN BREAD	100,000.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC	CARE MARAWI	30,000.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC	CARE MARAWI SCALE-UP	8,312.	WIRE TRANSFER	٥.		
			ACCELERATING WOMEN'S					
		EAST ASIA AND THE	EMPOWERMENT THROUGH					
		PACIFIC	MICROENTERPRISE	32,831.	WIRE TRANSFER	ο.		
			PROTECT AND BUILD	, -				
			RESILIENCE OF WOMEN,					
		MIDDLE EAST AND	YOUTH AND CHILDREN IN					
		NORTH AFRICA	MOSUL, IRAQ	90,000.	WIRE TRANSFER	٥.		
			/ ~			•		

13-2574963 LUTHERAN WORLD RELIEF Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) MIDDLE EAST AND ACT ALLIANCE SYRIA NORTH AFRICA 50,000. WIRE TRANSFER HUMANITARIAN RESPONSE 0. EMERGENCY RESPONSE MIDDLE EAST AND PROGRAM FOR SYRIAN NORTH AFRICA REFUGEES IN JORDAN 207,290. WIRE TRANSFER 0. IMPROVING COMMUNITY HEALTH AND SANITATION MIDDLE EAST AND FOR LOCALS AND IDPS 50,978. WIRE TRANSFER NORTH AFRICA IN IZRAAT CITY 0. EMPOWERMENT OF MIDDLE EAST AND EMPLOYABILITY IN NORTH AFRICA NORTH SYRIA 101,077. WIRE TRANSFER 0. REHABILITATION OF PRODUCTION IN MAREA BAKERY IN NORTHERN MIDDLE EAST AND NORTH AFRICA SYRIA 49,992. WIRE TRANSFER 0. CHILE - DROPS OF SOUTH AMERICA MERCY - EMERGENCY 19,000. WIRE TRANSFER 0 CHILE - MEDICINE FOR SOUTH AMERICA VENEZUELA 7,000. WIRE TRANSFER 0. CHILE - MERCY IN SOUTH AMERICA 51,000. WIRE TRANSFER Ο. ACTION IMPROVING RESILIENCE 4,160. WIRE TRANSFER SOUTH AMERICA FOR CLIMATE CHANGE 0.

13-2574963 LUTHERAN WORLD RELIEF Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) CROP IMPROVEMENT 24,000. WIRE TRANSFER SOUTH AMERICA PROGRAM IN COLOMBIA 0. SOUTH AMERICA PERU FLOOD RELIEF 184,864. WIRE TRANSFER 0. FOOD SECURITY & NUTRITION IN HIGHLAND'S COMM. OF 63,707. WIRE TRANSFER SOUTH AMERICA CASTROVIRREYNA 0. ADAPTING TOGETHER SOUTH AMERICA (CEDEPAS) 95,241. WIRE TRANSFER Ο. ASSISTANCE TO FAMILIES DURING EMERGENCY FLOODING IN SOUTH AMERICA 45,321. WIRE TRANSFER 0. TRUJILLO, PERU SOUTH AMERICA PERU EMERGENCY 2017 460,663. WIRE TRANSFER 0 DAIRY VALUE CHAIN SOUTH AMERICA PROJECT 25,000. WIRE TRANSFER 0. DEVELOPEMENT OF THE COCOA VALUE CHAIN WITH FARMERS FROM SOUTH AMERICA VRAE 44,843. WIRE TRANSFER Ο. PRACTICAL ACTION: SAFE AND HEALTHY SCHOOLS IN APURIMAC, 239,560. WIRE TRANSFER SOUTH AMERICA PERU 0.

13-2574963 LUTHERAN WORLD RELIEF Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) MULTIPURPOSE HALL 20,700. WIRE TRANSFER Ο. SOUTH AMERICA CHAPICUY ENHANCING SMALL HOLDER FARMERS SOUTH ASIA RESILIENCE 160,761. WIRE TRANSFER 0. 37,936. WIRE TRANSFER SOUTH ASIA BIHAR FLOOD RESPONSE 0. SOUTH ASIA WATER WINDOW 40,921. WIRE TRANSFER Ο. SOUTH ASIA BIHAR FLOOD RESPONSE 27,067. WIRE TRANSFER 0. SOUTH ASIA WATER WINDOW 46,700. WIRE TRANSFER 0. WOMEN FARMERS IN SOUTH ASIA VEGETABLE VALUE CHAIN 53,142. WIRE TRANSFER 0. WOMEN IN FOOD 185,013. WIRE TRANSFER SOUTH ASIA SECURITY Ο. NEPAL-INDIA TRANS-BOUNDARY FLOOD 30,537. WIRE TRANSFER SOUTH ASIA RESILIENCE PROJECT Ο.

