

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2017

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2017** calendar year, or tax year beginning 10/01, 2017, and ending 09/30, 2018

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LUTHERAN WORLD RELIEF			D Employer identification number 13-2574963	
	Doing Business As			E Telephone number (410) 230-2700	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 700 LIGHT STREET				
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21230-3850			G Gross receipts \$ 138,269,871.	
F Name and address of principal officer: JOANN THEYS SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: WWW.LWR.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1945 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: LWR WORKS WITH LUTHERANS & PARTNERS AROUND THE WORLD TO END POVERTY, INJUSTICE, & HUMAN SUFFERING.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	117.
	6	Total number of volunteers (estimate if necessary)	6	15.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	25,974.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	51,779,744.	46,984,589.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,271,701.	789,053.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	871,575.	2,688,988.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	69,496.	50,654.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	53,992,516.	50,513,284.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	24,264,039.	23,724,059.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	14,509,499.	16,999,231.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,195,617.	505,357.	516,213.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,193,217.	12,982,520.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	51,472,112.	54,222,023.
	19	Revenue less expenses. Subtract line 18 from line 12	2,520,404.	-3,708,739.
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	51,831,295.	49,943,014.
	21	Total liabilities (Part X, line 26)	13,200,755.	15,464,481.
	22	Net assets or fund balances. Subtract line 21 from line 20	38,630,540.	34,478,533.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ JOANN THEYS Type or print name and title	VP FOR FIN & ADMIN			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARC BERGER		2/8/19		P01871563
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no. 703-893-0600	
Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102					

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code:) (Expenses \$ 23,733,827. including grants of \$ 19,076,191.) (Revenue \$)

EMERGENCIES AND MATERIAL RESOURCES: LUTHERAN WORLD RELIEF RESPONDS TO NATURAL DISASTERS AND CONFLICT-DRIVEN EMERGENCIES, ESPECIALLY THOSE THAT AFFECT THE WORLD'S POOREST COMMUNITIES. WE WORK WITH VULNERABLE COMMUNITIES TO HELP THEM REBUILD AFTER DISASTER STRIKES AND PREPARE FOR FUTURE DISASTERS. IN FISCAL YEAR 2018, WE ENGAGED IN 65 EMERGENCY RESPONSE AND MATERIAL RESOURCES PROJECTS AROUND THE WORLD. IN ADDITION, LUTHERAN WORLD RELIEF AND OUR PARTNERS CONDUCTED 29 DISTRIBUTIONS OF MISSION QUILTS OR CARE KITS REACHING MORE THAN 600,000 PEOPLE.

4b (Code:) (Expenses \$ 15,563,057. including grants of \$ 3,621,837.) (Revenue \$ 789,053.)

AGRICULTURE: LUTHERAN WORLD RELIEF WORKS WITH POOR, RURAL COMMUNITIES AROUND THE WORLD TO HELP FARMERS IMPROVE THEIR CROPS, LEARN NEW TECHNIQUES AND TOOLS TO INCREASE THEIR YIELD AND ATTRACT BUYERS WHO WILL PAY MORE FOR THEIR PRODUCTS. WE HELP RURAL COMMUNITIES DEVELOP PRODUCTIVE, RESILIENT AND STABLE ECONOMIES THROUGH AN ENTERPRISE-BASED APPROACH THAT ENGAGES THE PRIVATE SECTOR AT MULTIPLE LEVELS TO CREATE PROFITABLE PARTNERSHIPS THAT BENEFIT FAMILIES AND PROMOTE RURAL LIVELIHOODS. IN FISCAL YEAR 2018, WE CARRIED OUT 55 PROGRAMS FOCUSED ON AGRICULTURE AND FOOD SECURITY THAT ENGAGED APPROXIMATELY 130,000 FARMERS.

4c (Code:) (Expenses \$ 3,616,046. including grants of \$ 1,022,107.) (Revenue \$)

ATTACHMENT 1

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

(Expenses \$ 2,370,072. including grants of \$ 3,924.) (Revenue \$)

4e Total program service expenses 45,283,002.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No boxes. Includes lines 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LAURA MORALES 700 LIGHT STREET BALTIMORE, MD 21230-3850 410-230-2700

