See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053003041

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
7 EAST BALTIMORE STREET

City or town, state or country, and ZIP + 4
BALTIMORE, MD 21202

D Employer identification number
23-6393344

E Telephone number
(443) 451-1900

G Gross receipts $ 56,852,448

F Name and address of principal officer
SAMUEL WOLGEMUTH
7 EAST BALTIMORE STREET
BALTIMORE, MD 21202

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www wr org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1946 | **M** State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF WORLD RELIEF, AS ORIGINATED WITHIN THE NATIONAL ASSOCIATION OF EVANGELICALS, IS TO EMPOWER THE LOCAL CHURCH TO SERVE THE MOST VULNERABLE IN COMMUNITY WITH THE LOCAL CHURCH, WORLD RELIEF ENVISIONS THE MOST VULNERABLE PEOPLE TRANSFORMED ECONOMICALLY, SOCIALLY, AND SPIRITUALLY WORLD RELIEF SEEKS TO ASSIST A CHARITABLE CLASS INTERNALLY REFERRED TO AS THE "POOREST OF THE POOR" PROPOSALS FOR PROGRAMS DESIGNED TO BENEFIT THIS GROUP ARE EVALUATED BY STAFF IN ONE OF WORLD RELIEF'S FIELD OFFICES IN THE USA OR OVERSEAS BEFORE APPROVAL OF FUNDING BY WORLD RELIEF'S MANAGEMENT THESE FIELD OFFICES ARE STAFFED WITH COMPASSIONATE INDIVIDUALS, WHO MAKE TRIPS TO THE PROPOSED SITES BEFORE AND DURING A PROJECT TO ENSURE THAT THE FUNDING IS DIRECTED TO THE QUALIFIED AND APPROVED CHARITABLE PURPOSES OF THE ORGANIZATION

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of employees (Part V, line 2a)	**5**	644
6	Total number of volunteers (estimate if necessary)	**6**	1,000
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	49,878,050	54,452,324
	9 Program service revenue (Part VIII, line 2g)	3,435,107	1,985,903
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,085	62,855
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	307,178	182,109
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,666,420	56,683,191
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,500,679	11,421,602
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,789,997	23,867,305
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,010,070		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	19,802,045	19,140,316
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	54,092,721	54,429,223
	19 Revenue less expenses Subtract line 18 from line 12	-426,301	2,253,968

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	29,096,847	28,764,515
	21 Total liabilities (Part X, line 26)	11,396,341	8,165,384
	22 Net assets or fund balances Subtract line 21 from line 20	17,700,506	20,599,131

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

****** | 2011-02-22
Signature of officer | Date

KEVIN SANDERSON SR VP FINANCE & IT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: MARTIN MAUCH	Date 2011-02-22	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: TAIT WELLER & BAKER LLP, 1818 MARKET STREET SUITE 2400, PHILADELPHIA, PA 19103			EIN ▶
			Phone no ▶ (215) 979-8800

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO EMPOWER THE LOCAL CHURCH TO SERVE THE MOST VULNERABLE IN COMMUNITY WITH THE LOCAL CHURCH, WORLD RELIEF ENVISIONS THE MOST VULNERABLE PEOPLE TRANSFORMED ECONOMICALLY, SOCIALLY AND SPIRITUALLY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 22,108,686 including grants of $ 10,155,409) (Revenue $ 1,107,502)

REFUGEE RESETTLEMENT - ASSIST AND PROVIDE BASIC NEEDS FOR 7,564 REFUGEES FORCED TO FLEE PERSECUTION IN THEIR HOMELANDS THROUGH 22 U S RESETTLEMENT OFFICES PROVIDE 30,816 IMMIGRANTS LEGAL SERVICES ALSO ASSIST REFUGEES AND DISPLACED IN OVERSEAS LOCATIONS TO RE-ESTABLISH THEMSELVES AND THEIR LIVELIHOODS

4b (Code) (Expenses $ 8,803,058 including grants of $ 995,402) (Revenue $ 172,800)

EMERGENCY RELIEF - MEET IMMEDIATE NEEDS, SUPPLYING FOOD, CLEAN WATER, SHELTER, SEEDS, TOOLS, ETC ,PROVIDE PSYCHO-SOCIAL/TRAUMA CARE AND SUPPORT PROGRAMS THAT TEACH AND EQUIP COMMMUNITIES FOR SELF-SUSTAINING TRANSFORMATION FOLLOWING AN EMERGENCY 838,198 BENEFICIARIES, SUDAN, HAITI, DEMOCRATIC REPUBLIC OF CONGO, PAKISTAN AND CHILE