13-2574963 LUTHERAN WORLD RELIEF Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) RELIEF PROGRAM FOR FLOOD AFFECTED FAMILIES IN BARDIYA SOUTH ASIA 25,445. WIRE TRANSFER DISTRICT OF NEPAL 0. LIVELIHOOD RECOVERY SUPPORT PROJECT IN SOUTH ASIA LAMJUNG, NEPAL 38,786. WIRE TRANSFER 0. NEPAL EARTHQUAKE SHELTER & LIVELIHOODS 281,541. WIRE TRANSFER SOUTH ASIA IN LAMJUNG 0. PROMOTION OF CLIMATE SMART AGRICULTURE & NATURAL RESOURCE SOUTH ASIA MANAGEMENT IN LAMJUNG 6,107. WIRE TRANSFER 0. SHELTER SUPPORT TO EARTHQUAKE AFFECTED SOUTH ASIA COMMUNITIES IN NEPAL 223,800. WIRE TRANSFER 0. EARTHQUAKE RELATED SOUTH ASIA PROJECT IN NEPAL 19,190. WIRE TRANSFER 0 RELIEF PROGRAM FOR FLOOD AFFECTED FAMILIES IN BARDIYA SOUTH ASIA DISTRICT OF NEPAL 25,445. WIRE TRANSFER 0. NEPAL-INDIA TRANS-BOUNDARY FLOOD SOUTH ASIA RESILIENCE PROJECT 30,396. WIRE TRANSFER Ο. IMPROVING LIVELIHOOD RESILIENCE OF EARTHQUAKE AFFECTED 19,347. WIRE TRANSFER SOUTH ASIA COMMUNITIES IN GORKHA 0.

13-2574963 LUTHERAN WORLD RELIEF Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) URBAN DRR IN SOUTH ASIA 36,029. WIRE TRANSFER Ο. KATHMANDU VALLEY COFFEE SUPPORT IN WESTERN MID-HILLS OF SOUTH ASIA NEPAL 30,000. WIRE TRANSFER 0. CITRUS MARKET DEVELOPMENT PROJECT IN NAWALPARASI AND TANAHU 20,492. WIRE TRANSFER SOUTH ASIA 0. NEPAL-INDIA TRANS-BOUNDARY FLOOD SOUTH ASIA RESILIENCE PROJECT 7,000. WIRE TRANSFER 0. RELIEF FOR FLOOD AFFECTED FAMILIES IN NAWALPARASI DISTRICT SOUTH ASIA OF NEPAL 13,233. WIRE TRANSFER 0. SCALEUP OF TRANSBOUNDARY FLOOD SOUTH ASIA RESILIENCE PROJECT 33,960. WIRE TRANSFER 0 EARTHQUAKE RESPONSE SOUTH ASIA IN GORKHA 81,332. WIRE TRANSFER 0. LIVELIHOOD RECOVERY SUPPORT PROJECT IN SOUTH ASIA 33,984. WIRE TRANSFER Ο. GORKHA, NEPAL NEPAL EARTHQUAKE SHELTER & LIVELIHOODS IN GORKHA 139,431. WIRE TRANSFER SOUTH ASIA 0.

Schedule F (Form 990)

LUTHERAN WORLD RELIEF

13-2574963

Schedule F (Form 990)		KAN WONDD ND			13 23	74,00		Page Z
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SUB-SAHARAN	SESAME - AFRIQUE					
		AFRICA	VERTE MASTER	56,250.	WIRE TRANSFER	0.		
		SUB-SAHARAN		02 202		0		
		AFRICA	SESAME - CNFA MASTER	93,303.	WIRE TRANSFER	0.		
		SUB-SAHARAN	MAC (CORE II)+FDTT					
		AFRICA	(BURKINA FASO)	99,062.	WIRE TRANSFER	٥.		
				,				
		SUB-SAHARAN	SESAME - RONGEAD					
		AFRICA	MASTER	63,113.	WIRE TRANSFER	0.		
			DEVELOPMENT, SUPPORT					
			& IMPROVEMENT OF					
		SUB-SAHARAN	AGRICULTURAL	<b>FO</b> 000				
		AFRICA	PRODUCTION IN ZABRE	72,930.	WIRE TRANSFER	0.		
			RESPONSE TO EL					
		SUB-SAHARAN	NINO-CAUSED DROUGHT					
		AFRICA	EMERGENCY	22,370.	WIRE TRANSFER	٥.		
			LOIMA PASTORALISTS					
		SUB-SAHARAN	CAPACITY					
		AFRICA	STRENGTHENING PROJECT	46,860.	WIRE TRANSFER	0.		
			SMALLHOLDER FARMERS					
			IN WESTERN KENYA					
		SUB-SAHARAN	ACHIEVING SUSTAINABLE	_				
		AFRICA	LIVELIHOODS	67,784.	WIRE TRANSFER	0.		
		SUB-SAHARAN	WOMEN AND YOUTH					
		AFRICA	STRAWBERRY (INCOME)	73 534	WIRE TRANSFER	0.		
		F	STRUMBERRY (TREOME)	,,,,,,,,,,	PINE INMOLER	· ·		