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. WILLIAM J. CRAFT CHAIRPERSON	12.00 0.	X		X				0.	0.	0.
(2) MS. LINDA K. REISER VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(3) THE REV. TIMOTHY RUNTSCH SECRETARY	4.00 0.	X		X				0.	0.	0.
(4) MS. HILDA (BAMBI) ARELLANO DIRECTOR	5.50 0.	X						0.	0.	0.
(5) MR. EMRIED COLE, JR DIRECTOR	5.00 0.	X						0.	0.	0.
(6) DR. LOUISE EVENSON DIRECTOR	8.00 0.	X						0.	0.	0.
(7) MR. STEVE GUNDERSON DIRECTOR	5.50 0.	X						0.	0.	0.
(8) MS. JEAN HANSON DIRECTOR	12.00 0.	X						0.	0.	0.
(9) MR. JAYESH HINES-SHAH DIRECTOR	4.00 0.	X						0.	0.	0.
(10) MR. KENNETH JONES, II DIRECTOR	5.00 0.	X						0.	0.	0.
(11) THE REV. DR. DAVID LOSE DIRECTOR	3.50 0.	X						0.	0.	0.
(12) DR. KATHI TUNHEIM DIRECTOR	1.00 0.	X						0.	0.	0.
(13) MS. KRISTIN YAKIMOW DIRECTOR	1.00 0.	X						0.	0.	0.
(14) AMB. DANIEL V. SPECKHARD, RT. PRESIDENT AND CEO	56.19 0.			X				298,459.	0.	66,658.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MS. JOANN THEYS VP FIN & ADMIN/TREAS	46.19 0.			X				172,077.	0.	19,110.
16) MR. TIMOTHY MCCULLY SVP INTERNATIONAL PROGRAMS	46.34 0.			X				169,177.	0.	41,514.
17) MS. EMILY SOLLIE SR DIR, EXEC COMMUNICATIONS	43.28 0.			X				99,659.	0.	29,220.
18) MS. ANDREA GREISE ASSISTANT SECRETARY	49.82 0.			X				73,395.	0.	21,911.
19) MS. WENDY ROTHENBERGER VP, PRESIDENT'S OFFICE & HR	44.41 0.					X		155,317.	0.	24,045.
20) MS. GERALDINE SICOLA VP, STRATEGIC PSHIPS & EXT REL	46.15 0.					X		154,135.	0.	23,356.
21) MR. MICHAEL WATT VP INTERNATIONAL OPERATIONS	44.79 0.					X		145,355.	0.	22,441.
22) MR. STOJGNIEW STANISZEWSKI SR. DIRECTOR OF TECHNOLOGY	46.77 0.					X		144,859.	0.	41,130.
23) MR. RICHARD SLACUM CHIEF OF PARTY - SESAME	44.98 0.					X		143,153.	0.	15,991.
1b Sub-total								298,459.	0.	66,658.
c Total from continuation sheets to Part VII, Section A								1,257,127.	0.	238,718.
d Total (add lines 1b and 1c)								1,555,586.	0.	305,376.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 170,961.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d 637.					
	e Government grants (contributions)	1e 6,830,918.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 39,982,073.					
	g Noncash contributions included in lines 1a-1f: \$	13,418,854.					
	h Total. Add lines 1a-1f		46,984,589.				
	Program Service Revenue	2a CONTRACT REVENUE	Business Code 541900	789,053.	789,053.		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			789,053.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).		600,152.			600,152.	
	4 Income from investment of tax-exempt bond proceeds		0.				
	5 Royalties		0.				
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		0.				
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis and sales expenses		89,845,423.				
	c Gain or (loss)		87,756,587.				
	d Net gain or (loss)		2,088,836.			2,088,836.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
b Less: direct expenses b							
c Net income or (loss) from fundraising events			0.				
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS	900099	50,654.			50,654.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		50,654.					
12 Total revenue. See instructions.		50,513,284.	789,053.		2,739,642.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	116,608.	116,608.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	23,607,451.	23,607,451.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,832,420.	267,327.	1,499,884.	65,209.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	10,745,610.	8,640,161.	1,226,467.	878,982.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	575,016.	558,047.	12,659.	4,310.
9 Other employee benefits	2,614,448.	2,131,987.	222,543.	259,918.
10 Payroll taxes	1,231,737.	512,290.	683,032.	36,415.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	138,567.	14,465.	123,070.	1,032.
c Accounting	107,631.	41,619.	66,012.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	516,213.			516,213.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,331,797.	1,304,658.	897,355.	129,784.
12 Advertising and promotion	0.			
13 Office expenses	2,577,764.	1,353,431.	381,427.	842,906.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	898,760.	800,772.	43,693.	54,295.
17 Travel	2,404,465.	1,990,855.	304,055.	109,555.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	150,442.	116,703.	16,710.	17,029.
23 Insurance	89,766.	33,961.	55,805.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM INPUTS	3,003,166.	3,003,166.		
b BANK AND MERCHANT FEES	377,704.	2,320.	121,706.	253,678.
c MEMBERSHIP FEES	141,257.	121,447.	9,156.	10,654.
d MISCELLANEOUS	761,201.	665,734.	79,830.	15,637.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	54,222,023.	45,283,002.	5,743,404.	3,195,617.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	47,393.	9,811.	33,871.	3,711.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,784,716.	1	1,386,363.
	2 Savings and temporary cash investments	8,490,636.	2	2,755,722.
	3 Pledges and grants receivable, net	1,265,463.	3	1,910,593.
	4 Accounts receivable, net	1,594,757.	4	1,587,093.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	5,030,387.	8	4,989,200.
	9 Prepaid expenses and deferred charges	196,324.	9	200,408.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,918,791.		
	b Less: accumulated depreciation	10b 1,514,552.	484,547.	10c 404,239.
	11 Investments - publicly traded securities	22,860,826.	11	19,778,321.
	12 Investments - other securities. See Part IV, line 11	3,418,285.	12	3,813,515.
	13 Investments - program-related. See Part IV, line 11	3,679,220.	13	3,598,281.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	3,026,134.	15	9,519,279.
16 Total assets. Add lines 1 through 15 (must equal line 34)	51,831,295.	16	49,943,014.	
Liabilities	17 Accounts payable and accrued expenses	4,962,440.	17	4,289,850.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	1,919,934.	20	1,801,979.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,318,381.	25	9,372,652.
	26 Total liabilities. Add lines 17 through 25	13,200,755.	26	15,464,481.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	30,266,101.	27	27,339,133.
	28 Temporarily restricted net assets	8,100,701.	28	6,866,661.
	29 Permanently restricted net assets	263,738.	29	272,739.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	38,630,540.	33	34,478,533.	
34 Total liabilities and net assets/fund balances	51,831,295.	34	49,943,014.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,513,284.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,222,023.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,708,739.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,630,540.
5	Net unrealized gains (losses) on investments	5	-443,268.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,478,533.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

JSA
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (98.65%); 15 Public support percentage from 2016 Schedule A, Part II, line 14 (98.58%); 16a 33 1/3% support test - 2017 (checked); 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
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 .		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
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.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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 supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
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.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
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.		

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

 ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS	1,221.	19,895.	112,492.	69,496.	50,654.	253,758.
TOTALS	<u>1,221.</u>	<u>19,895.</u>	<u>112,492.</u>	<u>69,496.</u>	<u>50,654.</u>	<u>253,758.</u>

Schedule of Contributors

2017

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

Name of the organization
LUTHERAN WORLD RELIEF

Employer identification number
13-2574963

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **LUTHERAN WORLD RELIEF**

Employer identification number
13-2574963

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 3,320,682.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 2,106,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,403,585.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

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

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

Name of organization LUTHERAN WORLD RELIEF

Employer identification number
13-2574963

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2017

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 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 the prior year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1B:

LWR PAID STAFF TO MEET WITH OR SEND E-MAIL CORRESPONDENCE TO CONGRESSIONAL STAFF AND ADMINISTRATION OFFICIALS REGARDING POLICIES ON INTERNATIONAL DEVELOPMENT, FOREIGN ASSISTANCE AND HUMANITARIAN RESPONSE. MOST OF THIS WORK INVOLVED GENERAL EDUCATION OR INFORMATION ON THESE TOPICS, BUT ON SOME OCCASIONS CONCERNED RELEVANT AUTHORIZING OR APPROPRIATIONS LEGISLATION ON HUMANITARIAN AND DEVELOPMENT ASSISTANCE AND GLOBAL FOOD SECURITY IN PARTICULAR.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

LUTHERAN WORLD RELIEF

13-2574963

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

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

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

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

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

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

Schedule D (Form 990) 2017

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	267,989.	250,167.	246,277.	254,913.	249,272.
b Contributions	9,001.	13,000.			4,791.
c Net investment earnings, gains, and losses	20,318.	23,284.	21,442.	-4,461.	18,402.
d Grants or scholarships					
e Other expenditures for facilities and programs	19,092.	18,462.	17,552.	4,175.	17,552.
f Administrative expenses					
g End of year balance	278,216.	267,989.	250,167.	246,277.	254,913.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 98.4100 %
- c** Temporarily restricted endowment 1.5900 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		41,125.		41,125.
b Buildings		63,650.	36,993.	26,657.
c Leasehold improvements				
d Equipment		1,742,686.	1,477,559.	265,127.
e Other		71,330.		71,330.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				404,239.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMINGLED INVESTMENT VEHICLE	2,354,596.	FMV
(B) POOLED TRUST FUND	1,458,919.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,813,515.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN LUTHERAN CENTER		
(2) CORPORATION	3,433,278.	COST
(3) INVESTMENT IN DIVINE CHOCOLATE	165,003.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	3,598,281.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) MONETIZATION RECEIVABLE	6,367,835.
(2) CHARITABLE TRUSTS	2,116,448.
(3) OTHER ASSETS	643,563.
(4) CASH SURRENDER VALUE OF LIFE	
(5) INSURANCE CONTRACTS	391,433.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	9,519,279.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES RECEIVED FOR PROGRAM	
(3) PURPOSES	3,004,817.
(4) MONETIZATION LIABILITY	6,367,835.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,372,652.

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

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

SCHEDULE D, PART X, LINE 2:

LWR IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, LWR QUALIFIES FOR CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. FOR THE YEAR ENDED SEPTEMBER 30, 2018, LWR HAS UNRELATED BUSINESS INCOME OF \$29,309. LWR HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED SEPTEMBER 30, 2017.

MANAGEMENT HAS EVALUATED LWR'S TAX POSITIONS AND HAS CONCLUDED THAT LWR HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH U.S. GAAP. WITH FEW EXCEPTIONS, LWR IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2015.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	14.	17.	PROGRAM SERVICES	SEE PART V	10,330,627.
(2) SOUTH ASIA	2.	19.	PROGRAM SERVICES	SEE PART V	3,255,093.
(3) CENTRAL AMERICA/CARIBBEAN	16.	74.	PROGRAM SERVICES	SEE PART V	2,780,983.
(4) EAST ASIA AND THE PACIFIC	6.	16.	PROGRAM SERVICES	SEE PART V	692,893.
(5) MIDDLE EAST AND NORTH AFRICA	1.	0.	PROGRAM SERVICES	SEE PART V	1,704,515.
(6) SOUTH AMERICA	4.	17.	PROGRAM SERVICES	SEE PART V	1,404,071.
(7) EUROPE	0.	0.	PROGRAM SERVICES	SEE PART V	430,000.
(8) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	SEE PART V	1,360,780.
(9) SUB-SAHARAN AFRICA	0.	0.	INVESTMENTS		836,746.
(10) SOUTH AMERICA	0.	0.	INVESTMENTS		18,998.
(11) EUROPE	0.	0.	INVESTMENTS		165,003.
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	43.	143.			22,979,709.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	43.	143.			22,979,709.

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

Schedule F (Form 990) 2017

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	SEE PART V			433,365.	SEE PART V	FMV
(2)			CENT. AMERICA/CARIBBEAN	SEE PART V			204,000.	SCHOOL KITS	FMV
(3)			CENT. AMERICA/CARIBBEAN	SEE PART V			261,120.	SCHOOL KITS	FMV
(4)			CENT. AMERICA/CARIBBEAN	SEE PART V			725,150.	SEE PART V	FMV
(5)			EUROPE/ICELAND/GREENLAND	SEE PART V			223,125.	SCHOOL KITS	FMV
(6)			EUROPE/ICELAND/GREENLAND	SEE PART V			206,875.	SEE PART V	FMV
(7)			MIDDLE EAST/NORTH AFRICA	SEE PART V			456,550.	SEE PART V	FMV
(8)			MIDDLE EAST/NORTH AFRICA	SEE PART V			232,010.	SEE PART V	FMV
(9)			MIDDLE EAST/NORTH AFRICA	SEE PART V			397,680.	SEE PART V	FMV
(10)			RUSSIA/NEWLY IND. STATES	SEE PART V			188,080.	SCHOOL KITS	FMV
(11)			RUSSIA/NEWLY IND. STATES	SEE PART V			747,000.	SEE PART V	FMV
(12)			RUSSIA/NEWLY IND. STATES	SEE PART V			425,700.	SEE PART V	FMV
(13)			SOUTH AMERICA	SEE PART V			223,125.	SCHOOL KITS	FMV
(14)			SOUTH AMERICA	SEE PART V			814,900.	SEE PART V	FMV
(15)			SOUTH ASIA	SEE PART V			191,520.	QUILTS	FMV
(16)			SOUTH ASIA	SEE PART V			940,500.	QUILTS	FMV