Schedule F (Form 990)	LUTHERAN WORLD RELIEF				Page <b>2</b>			
Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	ed States. (Schedule F (Form 990), Part II, line 1)			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	KAKUMA REFUGEE ASSISTANCE PROJECT 2015 (LWF)	189,894.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	KAKUMA REFUGEE ASSISTANCE PROJECT 2016-2017 (LWF)	198,628.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOMALI REFUGEE ASSISTANCE IN DADAAB REFUGEE CAMPS, KENYA	99,274.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOMALI REFUGEE ASSISTANCE IN DADAAB, KENYA 2016-2017	119,889.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ALLEVIATE FOOD INSECURITY PROJECT	51,574.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WATER FOR WOMEN SUB-PROJECT (MALI)	47,954.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROMOTION OF DRY CEREAL PRODUCTION IN THE SAN INTERFLEUVE	65,315.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MAC (CORE II) + UNION TAMANI (MALI)	62,458.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MALIAN REFUGEE & HOST COMMUNITIES LIVELIHOODS PROJECT	111,994.	WIRE TRANSFER	0.		

13-2574963 LUTHERAN WORLD RELIEF Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) MALIAN REFUGEE & HOST SUB-SAHARAN COMMUNITIES AFRICA LIVELIHOODS PROJECT 290,574. WIRE TRANSFER Ο. AN ALLIANCE FOR YEAR-ROUND RESILIENCE SUB-SAHARAN IN TAHOUA AND MARADI, AFRICA NIGER 106,156. WIRE TRANSFER 0. MAC CORE II + FEDERATION KISHI SUB-SAHARAN AFRICA 114,210. WIRE TRANSFER (NIGER) 0. AN ALLIANCE FOR SUB-SAHARAN YEAR-ROUND RESILIENCE AFRICA IN TAHOUA AND MARADI 67,273. WIRE TRANSFER 0. AN ALLIANCE FOR SUB-SAHARAN YEAR-ROUND RESILIENCE AFRICA IN TAHOUA AND MARADI 65,832. WIRE TRANSFER 0. AN ALLIANCE FOR SUB-SAHARAN YEAR-ROUND RESILIENCE AFRICA IN TAHOUA AND MARADI 79,970. WIRE TRANSFER 0 PROVIDING EMERGENCY SUB-SAHARAN NUTRITION SERVICES IN AFRICA SOUTH SUDAN 300,023. WIRE TRANSFER 0. PROTECTION OF SUDANESE REFUGEES & SUB-SAHARAN SOUTH SUDANESE 862,975. WIRE TRANSFER AFRICA CHILDREN IN S. SUDAN Ο. INCREASE INCOME OF FARMERS IN IRINGA SUB-SAHARAN FROM MARKETING OF AFRICA 50,013. WIRE TRANSFER TOMATOES 0.

Schedule F (Form 990)	LUTHE	RAN WORLD RE	LIEF		13-2574963			
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	WORKING TOGETHER FOR PROSPEROUS LIVELIHOODS	75,422.	WIRE TRANSFER	0.		
			CLIMATE ADAPTED RURAL ENTERPRISES IN COFFEE	79,000.	WIRE TRANSFER	0.		
			SUSTAINABLE ENTERPRISES FOR TRADE ENGAGEMENT PROJECT	72,045.	WIRE TRANSFER	0.		

#### Schedule F (Form 990) 2016

LUTHERAN WORLD RELIEF

#### 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	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

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Schedule F (Form 990) 2016

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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i>	X Yes	No No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 LUTHERAN WORLD RELIEF

#### Part V Supplemental Information

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

PART I, LINE 2:

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 1, LINE 3, COLUMN E

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICE IN REGION: - SMALL FARMERS' ACCESS TO

LOCAL, REGIONAL AND INTERNATIONAL MARKETS PARTICULARLY IN THE COCOA &

COFFEE SECTORS

- AGRO-ECOLOGICAL PRODUCTION METHODS

Schedule F (Form 990) 2016 LUTHERAN WORLD RELIEF

#### 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.

#### - 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.

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: - 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.

**REGION: EUROPE** 

-DISTRIBUTION OF IN-KIND MATERIAL INCLUDING, QUILTS AND SCHOOL KITS

-CORE SUPPORT TO PARTNER ORGANIZATION

#### REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION:

- VULNERABILITY REDUCTION FOR MARGINALIZED

- LIVELIHOODS (PROMOTING INCOME GENERATION THROUGH TRAINING, MICRO

#### ENTERPRISE SUPPORT AND OTHER MEANS AND FOR THOSE AFFECTED BY

Schedule F (Form 990) 2016 LUTHERAN WORLD RELIE	F
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### 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.