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	SEE PART V			331,800.	SCHOOL KITS	FMV
(2)			SUB-SAHARAN AFRICA	SEE PART V			1,333,382.	SEE PART V	FMV
(3)			SUB-SAHARAN AFRICA	SEE PART V			1,104,710.	SEE PART V	FMV
(4)			SUB-SAHARAN AFRICA	SEE PART V			226,796.	SEE PART V	FMV
(5)			SUB-SAHARAN AFRICA	SEE PART V			1,183,950.	SEE PART V	FMV
(6)			SUB-SAHARAN AFRICA	SEE PART V			30,096.	QUILTS	FMV
(7)			SUB-SAHARAN AFRICA	SEE PART V			1,095,280.	SEE PART V	FMV
(8)			SUB-SAHARAN AFRICA	SEE PART V			223,125.	SCHOOL KITS	FMV
(9)			SUB-SAHARAN AFRICA	SEE PART V			460,980.	SEE PART V	FMV
(10)			SUB-SAHARAN AFRICA	SEE PART V			108,675.	SEE PART V	FMV
(11)			SUB-SAHARAN AFRICA	SEE PART V			470,250.	SEE PART V	FMV
(12)			SUB-SAHARAN AFRICA	SEE PART V			218,945.	SCHOOL KITS	FMV
(13)			CENT. AMERICA/CARIBBEAN	SEE PART V	205,549.	WIRE TRNSFR			
(14)			CENT. AMERICA/CARIBBEAN	SEE PART V	107,802.	WIRE TRNSFR			
(15)			CENT. AMERICA/CARIBBEAN	SEE PART V	100,000.	WIRE TRNSFR			
(16)			CENT. AMERICA/CARIBBEAN	SEE PART V	98,546.	WIRE TRNSFR			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	SEE PART V	96,944.	WIRE TRNSFR			
(2)			CENT. AMERICA/CARIBBEAN	SEE PART V	90,358.	WIRE TRNSFR			
(3)			CENT. AMERICA/CARIBBEAN	SEE PART V	80,000.	WIRE TRNSFR			
(4)			CENT. AMERICA/CARIBBEAN	SEE PART V	67,861.	WIRE TRNSFR			
(5)			CENT. AMERICA/CARIBBEAN	SEE PART V	62,500.	WIRE TRNSFR			
(6)			CENT. AMERICA/CARIBBEAN	SEE PART V	58,711.	WIRE TRNSFR			
(7)			CENT. AMERICA/CARIBBEAN	SEE PART V	58,263.	WIRE TRNSFR			
(8)			CENT. AMERICA/CARIBBEAN	SEE PART V	43,088.	WIRE TRNSFR			
(9)			CENT. AMERICA/CARIBBEAN	SEE PART V	25,000.	WIRE TRNSFR			
(10)			CENT. AMERICA/CARIBBEAN	SEE PART V	23,282.	WIRE TRNSFR			
(11)			CENT. AMERICA/CARIBBEAN	SEE PART V	23,662.	WIRE TRNSFR			
(12)			CENT. AMERICA/CARIBBEAN	SEE PART V	16,782.	WIRE TRNSFR			
(13)			EAST ASIA/PACIFIC	SEE PART V	205,305.	WIRE TRNSFR			
(14)			EAST ASIA/PACIFIC	SEE PART V	149,504.	WIRE TRNSFR			
(15)			EAST ASIA/PACIFIC	SEE PART V	146,660.	WIRE TRNSFR			
(16)			EAST ASIA/PACIFIC	SEE PART V	110,000.	WIRE TRNSFR			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	SEE PART V	46,424.	WIRE TRNSFR			
(2)			EAST ASIA/PACIFIC	EMERGENCY RESPONSE	35,000.	WIRE TRNSFR			
(3)			MIDDLE EAST/NORTH AFRICA	SEE PART V	203,638.	WIRE TRNSFR			
(4)			MIDDLE EAST/NORTH AFRICA	SEE PART V	118,085.	WIRE TRNSFR			
(5)			MIDDLE EAST/NORTH AFRICA	SEE PART V	98,810.	WIRE TRNSFR			
(6)			MIDDLE EAST/NORTH AFRICA	SEE PART V	92,579.	WIRE TRNSFR			
(7)			MIDDLE EAST/NORTH AFRICA	SEE PART V	75,000.	WIRE TRNSFR			
(8)			MIDDLE EAST/NORTH AFRICA	SEE PART V	30,163.	WIRE TRNSFR			
(9)			SOUTH AMERICA	SEE PART V	128,767.	WIRE TRNSFR			
(10)			SOUTH AMERICA	SEE PART V	67,933.	WIRE TRNSFR			
(11)			SOUTH AMERICA	EMERGENCY RESPONSE	57,651.	WIRE TRNSFR			
(12)			SOUTH AMERICA	SEE PART V	36,000.	WIRE TRNSFR			
(13)			SOUTH AMERICA	SEE PART V	25,000.	WIRE TRNSFR			
(14)			SOUTH AMERICA	SEE PART V	21,000.	WIRE TRNSFR			
(15)			SOUTH AMERICA	SEE PART V	21,000.	WIRE TRNSFR			
(16)			SOUTH AMERICA	SEE PART V	10,000.	WIRE TRNSFR			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	SEE PART V	8,000.	WIRE TRNSFR			
(2)			SOUTH ASIA	SEE PART V	209,434.	WIRE TRNSFR			
(3)			SOUTH ASIA	SEE PART V	188,556.	WIRE TRNSFR			
(4)			SOUTH ASIA	SEE PART V	141,363.	WIRE TRNSFR			
(5)			SOUTH ASIA	SEE PART V	129,976.	WIRE TRNSFR			
(6)			SOUTH ASIA	SEE PART V	127,199.	WIRE TRNSFR			
(7)			SOUTH ASIA	SEE PART V	115,560.	WIRE TRNSFR			
(8)			SOUTH ASIA	FLOOD RESILIENCE	107,818.	WIRE TRNSFR			
(9)			SOUTH ASIA	SEE PART V	86,591.	WIRE TRNSFR			
(10)			SOUTH ASIA	SEE PART V	86,059.	WIRE TRNSFR			
(11)			SOUTH ASIA	FLOOD RESILIENCE	86,002.	WIRE TRNSFR			
(12)			SOUTH ASIA	SEE PART V	80,724.	WIRE TRNSFR			
(13)			SOUTH ASIA	SEE PART V	66,313.	WIRE TRNSFR			
(14)			SOUTH ASIA	SEE PART V	66,312.	WIRE TRNSFR			
(15)			SOUTH ASIA	FLOOD RESILIENCE	64,542.	WIRE TRNSFR			
(16)			SOUTH ASIA	FLOOD RESILIENCE	64,311.	WIRE TRNSFR			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	FLOOD RESILIENCE	61,874.	WIRE TRNSFR			
(2)			SOUTH ASIA	SEE PART V	30,000.	WIRE TRNSFR			
(3)			SOUTH ASIA	SEE PART V	25,244.	WIRE TRNSFR			
(4)			SOUTH ASIA	FLOOD RESILIENCE	25,244.	WIRE TRNSFR			
(5)			SOUTH ASIA	SEE PART V	10,896.	WIRE TRNSFR			
(6)			SOUTH ASIA	FLOOD RESILIENCE	10,000.	WIRE TRNSFR			
(7)			SOUTH ASIA	FLOOD RESILIENCE	10,000.	WIRE TRNSFR			
(8)			SUB-SAHARAN AFRICA	SEE PART V	1,440,480.	WIRE TRNSFR			
(9)			SUB-SAHARAN AFRICA	SEE PART V	520,016.	WIRE TRNSFR			
(10)			SUB-SAHARAN AFRICA	SEE PART V	183,700.	WIRE TRNSFR			
(11)			SUB-SAHARAN AFRICA	SEE PART V	172,092.	WIRE TRNSFR			
(12)			SUB-SAHARAN AFRICA	SEE PART V	168,808.	WIRE TRNSFR			
(13)			SUB-SAHARAN AFRICA	COFFEE FARMING	163,424.	WIRE TRNSFR			
(14)			SUB-SAHARAN AFRICA	USAID GDA-NIGER	152,540.	WIRE TRNSFR			
(15)			SUB-SAHARAN AFRICA	USAID GDA-NIGER	127,810.	WIRE TRNSFR			
(16)			SUB-SAHARAN AFRICA	SEE PART V	124,486.	WIRE TRNSFR			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	USAID GDA-NIGER	116,425.	WIRE TRNSFR			
(2)			SUB-SAHARAN AFRICA	SEE PART V	116,079.	WIRE TRNSFR			
(3)			SUB-SAHARAN AFRICA	USAID GDA-NIGER	103,525.	WIRE TRNSFR			
(4)			SUB-SAHARAN AFRICA	SEE PART V	85,533.	WIRE TRNSFR			
(5)			SUB-SAHARAN AFRICA	SEE PART V	78,676.	WIRE TRNSFR			
(6)			SUB-SAHARAN AFRICA	SEE PART V	78,671.	WIRE TRNSFR			
(7)			SUB-SAHARAN AFRICA	MICRO-BUSINESSES	76,150.	WIRE TRNSFR			
(8)			SUB-SAHARAN AFRICA	SEE PART V	44,899.	WIRE TRNSFR			
(9)			SUB-SAHARAN AFRICA	SEE PART V	35,000.	WIRE TRNSFR			
(10)			SUB-SAHARAN AFRICA	SEE PART V	31,465.	WIRE TRNSFR			
(11)			SUB-SAHARAN AFRICA	SEE PART V	29,658.	WIRE TRNSFR			
(12)			SUB-SAHARAN AFRICA	SEE PART V	25,000.	WIRE TRNSFR			
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 58.

3 Enter total number of other organizations or entities 34.

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2:

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

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

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

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

3(1)(E) SPECIFIC TYPES OF SERVICES IN SUB-SAHARAN AFRICA:

- FOOD SECURITY AND NATURAL RESOURCE MANAGEMENT, AGRICULTURAL PRODUCTION AND MARKETING INCLUDING VALUE CHAINS IN COMMODITIES INCLUDING COFFEE,

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).

SESAME, DRY CEREALS, FRUITS AND VEGETABLES, ETC.

- AGRO-ECOLOGICAL PRODUCTION METHODS
- CLIMATE CHANGE VULNERABILITY REDUCTION AND CAPACITY STRENGTHENING
- MICRO ENTERPRISE SUPPORT
- BASIC SERVICE PROVISION TO REFUGEES IN CAMPS
- DISTRIBUTION OF IN-KIND MATERIAL RESOURCES INCLUDING, QUILTS, PERSONAL CARE KITS, SCHOOL KITS, BABY CARE KITS AND FABRIC KITS

3(2)(E) SPECIFIC TYPES OF SERVICES IN SOUTH ASIA:

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

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).