#### EMERGENCIES OR LIVING IN CRISIS ZONES

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

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

**REGION: SOUTH ASIA** 

(E) SPECIFIC TYPES OF SERVICES IN REGION:

- 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,

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

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: - 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

Schedule F (Form 990) 2016 LUTHERAN WORLD RELIEF

#### 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.

#### - 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

REGION: RUSSIA AND THE NEWLY INDEPENDENT STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION:

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

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

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: - 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

SCHEDULE F, PART IV, QUESTION 6

THE ORGANIZATION HAS SOME ACTIVITY OVERSEAS WHICH REQUIRES IT TO CHECK

BOX 6, OF PART IV OF SCHEDULE F AS YES FOR FORM 5713, HOWEVER, THE

ORGANIZATION DOES NOT HAVE UNRELATED BUSINESS INCOME AND IS NOT

REQUIRED TO FILE A FORM 990-T. IN ADDITION, THE ORGANIZATION HAS NOT

ENTERED INTO AGREEMENTS RELATED TO THE ISSUES AS PRESENTED IN FORM

## 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 G	Suppleme	ntal Information Regarding	Fund	Iraici	ng or Gaming A	otiv		OMB No. 1545-0047
(Form 990 or 990-EZ) C	omplete if the	e organization answered "Yes" on	Form	990, P	Part IV, line 17, 18, o			2016
Department of the Treasury Internal Revenue Service		organization entered more than \$1 Attach to Form 990 Attach to Form 990 or 990-EZ)	or Fo	rm 99	0-EZ.	nov/fc	orm990	Open to Public Inspection
Name of the organization							Employer ic	lentification number
		N WORLD RELIEF					13-257	
Part I Fundraising required to com	J Activities.	• Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
a X Mail solicitations b X Internet and ema c X Phone solicitatio d X In-person solicitation	ail solicitations ons ations	s f X Solicita g Special	tion of tion of fundra	non-g gover aising (	overnment grants nment grants events			
key employees listed in	n Form 990, P hest paid indiv	or oral agreement with any individual art VII) or entity in connection with p <i>v</i> iduals or entities (fundraisers) pursu organization.	rofessi	onal fu	undraising services?		XY	
(i) Name and address of or entity (fundrais		(ii) Activity	rity fundraiser have custody or control of from activity		Amount paid or retained by fundraiser ted in col. <b>(i)</b>			
MERKLE - 7001 COLUMBIA	A		Yes	No				
GATEWAY DRIVE, COLUMBI	,	DIRECT MAIL		x	5,052,800.		463,188	4,589,612.
GLOBAL IMPACT - 66 CAN	NAL							
CENTER PLAZA, STE 310	,	COMBINED FEDERAL CAMPAIGN	Х		243,853.		27,300	216,553.
ARIA - 717 W. ST. GERM	MAIN							
STREET, ST. CLOUD, MN		TELEMARKETING		X	54,554.		14,869	39,685.
MEYER PARTNERS, LLC -								
WOODFIELD RD, SUITE 42	25,	DIRECT MAIL		x	1,230.		0	1,230.
Total	he organizatio	n is registered or licensed to solicit c			5,352,437.		505,357	

or licensing.

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

	1	3	-25	74	96	3	Page 2
--	---	---	-----	----	----	---	--------

	(Form 990 or 990-EZ) 2016					2574963	
Part II	Fundraising Events.	Complete if the o	organization	answered "Yes" on Form	990, Part IV, line 18, or reported	more than \$15,0	000
	• C. C. C. Statistics in the second state of the second state o	and the second second second second second				· · · · · · · · · · · · · · · · · · ·	

		of fundraising event contributions and gro	oss income on Form 990		vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
						col. (c)
đ			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts				
£						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
Sen	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
Ē						
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			
Da	ort l	<b>III Gaming</b> Complete if the examination	anautorad "Vaa" on Farm	000 Dout IV line 10 or w	anautad mara than	•
Pa	art l		answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
Pa	 	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	(d) Total gaming (add
			answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
			answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add col. (a) through col. (c))
<b>Pa</b> Bevenue		\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
			answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Revenue	1	\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Revenue	1	\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Revenue	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Revenue	1	\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Revenue	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Revenue	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Revenue	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	b) Part IV, line 19, or r          (b) Pull tabs/instant         bingo/progressive bingo             Image: state	c) Other gaming	
Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	b) Part IV, line 19, or r          (b) Pull tabs/instant         bingo/progressive bingo             Image: state	eported more than (c) Other gaming	
Revenue	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a.  Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
Revenue	1 2 3 4 5 6 7	\$15,000 on Form 990-EZ, line 6a.  Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo (a) Bingo (b) Bingo (c) Bi	1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
Direct Expenses Revenue	1 2 3 4 5 6 7 8	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	(a) Bingo (a) Bingo (a) Bingo (b) Bingo (c) Bi	1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
6 Direct Expenses Revenue	1 2 3 4 5 6 7 8 En	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	(a) Bingo (a) Bingo (b) Bingo (c) Bi	1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo Yes% No	eported more than (c) Other gaming	col. (a) through col. (c))
birect Expenses Revenue	1 2 3 4 5 6 7 8 Ent	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	(a) Bingo (a) Bingo (b) Bingo (c) Bi	1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo Yes% No	eported more than (c) Other gaming	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain: \_\_\_\_

Yes

No

Sch	edule G (Form 990 or 990-EZ) 2016 LUTHERAN WORLD RELIEF 13-	2574	963	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
Ł	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount			
	of gaming revenue retained by the third party <b>&gt;</b>			
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:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🗆	Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	<b>ITT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	ines 9, 9	9b, 10	b, 15b,
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	5:		
<u>(</u> ]	) NAME OF FUNDRAISER: MERKLE			
<u>(</u> ]	) ADDRESS OF FUNDRAISER: 7001 COLUMBIA GATEWAY DRIVE, COLUMBIA	<u>, MD</u>	2	1046
<u>(I</u>	) NAME OF FUNDRAISER: GLOBAL IMPACT			
<u>(I</u>	) ADDRESS OF FUNDRAISER:			
66	CANAL CENTER PLAZA, STE 310, ALEXANDRIA, VA 22314			

(I) NAME OF FUNDRAISER: MEYER PARTNERS, LLC

(I) ADDRESS OF FUNDRAISER:

1701 E. WOODFIELD RD, SUITE 425, SCHAUMBURG, IL 60173

SCI	HEDULE J	Compensation Information	n	1	OMB No. 1	1545-004	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees,	and Highest		20	16				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, I	Dart IV line 22		20	IU	)			
Depar	tment of the Treasury	Attach to Form 990.	aitiv, ille 23.		Open to					
Interna	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at	www.irs.gov/for		Inspe					
Nam	e of the organization					tification number				
De		LUTHERAN WORLD RELIEF		13-2	57496	3				
Pa		s Regarding Compensation								
						Yes	No			
1a		ate box(es) if the organization provided any of the following to or for a perso		990,						
		line 1a. Complete Part III to provide any relevant information regarding these								
	First-class or c		•							
	Travel for companions Payments for business use of personal residence									
	Tax indemnification and gross-up payments									
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)									
h	If any of the bayes	on line to are checked, did the execution follow a written nation recording	n novmont or							
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain				1b					
2										
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Even tive Director, regarding the items checked on line 1e2		2							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?									
3	Indicate which if ar	ny, of the following the filing organization used to establish the compensatio	n of the organiza	tion's						
Ŭ		ctor. Check all that apply. Do not check any boxes for methods used by a r	•							
		ation of the CEO/Executive Director, but explain in Part III.	olatod organizatio	511 10						
	Compensation		tract							
		ompensation consultant X Compensation survey or								
		ther organizations $X$ Approval by the board or	•	ommittee						
			oompensation o	ommittee						
4	During the year. did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to	the filina							
-	organization or a re									
а	•	e payment or change-of-control payment?			4a		x			
		ceive payment from, a supplemental nonqualified retirement plan?					X			
		ceive payment from, an equity-based compensation arrangement?					X			
		es 4a-c, list the persons and provide the applicable amounts for each item i								
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue	any compensatio	n						
	contingent on the r	evenues of:								
а	The organization?				. 5a		X			
		ation?					X			
		r 5b, describe in Part III.								
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue	any compensatio	n						
	contingent on the n	0								
	a The organization?						X			
		ation?					X			
		r 6b, describe in Part III.								
7	-	n Form 990, Part VII, Section A, line 1a, did the organization provide any no								
		es 5 and 6? If "Yes," describe in Part III			7	Х				
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that		ie						
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in			8		X			
9		d the organization also follow the rebuttable presumption procedure descri								
		53.4958-6(c)?	<u></u>		9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Sched	ule J (Forn	n <b>990</b> )	2016			

#### 13-2574963

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) AMB. DANIEL V. SPECKHARD, RT.	(i)	273,863.	5,000.	9,280.	26,251.	3,972.	318,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MS. JOANN THEYS	(i)	159,950.	0.	1,480.	14,931.	3,283.	179,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MR. TIMOTHY MCCULLY	(i)	159,296.	0.	280.	14,714.	24,204.	198,494.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MS. WENDY ROTHENBERGER	(i)	150,112.	0.	280.	13,744.	9,038.	173,174.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MS. GERALDINE SICOLA	(i)	143,099.	0.	280.	13,149.	9,449.	165,977.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MR. MICHAEL WATT	(i)	130,765.	0.	280.	11,993.	9,020.	152,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DR. EVARISTE KARANGWA	(i)	122,171.	0.	280.	11,372.	17,513.	151,336.	0.
SENIOR DIRECTOR, AFRICA	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