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

- SMALL FARMERS' ACCESS TO LOCAL, REGIONAL AND INTERNATIONAL MARKETS PARTICULARLY IN THE COCOA & COFFEE SECTORS
- AGRO-ECOLOGICAL PRODUCTION METHODS
- VULNERABILITY REDUCTION AND RESILIENCE & CAPACITY STRENGTHENING
- DISTRIBUTION OF IN-KIND MATERIAL RESOURCES INCLUDING, QUILTS, PERSONAL CARE KITS, SCHOOL KITS, BABY CARE KITS AND FABRIC KITS.

3(4)(E) SPECIFIC TYPES OF SERVICES IN EAST ASIA AND THE PACIFIC:

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

3(5)(E) SPECIFIC TYPES OF SERVICES IN MIDDLE EAST AND NORTH AFRICA:

- VULNERABILITY REDUCTION FOR MARGINALIZED
- LIVELIHOODS (PROMOTING INCOME GENERATION THROUGH TRAINING, MICRO

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).

ENTERPRISE SUPPORT AND OTHER MEANS AND FOR THOSE AFFECTED BY 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.

3(6)(E) SPECIFIC TYPES OF SERVICES IN SOUTH AMERICA:

- SMALL FARMERS' ACCESS TO LOCAL, REGIONAL AND INTERNATIONAL MARKETS
PARTICULARLY IN THE COCOA & COFFEE SECTORS
- AGRO-ECOLOGICAL PRODUCTION METHODS
- COLLABORATION WITH MUNICIPAL GOVERNMENTS
- PROMOTION OF PEACE AND CONFLICT RESOLUTION
- CLIMATE CHANGE VULNERABILITY REDUCTION AND CAPACITY STRENGTHENING