### PART I, LINE 7:

#### AT THE DISCRETION OF THE BOARD OF DIRECTORS, THE PRESIDENT AND CEO WAS PAID

#### A BONUS IN RECOGNITION OF OUTSTANDING PERFORMANCE.

Internal Revenue Service Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.								Op Ins	en to pectio	0 <b>16</b> Public on	;				
Name c	ime of the organization LUTHERAN WORLD RELIEF							Employer identification numbe				ber			
David		EE PART VI	FOR COLUMN	I (F) CONT	TINUATI	ONG				1 1	. 3 - 4	574	903		
Part I				(d) Date issued				f) Deceriet		(~) D	ofoood	(h) (h)	bobolf	(i) De	
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(u) Date Issued	(9) 1550	le price	"	i) Descript	ion of purpose	(9) D	efeased	of is		(i) Po finan	
										Yes	No	Yes		Yes	<u> </u>
МА	ARYLAND ECONOMIC						ADV	ANCE	REFUNDING			165		165	
	EVELOPMENT CORPORATION	52-1376562	57420NOAV	07/26/07	5.942	.546.					x		x		x
<u></u>				• • • • • • • • •		/ • - • •		8		-					
в													, I		1
С															ĺ
															(
D															<u> </u>
Part II	Proceeds					_			_						
				A			В		С				D		
<u>1</u> A	Amount of bonds retired			. 1,80	7,500.										
<b>2</b> A	Mount of bonds legally defeased										$\square$				
<b>3</b> T	otal proceeds of issue				2,546.						$\square$				
<b>4</b> G	Gross proceeds in reserve funds			47	6,594.						$\square$				
<b>5</b> C	Capitalized interest from proceeds														
<b>6</b> P	Proceeds in refunding escrows				8,695.										
	ssuance costs from proceeds			. 11	3,851.						$\rightarrow$				
-	Credit enhancement from proceeds										_				
	Vorking capital expenditures from proceeds														
											+				
											+				
-	Other unspent proceeds										—				
<b>13</b> Y	Year of substantial completion				NI -	No.		NI -	No.	N	—	N		N	
14 14	Mare the bonds issued as part of a surrent of	ofunding ionuo?		Yes	<u>No</u> X	Yes		No	Yes	No	+	Yes	+	No	
	<u>Vere the bonds issued as part of a current r</u> Vere the bonds issued as part of an advanc			Х							+		+		
	las the final allocation of proceeds been ma												+-		
	Does the organization maintain adequate books and records		of proceede?								<u> </u>		—		
	II Private Business Use		or proceeds?						1 1						
<u>- 1 art n</u>				Α			В		С				D		
<b>1</b> V	Vas the organization a partner in a partners	hip, or a member of an	LLC.	Yes	No	Yes	Ī	No	Yes	No		Yes	Ť	No	
	vhich owned property financed by tax-exem	• *	- ,		X								+		
	Are there any lease arrangements that may r	•	ss use of												
b	oond-financed property?				Х										

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

# Schedule K (Form 990) 2016 LUTHERAN WORLD RELIEF Part III Private Business Use (Continued)

13-2574963

Page **2** 

Part III	Private Business Use (Continued)								
			Α		В		ç	<u> </u>	<u>D</u>
<b>3a</b> A	re there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
bu	usiness use of bond-financed property?		X						
b If	"Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	ounsel to review any management or service contracts relating to the financed property?								
<b>c</b> Ar	re there any research agreements that may result in private business use of bond-financed property?		X						
d If	"Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
co	ounsel to review any research agreements relating to the financed property?								
<b>4</b> Er	nter the percentage of financed property used in a private business use by								
er	ntities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
<b>5</b> Er	nter the percentage of financed property used in a private business use as a result of								
ur	nrelated trade or business activity carried on by your organization, another								
	ection 501(c)(3) organization, or a state or local government		%		%		%		%
	otal of lines 4 and 5		%		%		%		%
	oes the bond issue meet the private security or payment test?		X						
<b>8</b> a H	as there been a sale or disposition of any of the bond-financed property to a non-								
go	overnmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If	"Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of	f		%		%		%		%
c If	"Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.	141-12 and 1.145-2?								
9 H	as the organization established written procedures to ensure that all nonqualified								
bo	onds of the issue are remediated in accordance with the requirements under								
R	egulations sections 1.141-12 and 1.145-2?	Х							
Part IV	/ Arbitrage								
			A		В		ç	<u> </u>	<u>D</u>
<b>1</b> Ha	as the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
P	enalty in Lieu of Arbitrage Rebate?		X						
<b>2</b> If	"No" to line 1, did the following apply?								
	ebate not due yet?		X						
b Ex	xception to rebate?		X						
	o rebate due?	Х							
lf	"Yes" to line 2c, provide in Part VI the date the rebate computation was								
pe	erformed								
<b>3</b> Is	the bond issue a variable rate issue?		X						
<b>4</b> a H	as the organization or the governmental issuer entered into a qualified								
h	edge with respect to the bond issue?		X						
b N	ame of provider								
	erm of hedge								
d W	/as the hedge superintegrated?								
	/as the hedge terminated?								

#### LUTHERAN WORLD RELIEF Schedule K (Form 990) 2016

12	-25	7/	۵	63	
тэ	-40	/4	9	03	

С

С

No

No

Yes

Yes

Page 3

No

No

D

D

Yes

Yes

Part IV Arbitrage (Continued)				
		Ą	E	3
	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		
<b>b</b> Name of provider				
c Term of GIC				-
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				
6 Were any gross proceeds invested beyond an available temporary period?		X		
7 Has the organization established written procedures to monitor the requirements of				
section 148?	Х			
Part V Procedures To Undertake Corrective Action				
		<u>A</u>	E	3
	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of				
federal tax requirements are timely identified and corrected through the voluntary				
closing agreement program if self-remediation isn't available under applicable				
regulations?	Х			
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K. See instru	uctions	
SCHEDULE K, PART I, BOND ISSUES:				
(A) ISSUER NAME: MARYLAND ECONOMIC DEVELOPMENT CO	RPORAT	ION		
(F) DESCRIPTION OF PURPOSE: ADVANCE REFUNDING OF	SERIES	2000 R	EVENUE	BONDS
PART I, LINE A				
LUTHERAN WORLD RELIEF AND LUTHERAN IMMIGRATION AN	ID REFU	GEE SER	VICE,	
INC. (EIN: 13-2574854), AN UNRELATED 501(C)(3) OF	GANIZA	TION, A	RE	
JOINTLY AND SEVERALLY LIABLE FOR THE 2007 BONDS A	ND AS	SUCH, E	ACH HAS	3
RECORDED 50% OF THE OUTSTANDING DEBT AND RELATED	ISSUE	COSTS O	N THE	
FINANCIAL STATEMENTS. 100% OF THE LIABILITY AND	RELATE	D COSTS	ARE	
REPORTED ON SCHEDULE K.				
PART IV, LINE 2C				
THE REBATE COMPUTATION WAS PERFORMED ON JUNE 30,	2012.			

Pa

1

12 13

28

Other

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

SCHEDULE M

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

2016 **Open To Public** Inspection

Employer identification number

Name	of the	organiz	atio

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

LUTHERAN WOR	LD REL	IEF		13-2574963
rt 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
Art - Works of art				
Art - Historical treasures				
Art - Fractional interests				
Books and publications				
Clothing and household goods				
Cars and other vehicles				
Boats and planes				
Intellectual property				
Securities - Publicly traded	X	78	494,578.	FAIR MARKET VALUE
Securities - Closely held stock				
Securities - Partnership, LLC, or				
trust interests				
Securities - Miscellaneous				
Qualified conservation contribution -				
Historic structures				
Qualified conservation contribution - Other				
Real estate - Residential				
Real estate - Commercial				
Real estate - Other				
Collectibles				
Food inventory				
Drugs and medical supplies				
Taxidermy				
Historical artifacts				
Scientific specimens				
Archeological artifacts				
Other (MATERIAL RES.)	X	780,883	13,930,222.	FAIR MARKET VALUE
Other  ( )				
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?	30a		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?		Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	х	
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 Densmularly Deduction Act Nation, and the Instructions for Form 000	dula M /Carm	0001	0046

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

Schedule M (Form 990) (2016)

**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, LINE 32B:

LWR USES THIRD PARTY WAREHOUSES FOR PROCESSING OF MATERIAL RESOURCES.

SERVICES PROVIDED INCLUDE RECEIPT OF CONTRIBUTIONS, INSPECTION OF

CONTENTS, SORTING AND BULK PACKAGING, FUMIGATION, STORAGE, AND

ALLOCATION OF ITEMS FOR SHIPMENT.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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



13 - 2574963

LUTHERAN WORLD RELIEF

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

SEE PART III, LINE 4D FOR DESCRIPTION OF IMPACT INVESTING.

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

CONSTITUENT ENGAGEMENT: IN THE U.S., LWR WORKS WITH LUTHERAN

CONGREGATIONS AND INDIVIDUALS TO PUT FAITH INTO ACTION BY HELPING

NEIGHBORS IN NEED OVERSEAS. IN THE 2017 FISCAL YEAR, LUTHERANS ENGAGED

WITH LWR BY MAKING QUILTS AND KITS FOR OVERSEAS DISTRIBUTION; BUYING

AND SELLING COFFEE, CHOCOLATE AND ECO-PALMS; AND EDUCATING OTHERS TO

RAISE AWARENESS OF HUNGER AND SMALLHOLDER FARMERS' VALUE IN SUPPLY

CHAINS.

EXPENSES \$ 1,565,036. INCLUDING GRANTS OF \$ 4,080. REVENUE \$ 0.

IMPACT INVESTING: LWR BEGAN ITS IMPACT INVESTING PROGRAM DURING FISCAL

YEAR 2017. THROUGH THIS ENTERPRISE-BASED APPROACH TO DEVELOPMENT, TIWR

WILL REDUCE POVERTY BY ENGAGING WORKERS, THEIR HOUSEHOLDS, AND

COMMUNITIES TO SUSTAIN AND RAISE INCOMES, BUILD ASSETS, INCREASE

RESILIENCE AND ULTIMATELY ACCESS PATHWAYS OUT OF POVERTY. THIS IS DONE

BY THE ESTABLISHMENT, SUPPORT, AND INVESTMENT IN FOR-PROFIT BUSINESSES

THAT SEEK TO DELIVER NEEDED GOODS AND SERVIES IN A COMMERICALLY

SUSTAINABLE MANNER AND CREATE POSITIVE SOCIAL IMPACT AND VALUE FOR

IMPOVERISHED COMMUNITIES. DURING FISCAL YEAR 2017, LWR HAD ESTABLISHED

ITS FIRST INVESTEE ENTERPRISE - A WHOLLY OWNED COFFEE PRODUCTION

COMPANY IN UGANDA TO ENGAGE IN SMALL SCALE TRADE IN FAIR TRADE,

ORGANIC, AND RAIN FOREST ALLIANCE COFFEE WHILE PROVIDING TERMS TO

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization LUTHERAN WORLD RELIEF	Employer identification number 13-2574963
HOTHERAN WORLD RELIEF	13-2374903
EXPENSES \$ 605,292. INCLUDING GRANTS OF \$ 1,861. REVEN	UE \$ 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 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. IN ADDITION, 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