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

1(1)(D) PURPOSE OF GRANT: SCHOOL KITS FOR VULNERABLE COMMUNITIES IN
DJIBOUTI

1(1)(H) DESCRIPTION OF NON-CASH ASSISTANCE: SCHOOL KITS, PERSONAL CARE
KITS, QUILTS

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

1(2)(D) PURPOSE OF GRANT: SCHOOL KITS FOR LWR PROJECTS IN GUATEMALA

Part V Supplemental Information

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

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

1(3)(D) PURPOSE OF GRANT: SCHOOL KITS FOR VULNERABLE CHILDREN IN HONDURAS

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

1(4)(D) PURPOSE OF GRANT: SCHOOL KITS AND HYGIENE KITS FOR COFFEE

COOPERATIVES IN NICARAGUA

1(4)(H) DESCRIPTION OF NON-CASH ASSISTANCE: SCHOOL AND HYGIENE KITS

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

1(5)(D) PURPOSE OF GRANT: SCHOOL KITS FOR REFUGEE CAMPS IN GREECE

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

1(6)(D) PURPOSE OF GRANT: SCHOOL KITS AND HYGIENE KITS DISTRIBUTED TO

IDPS AND VULNERABLE GROUPS IN SERBIA

1(6)(H) DESCRIPTION OF NON-CASH ASSISTANCE: SCHOOL AND HYGIENE KITS

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

1(7)(D) PURPOSE OF GRANT: QUILTS AND KITS FOR IDP COMMUNITIES IN IRAQ

1(7)(H) DESCRIPTION OF NON-CASH ASSISTANCE: QUILTS, BABY CARE KITS,

SCHOOL KITS, PERSONAL CARE KITS

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

1(8)(D) PURPOSE OF GRANT: QUILTS AND KITS FOR REFUGEES IN JORDAN

1(8)(H) DESCRIPTION OF NON-CASH ASSISTANCE: QUILTS AND VARIOUS KITS

Part V Supplemental Information

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

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

1(9)(D) PURPOSE OF GRANT: QUILTS AND KITS FOR SYRIAN REFUGEES

1(9)(H) DESCRIPTION OF NON-CASH ASSISTANCE: PERSONAL CARE KITS & SCHOOL
KITS

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

1(10)(D) PURPOSE OF GRANT: SCHOOL KITS FOR CHILDREN IN ARMENA

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

1(11)(D) PURPOSE OF GRANT: QUILTS AND KITS FOR IDPS AND VULNERABLE GROUPS
IN GEORGIA

1(11)(H) DESCRIPTION OF NON-CASH ASSISTANCE: QUILTS AND HYGIENE KITS

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

1(12)(D) PURPOSE OF GRANT: QUILTS AND KITS FOR WINTERIZATION IN UKRAINE

1(12)(H) DESCRIPTION OF NON-CASH ASSISTANCE: QUILTS AND PERSONAL CARE
KITS

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

1(13)(D) PURPOSE OF GRANT: SCHOOL KITS FOR CHILDREN IN HUANCAELICA

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

1(14)(D) PURPOSE OF GRANT: QUILTS AND KITS FOR VENEZUELAN MIGRANTS IN
PERU SHELTERS

1(14)(H) DESCRIPTION OF NON-CASH ASSISTANCE: QUILTS AND VARIOUS KITS

Part V Supplemental Information

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

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

1(15)(D) PURPOSE OF GRANT: QUILTS FOR VULNERABLE COMMUNITIES IN INDIA

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

1(16)(D) PURPOSE OF GRANT: QUILTS FOR VULNERABLE COMMUNITIES IN INDIA

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

1(17)(D) PURPOSE OF GRANT: SCHOOL KITS FOR VULNERABLE YOUTH IN PAKISTAN

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

1(18)(D) PURPOSE OF GRANT: QUILTS AND KITS FOR REFUGEES IN ANGOLA

1(18)(H) DESCRIPTION OF NON-CASH ASSISTANCE: QUILTS, HYGIENE KITS,
PERSONAL CARE KITS, SCHOOL KITS AND BABY CARE KITS

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

1(19)(D) PURPOSE OF GRANT: QUILTS AND KITS FOR FARMING COMMUNITIES IN
BURKINA FASO

1(19)(H) DESCRIPTION OF NON-CASH ASSISTANCE: QUILTS AND VARIOUS KIT

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

1(20)(D) PURPOSE OF GRANT: HYGIENE KITS FOR EBOLA AFFECTED POPULATIONS IN
DRC

1(20)(H) DESCRIPTION OF NON-CASH ASSISTANCE: PERSONAL CARE KITS

Part V Supplemental Information

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

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

1(21)(D) PURPOSE OF GRANT: QUILTS AND KITS FOR REFUGEES AND IDPS IN
ETHIOPIA

1(21)(H) DESCRIPTION OF NON-CASH ASSISTANCE: QUILTS AND VARIOUS KITS

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

1(22)(D) PURPOSE OF GRANT: CONTRIBUTION TO BROTHER'S BROTHER HOSPITAL IN
LIBERIA

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

1(23)(D) PURPOSE OF GRANT: MR FOR VULNERABLE GROUPS IN MALI

1(23)(H) DESCRIPTION OF NON-CASH ASSISTANCE: QUILTS, SCHOOL KITS, BABY
CARE KITS AND FABRIC KITS

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

1(24)(D) PURPOSE OF GRANT: SCHOOL KITS FOR SAVE THE CHILDREN PROGRAMMING
IN RWANDA

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

1(25)(D) PURPOSE OF GRANT: QUILTS AND KITS FOR PEOPLE AFFECTED BY
HURRICANE MATTHEW IN HAITI

1(25)(H) DESCRIPTION OF NON-CASH ASSISTANCE: SCHOOL KITS AND PERSONAL
CARE KITS

Part V Supplemental Information

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

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

1(26)(D) PURPOSE OF GRANT: PERSONAL CARE KITS FOR VULNERABLE GROUPS IN
TANZANIA

1(26)(H) DESCRIPTION OF NON-CASH ASSISTANCE: PERSONAL CARE KITS & SCHOOL
KITS

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

1(27)(D) PURPOSE OF GRANT: QUILTS AND KITS DISTRIBUTED TO VULNERABLE
COMMUNITIES THROUGHOUT TANZANIA

1(27)(H) DESCRIPTION OF NON-CASH ASSISTANCE: QUILTS AND VARIOUS KITS

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

1(28)(D) PURPOSE OF GRANT: SCHOOL KITS FOR WORLD HELP PARTNERS IN ZAMBIA

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

1(29)(D) PURPOSE OF GRANT: THIS PROJECT RESPONDS TO ONGOING FOOD SECURITY
EMERGENCY IN THIS REGION DUE TO DROUGHT

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

1(30)(D) PURPOSE OF GRANT: TO STRENGTHEN MARKET COMPETITIVENESS OF SMALL
SCALE CACAO PRODUCERS

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

1(31)(D) PURPOSE OF GRANT: FAMILIES OF THE COFFEE GROWING AREAS OF SAN
JUAN DEL RIO COCO IMPROVE THEIR SOCIO-ECONOMIC STATUS

Part V Supplemental Information

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

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

1(32)(D) PURPOSE OF GRANT: INCREASED FOOD PRODUCTION

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

1(33)(D) PURPOSE OF GRANT: EARLY RECOVERY, EMERGENCY RESPONSE

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

1(34)(D) PURPOSE OF GRANT: COCOA PRODUCTION AND MARKET ACCESS

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

1(35)(D) PURPOSE OF GRANT: ENVIRONMENTAL AND AGRO-ECOLOGICAL PRACTICES,
CAPACITY BUILDING AND TECHNICAL ASSISTANCE TO DIVERSIFY PRODUCTION