•		Page <b>2</b>
	bloyer identification	number
BE MADE PRIOR TO ANY CONSIDERATION OF SUCH PROPOSED TRANSACTIO	SCLOSURE MU	IST
	ON 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 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

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization LUTHERAN WORLD RELIEF	Employer identification number 13-2574963
	10 10, 1900
MARKET AND THAT SALARY GRADES REFLECT THE RELATIVE INTERNA	L RESPONSIBILITY,
ACCOUNTABILITY AND KNOW-HOW OF ALL POSITIONS ACROSS THE OR	GANIZATION. AN
INTERNAL COMMITTEE EVALUATES EVERY JOB DESCRIPTION TO DETE	RMINE THE
APPROPRIATE SALARY RANGE FOR ALL POSITIONS; SALARY RANGES	ARE INTENDED TO
REINFORCE CAREER GROWTH, CONSIDER MARKET VALUES, AND ARE M	ANAGED IN AN
EQUITABLE MANNER CONSISTENT WITH ORGANIZATIONAL VALUES. TH	E SALARY RANGES
ARE ADJUSTED EVERY TWO YEARS BASED ON AN ANALYSIS CONDUCTE	D BY AN EXTERNAL
COMPENSATION CONSULTANT TO ENSURE THAT SALARY RANGES REMAIN	N COMPETITIVE
WITH THE LOCAL LABOR MARKET.	

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

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

AS REQUIRED BY BOARD POLICY, THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC IT'S 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.

SCHE	DULE F	R

#### (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Information about Schedule R (Form 990) and its instructions is at www.jrs.gov/form990.

Name of the organization

#### LUTHERAN WORLD RELIEF

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
GROUND UP INVESTING, LLC - 82-1406539					
C/O THE CORPORATION TRUST COMPANY, CORPORATI	REDUCE POVERTY THROUGH AN				LUTHERAN WORLD RELIEF,
WILMINGTON, DE 19801	ENTERPRISE BASED APPROACH	DELAWARE	0.	0.	INC.
	-				

#### 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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile (state or Exem		(d)(e)(f)empt CodePublic charityDirect controlsectionstatus (if sectionentity		cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
LUTHERAN CENTER CORPORATION - 52-2055143	MAINTAIN AND OPERATE THE						
700 LIGHT STREET	LUTHERAN CENTER IN				LUTHERAN WORLD		
BALTIMORE, MD 21230-3850	BALTIMORE, MARYLAND	MARYLAND	501(C)(3)	LINE 12A, I	RELIEF	X	
	-						
	-						
	-						

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

Schedule R (Form 990) 2016

632161 09-06-16 LHA

OMB No. 1545-0047

2016 Open to Public Inspection

Employer identification number

13-2574963

### Schedule R (Form 990) 2016 LUTHERAN WORLD RELIEF

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.

organizations treated as a pai									1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
										$ \vdash $	
	1										
	•										

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>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512(l contr	(i) ction b)(13) rolled tity? No
CHARITABLE GIFT ANNUITY (5)	INVESTMENT	MD	N/A		N/A	N/A	N/A		x
CHARITABLE REMAINDER UNITRUST (2)	INVESTMENT	MD	N/A		N/A	N/A	N/A		x

### Schedule R (Form 990) 2016 LUTHERAN WORLD RELIEF

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)	<b>1</b> h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		+
Lease of facilities, equipment, or other assets from related organization(s)	1k	X	_
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses		X	
Reimbursement paid by related organization(s) for expenses		X	_
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			T

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) LUTHERAN CENTER CORPORATION	К	448,595.	RATE PER LEASE AGREEMENT
(2) LUTHERAN CENTER CORPORATION	L	13,860.	COST RECOVERY
(3) LUTHERAN CENTER CORPORATION	Р	114,272.	ACTUAL COST
(4) LUTHERAN CENTER CORPORATION	Q	14,609.	ACTUAL COST
(5)			
(6)			

### Schedule R (Form 990) 2016 LUTHERAN WORLD RELIEF

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>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(o org:		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	(k) Percentage ownership
		country	sections 512-514)	Yes	No	income	455615	Yes	No	(Form 1065)	Yes NC	

Schedule R (Form 990) 2016

### LUTHERAN WORLD RELIEF

# Schedule R (Form 990) 2016 LUTH: Part VII Supplemental Information.

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