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

1(36)(D) PURPOSE OF GRANT: FOOD FOR PROGRESS - USDA PROJECT

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

1(37)(D) PURPOSE OF GRANT: FOOD DISTRIBUTION TO FAMILIES AFFECTED BY
DROUGHT

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

1(38)(D) PURPOSE OF GRANT: BUILDING SKILLS IN SUSTAINABLE AGRICULTURAL
PRACTICES

Part V Supplemental Information

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

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

1(39)(D) PURPOSE OF GRANT: FOOD FOR PROGRESS - USDA PROJECT

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

1(40)(D) PURPOSE OF GRANT: WORKFORCE DEVELOPMENT AND EMPLOYMENT

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

1(41)(D) PURPOSE OF GRANT: PREPARATION AND INITIAL CONSTRUCTION OF
PRE-SCHOOL FOR LOW-INCOME, URBAN CHILDREN

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

1(42)(D) PURPOSE OF GRANT: GENDER STRENGTHENING

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

1(43)(D) PURPOSE OF GRANT: STRENGTHEN QUALITY OF LIFE FOR COCOA FARMERS
IN Q'EQCHI

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

1(44)(D) PURPOSE OF GRANT: CREATE A MORE SUSTAINABLE COFFEE LIVELIHOOD
FOR FARMERS IN CHAJUL

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

1(45)(D) PURPOSE OF GRANT: EMERGENCY CASH TRANSFER SUPPORT TO IDPS TO
MEET FOOD, WATER, AND SHELTER NEEDS

Part V Supplemental Information

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

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

1(46)(D) PURPOSE OF GRANT: PRIVATE SECTOR INVESTMENT OPPORTUNITY

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

1(47)(D) PURPOSE OF GRANT: ENTREPRENEURIAL SKILLS; EMPLOYMENT IN TOURISM

SECTOR; WOMEN'S ECONOMIC EMPOWERMENT

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

1(48)(D) PURPOSE OF GRANT: DIVERSIFIED LIVELIHOOD OPPORTUNITIES FOR

SMALLHOLDER FARMERS

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

1(49)(D) PURPOSE OF GRANT: EMERGENCY CASH TRANSFER SUPPORT

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

1(51)(D) PURPOSE OF GRANT: PROTECTION, AND LIVELIHOOD DEVELOPMENT

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

1(52)(D) PURPOSE OF GRANT: DEFUSE TENSIONS BETWEEN LEBANESE LOCALS AND

SYRIAN REFUGEES

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

1(53)(D) PURPOSE OF GRANT: CASH FOR WORK; LIVELIHOOD RECOVERY

Part V Supplemental Information

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

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

1(54)(D) PURPOSE OF GRANT: AGRUCULTURAL TRAINING; SOCIAL STABILITY

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

1(55)(D) PURPOSE OF GRANT: EMERGENCY RELIEF - NON-FOOD ITEMS

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

1(56)(D) PURPOSE OF GRANT: BUILD RESILIENCE OF WOMEN, YOUTH AND CHILDREN

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

1(57)(D) PURPOSE OF GRANT: STRENGTHEN THE AVAILABILITY OF WATER AND
SANITATION SERVICES IN SCHOOLS

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

1(58)(D) PURPOSE OF GRANT: AGRICULTURE, CLIMATE CHANGE

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

1(60)(D) PURPOSE OF GRANT: IMPROVE THE PRODUCTION AND QUALITY FOR COFFEE
GROWERS

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

1(61)(D) PURPOSE OF GRANT: EDUCATION & NUTRITION SERVICES

Part V Supplemental Information

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

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

1(62)(D) PURPOSE OF GRANT: PROVIDE INTEGRATED REHABILITATIVE SERVICES TO
DISABLED & TRAUMATIZED YOUTH

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

1(63)(D) PURPOSE OF GRANT: CONSTRUCTION OF MULTIPURPOSE HALL

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

1(64)(D) PURPOSE OF GRANT: CONSTRUCTION OF PROFESSIONAL SKILLS TRAINING
CENTER

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

1(65)(D) PURPOSE OF GRANT: PROVISION OF VITAL MEDICINES FOR PERSONS IN
VENEZUELA

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

1(66)(D) PURPOSE OF GRANT: TO CONTRIBUTE TO THE RECOVERY AND
REHABILITATION OF EARTHQUAKE-AFFECTED HOUSEHOLDS

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

1(67)(D) PURPOSE OF GRANT: ADDRESS THE FOOD & NUTRITION SECURITY NEEDS OF
4,000 SMALL HOLDER FAMILIES

Part V Supplemental Information

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

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

1(68)(D) PURPOSE OF GRANT: POST EARTHQUAKE LIVELIHOODS, WASH AND DISASTER
RISK REDUCTION

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

1(69)(D) PURPOSE OF GRANT: INCREASED INCOME FROM PULSE SALES

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

1(70)(D) PURPOSE OF GRANT: POST EARTHQUAKE LIVELIHOODS, WASH AND DISASTER
RISK REDUCTION

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

1(71)(D) PURPOSE OF GRANT: TRANSBOUNDARY FLOOD RESILIENCE

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

1(73)(D) PURPOSE OF GRANT: IMPROVED LIVELIHOODS FOR COFFEE FARMERS

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

1(74)(D) PURPOSE OF GRANT: THE GOAL OF THE PROJECT IS TO ENHANCE FARMER'S
RESILIENCE IN AGRICULTURE

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

1(76)(D) PURPOSE OF GRANT: INCREASE PRODUCTIVITY, PRODUCTION AND
MARKETING OF CITRUS

Part V Supplemental Information

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

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

1(77)(D) PURPOSE OF GRANT: YOUTH VOCATIONAL SKILLS AND ENTREPRENEURSHIP
TRAINING

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

1(78)(D) PURPOSE OF GRANT: YOUTH VOCATIONAL SKILLS AND ENTREPRENEURSHIP
TRAINING

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

1(82)(D) PURPOSE OF GRANT: EMERGENCY RESPONSE - SHELTER AND HYGIENE NEEDS

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

1(83)(D) PURPOSE OF GRANT: URBAN DISASTER RISK REDUCTION

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

1(85)(D) PURPOSE OF GRANT: TO CONTRIBUTE TO THE RECOVERY AND
REHABILITATION OF EARTHQUAKE-AFFECTED HOUSEHOLDS

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

1(88)(D) PURPOSE OF GRANT: PRM - SOUTH SUDAN REFUGEE CAMP

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

1(89)(D) PURPOSE OF GRANT: VULNERABLE REFUGEES AND HOST COMMUNITY HAVE A
NEW SOURCE OF LIVELIHOODS BY HORTICULTURE

Part V Supplemental Information

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

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

1(90)(D) PURPOSE OF GRANT: ACTIVITY IMPLEMENTATION

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

1(91)(D) PURPOSE OF GRANT: SESAME FARMER CAPACITY DEVELOPMENT

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

1(92)(D) PURPOSE OF GRANT: ACTIVITY IMPLEMENTATION

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

1(96)(D) PURPOSE OF GRANT: EMERGENCY NUTRITION SERVICES

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

1(98)(D) PURPOSE OF GRANT: INCREASE RESILIENCE OF TARGETED FARMERS TO
COFFEE PRICE VOLATILITY AND CLIMATE CHANGE

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

1(100)(D) PURPOSE OF GRANT: IMPROVE RESILIENCE IN AGRO REGIONS

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

1(101)(D) PURPOSE OF GRANT: IMPROVE RESILIENCE IN AGRO REGIONS

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

1(102)(D) PURPOSE OF GRANT: TO IMPROVE RESILIENCE IN AGROPASTORAL REGIONS
OF MALI

Part V Supplemental Information

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

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

1(104)(D) PURPOSE OF GRANT: PROJECT FOCUSES ON MEETING THE PHYSICAL AND
PSYCHOSOCIAL NEEDS OF VULNERABLE REFUGEES

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

1(105)(D) PURPOSE OF GRANT: FLOODING EMERGENCY REFLIEF- SHELTERS, NFIS,
HEALTH KITS

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

1(106)(D) PURPOSE OF GRANT: THE GOAL OF THE PROJECT IS TO INCREASE THE
INCOMES OF WOMEN AND YOUTH IN NYERI COUNTY

SCHEDULE F, PART II, LINE 1(107)(D):

1(107)(D) PURPOSE OF GRANT: EMERGENCY RESPONSE - WASH AND HEALTH
INTERVENTIONS

SCHEDULE F, PART II, LINE 1(108)(D):

1(108)(D) PURPOSE OF GRANT: DISASTER RELIEF ITEMS FOR FLOODING

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

LUTHERAN WORLD RELIEF

13-2574963

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				5,581,690.	516,213.	5,066,333.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ALL STATES

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
ARIA 717 W. ST. GERMAIN STREET ST. CLOUD MN 56301	TELEMARK- ETING		X	54,874.	55,730.	
MERKLE 7001 COLUMBIA GATEWAY DRIVE COLUMBIA MD 21046	DIRECT MAIL		X	5,311,236.	453,946.	4,857,290.
MP MAY 40 HARCOURT STREET SAN RAFAEL CA 94901	COMB FED CAMPAIGN		X	215,580.	6,537.	209,043.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HASER CAMBIO INC. PO BOX 649 SAINT JUST, PR 00978	13-2574963		116,608.				HURRICANE RESPONSE
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2:

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AMB. DANIEL V. SPECKHAR PRESIDENT AND CEO	(i)	288,499.	0.	9,960.	62,158.	4,500.	365,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MS. JOANN THEYS VP FIN & ADMIN/TREAS	(i)	164,917.	5,000.	2,160.	15,868.	3,242.	191,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MR. TIMOTHY MCCULLY SVP INTERNATIONAL PROGRAMS	(i)	168,217.	0.	960.	15,594.	25,920.	210,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MS. WENDY ROTHENBERGER VP, PRESIDENT'S OFFICE & HR	(i)	154,357.	0.	960.	14,199.	9,846.	179,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MS. GERALDINE SICOLA VP, STRATEGIC PSHIPS & EXT REL	(i)	153,175.	0.	960.	14,048.	9,308.	177,491.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MR. MICHAEL WATT VP INTERNATIONAL OPERATIONS	(i)	144,395.	0.	960.	13,195.	9,246.	167,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MR. STOJGNIW STANISZEW SR. DIRECTOR OF TECHNOLOGY	(i)	95,734.	0.	49,125.	13,610.	27,520.	185,989.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MR. RICHARD SLACUM CHIEF OF PARTY - SESAME	(i)	117,578.	0.	25,575.	6,582.	9,409.	159,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4A:

STANISZEWSKI RECEIVED SEVERANCE PAY OF \$31,827 DURING 2017, WHICH IS REPORTED UNDER "OTHER REPORTABLE COMPENSATION."

SCHEDULE J, PART I, LINE 4B:

SPECKHARD PARTICIPATED IN A NON-QUALIFIED (SECTION 457(F)) DURING 2017, UNDER WHICH \$35,000 IN DEFERRED COMPENSATION WAS RECORDED.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

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

2017

▶ **Attach to Form 990.**

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MARYLAND ECONOMIC DEVELOPMENT CORPORATION	52-1376562	57420NOAV	07/26/2007	5,942,546.	SEE PART VI		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	1,807,500.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	5,942,546.							
4 Gross proceeds in reserve funds	476,594.							
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	5,828,695.							
7 Issuance costs from proceeds	113,851.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?	X							
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III Private Business Use (Continued)

MARYLAND ECONOMIC DEVELOPMENT CORPORATION

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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

SCHEDULE K, PART I, LINE A(F)

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

SCHEDULE K, PART I, LINE A

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

SCHEDULE K, PART IV, LINE 2C

THE REBATE COMPUTATION WAS PERFORMED ON JUNE 30, 2017.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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Department of the Treasury
Internal Revenue Service

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

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	68.	431,996.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MATERIAL RES.)	X	737,212.	13,384,948.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

9305NX L43V

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

SCHEDULE M, PART I, LINE 32B:

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

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LUTHERAN WORLD RELIEF

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-2574963

FORM 990, PART III, LINE 4D:

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 2018 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 \$ 1,561,590. INCLUDING GRANTS OF \$ 3,924. REVENUE \$ 0.

IMPACT INVESTING: LWR BEGAN ITS IMPACT INVESTING PROGRAM DURING FISCAL
YEAR 2018. THROUGH THIS ENTERPRISE-BASED APPROACH TO DEVELOPMENT, LWR
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 SERVICES IN A COMMERICALLY
SUSTAINABLE MANNER AND CREATE POSITIVE SOCIAL IMPACT AND VALUE FOR
IMPOVERISHED COMMUNITIES. DURING FISCAL YEAR 2018, 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
FARMERS WHICH ARE MORE FAVORABLE THAN OTHERWISE AVAILABLE.

EXPENSES \$ 808,482. INCLUDING GRANTS OF \$. REVENUE \$ 0.

Name of the organization LUTHERAN WORLD RELIEF	Employer identification number 13-2574963
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FORM 990, PART V, LINE 4B:

LIST OF FORIEGN 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 ANY ACTUAL OR POTENTIAL CONFLICT OF

Name of the organization LUTHERAN WORLD RELIEF	Employer identification number 13-2574963
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INTEREST. THE REQUIRED DISCLOSURE MUST BE MADE PRIOR TO ANY CONSIDERATION OF SUCH PROPOSED TRANSACTION BY THE AGENCY.

AN EMPLOYEE OR BOARD MEMBER HAVING AN ACTUAL OR PROPOSED CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN THE DELIBERATIONS OR DECISION-MAKING PROCESS OF THE AGENCY REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, HE OR SHE SHALL PROVIDE THE AGENCY WITH ANY AND ALL RELEVANT INFORMATION 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): IN 2018 THE EXTERNAL COMPENSATION CONSULTANT CONDUCTED AN ANALYSIS OF EACH VP'S SALARY FOLLOWING THE SAME METHODOLOGY THAT WAS USED FOR THE PRESIDENT AND

Name of the organization LUTHERAN WORLD RELIEF	Employer identification number 13-2574963
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CEO. THE FINDINGS OF THIS ANALYSIS WERE SHARED WITH THE PRESIDENT AND CEO, WHO MADE DETERMINATIONS REGARDING SALARY INCREASES FOR VPS. SALARY ADJUSTMENTS FOR ALL LWR STAFF ARE GUIDED BY A SALARY ADMINISTRATION POLICY DEVELOPED BY LWR. THE OBJECTIVE OF THIS POLICY IS TO ENSURE THAT SALARIES ARE COMMENSURATE WITH COMPARABLE ORGANIZATIONS IN THE COMPETITIVE LABOR MARKET AND THAT SALARY GRADES REFLECT THE RELATIVE INTERNAL RESPONSIBILITY, ACCOUNTABILITY AND KNOW-HOW OF ALL POSITIONS ACROSS THE ORGANIZATION. EVERY JOB DESCRIPTION IS PERIODICALLY REVIEWED TO DETERMINE THE APPROPRIATE SALARY RANGE FOR ALL POSITIONS; SALARY RANGES ARE INTENDED TO REINFORCE CAREER GROWTH, CONSIDER MARKET VALUES, AND ARE MANAGED IN AN EQUITABLE MANNER CONSISTENT WITH ORGANIZATIONAL VALUES. THE SALARY RANGES ARE ADJUSTED EVERY TWO YEARS BASED ON AN ANALYSIS CONDUCTED BY AN EXTERNAL COMPENSATION CONSULTANT TO ENSURE THAT SALARY RANGES REMAIN COMPETITIVE WITH THE LOCAL LABOR MARKET.

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

AS REQUIRED BY BOARD POLICY, THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC 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

Name of the organization LUTHERAN WORLD RELIEF	Employer identification number 13-2574963
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PROJECT IMPLEMENTATION, E.G. SEEDS, AGRICULTURAL EQUIPMENT, ETC.

ATTACHMENT 1

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

CLIMATE CHANGE: LUTHERAN WORLD RELIEF HELPS COMMUNITIES PROTECT THEIR AGRICULTURAL ASSETS IN THE FACE OF CHALLENGING CLIMATE CONDITIONS AND IMPROVE THEIR RESILIENCE TO NATURAL HAZARDS LIKE FLOODS AND DROUGHTS. IN FISCAL YEAR 2018, LUTHERAN WORLD RELIEF IMPLEMENTED APPROXIMATELY 22 PROJECTS THAT INVOLVED CLIMATE STRATEGIES AND APPROACHES. WE INTRODUCED ENVIRONMENTALLY SUSTAINABLE FARMING PRACTICES SO THAT COMMUNITIES GET THE MOST OUT OF THEIR LAND WHILE CONSERVING AND RESTORING THEIR NATURAL RESOURCES. WE ALSO WORKED WITH LOCAL AND NATIONAL GOVERNMENTS TO FACILITATE THE EQUITABLE ACCESS TO AND PROTECTION OF NATURAL RESOURCES, HELPING COMMUNITIES ASSESS THEIR VULNERABILITIES TO NATURAL HAZARDS AND DEVELOP THE PLANS AND SKILLS THEY NEED TO PREPARE FOR THEM.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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

Name of the organization LUTHERAN WORLD RELIEF	Employer identification number 13-2574963
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ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MERKLE INC. 7001 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046	FUNDRAISER	1,068,118.
MIDWEST WAREHOUSE, INC. 398 EAST RICHMOND ST. ST. PAUL, MN 55075	WAREHOUSE/PROCESSING	532,067.
BRETHREN SERVICE CENTER 500 MAIN ST, PO BOX 188 NEW WINDSOR, MD 21776	WAREHOUSE/PROCESSING	406,600.
ACCENTURE LLP 161 N CLARK ST. CHICAGO, IL 60601	CONSULTING	402,107.
CARGO BROKERS INTERNATIONAL 1515 SHOPTON ROAD, SUITE 104 CHARLOTTE, NC 28217	INTL FREIGHT SHIP	200,289.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GROUND UP INVESTING, LLC C/O THE CORPORATION TRUST COMP WILMINGTON, DE 19801 82-1406539	SEE PART VII	DE	17,722.	34,537.	SEE PART VII
(2) MOUNTAIN HARVEST, SMC LTD. PO BOX 22892 KAMPALA, UG 98-1398811	SEE PART VII	UG	736,126.	437,613.	SEE PART VII
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LUTHERAN CENTER CORPORATION 700 LIGHT STREET BALTIMORE, MD 21230 52-2055143	SEE PART VII	MD	501(C)(3)	12A, I	SEE PART VII	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE GIFT ANNUITY (5)	INVESTMENT	MD	N/A		0.	0.			X
(2) CHARITABLE REMAINDER UNITRUST (2)	INVESTMENT	MD	N/A		0.	0.			X
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LUTHERAN CENTER CORPORATION	K	537,226.	LEASE AGREEMENT
(2) LUTHERAN CENTER CORPORATION	P	108,803.	ACTUAL COST
(3) LUTHERAN CENTER CORPORATION	Q	15.	ACTUAL COST
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

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

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

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

(F) DIRECT CONTROLLING ENTITY: LUTHERAN WORLD RELIEF

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

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

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

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

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

(1)(F): LUTHERAN WORLD RELIEF