4c (Code) (Expenses $ 2,192,948 including grants of $) (Revenue $ 0)

MATERNAL & CHILD HEALTH PROVIDE GRASSROOTS PREVENTATIVE HEALTH EDUCATION AND SERVICES TO REDUCE SICKNESS AND DEATH IN YOUNG CHILDREN AND THEIR CAREGIVERS 1,646,121 BENEFICIARIES, BURUNDI, CAMBODIA, HAITI, INDIA, INDONESIA, MALAWI, MOZAMBIQUE AND RWANDA

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 10,942,988 including grants of $ 270,791) (Revenue $ 705,601)

4e **Total program service expenses** ▶ $ 44,047,680

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16	Yes	
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? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	93		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	644		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ BY , CB , CH , CG , HA , IN , ID , KE , RI , MI , MZ , NU , RW , SU See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , CO , DC , DE , FL , GA , IL , IN , KS , KY , MA , MD , ME , MI , MN , MT , NC , ND , NH , NJ , NM , NV , OH , OK , OR , PA , SC , TN , UT , VA , WA , WI , WV , CT , LA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

KEVIN SANDERSON
7 EAST BALTIMORE ST
baltimore, MD 21202
(443) 451-1900

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
See add'l data										

1b Total . . . . . ▶	701,252	0	145,967

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 3

			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*	**3**		No
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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
TRUE SENSE MARKETING 155 COMMERCE DRIVE FREEDOM, PA 15042	MARKETING	772,532
CGLIC BLOOMFIELD EASC 900 COTTAGE GROVE ROAD BLOOMFIELD, CT 06152	CIGNA HEALTH BENEFITS	360,871
SPEEDY SUPPLIESCOM 6899 PEACHTREE INDUSTRIAL BLVD NORCROSS, GA 30092	RELIEF SUPPLIES	142,838
MANEKIN 120 E BALTIMORE ST STE 2200 BALTIMORE, MD 21202	BUILDING MAINTENANCE	114,510

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 ▶ 4

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	32,701,335			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,750,989			
	g	Noncash contributions included in lines 1a-1f $ 434,297					
	h	**Total.** Add lines 1a-1f		54,452,324			
Program Service Revenue			Business Code				
	2a	TRAVEL LOAN COMMISSION	900,099	1,024,328	1,024,328		
	b	CLIENT FEES	900,099	722,667	722,667		
	c	service fees	900,099	234,736	234,736		
	d	MICRO-LOAN INCOME	900,099	4,172	4,172		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,985,903			
	3	Investment income (including dividends, interest and other similar amounts)		10,641			10,641
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	79,338				
	b	Less rental expenses					
	c	Rental income or (loss)	79,338				
	d	Net rental income or (loss)		79,338			79,338
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	166,947	54,524			
	b	Less cost or other basis and sales expenses	169,257				
	c	Gain or (loss)	-2,310	54,524			
	d	Net gain or (loss)		52,214			52,214
Other Revenue	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					
	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					
	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					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900,099	102,771	102,771		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		102,771			
	12	**Total revenue.** See Instructions		56,683,191	2,088,674	0	142,193

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) but are not required to complete columns (B), (C), and (D).

	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 governments and organizations in the U S See Part IV, line 21	1,189,414	1,189,414		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	9,318,759	9,318,759		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	913,429	913,429		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	766,713		451,314	315,399
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,189,995	14,761,272	2,834,218	1,594,505
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	2,706,314	2,185,837	327,314	193,163
10	Payroll taxes	1,204,283	942,923	162,600	98,760
11	Fees for services (non-employees)				
a	Management				
b	Legal	98,103	38,838	43,721	15,544
c	Accounting	348,363	105,881	237,588	4,894
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	818,146	452,436	135,595	230,115
12	Advertising and promotion				
13	Office expenses	4,163,937	2,812,789	231,931	1,119,217
14	Information technology	189,061	121,828	37,874	29,359
15	Royalties				
16	Occupancy	1,373,736	1,018,901	343,978	10,857
17	Travel	2,023,314	1,461,063	341,077	221,174
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	439,668	11,042	420,702	7,924
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	313,633	173,822	139,811	
23	Insurance	253,860	5,195	248,665	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PROGRAM COST	6,720,593	6,716,031		4,562
b	PERSONNEL	961,712	758,186	171,601	31,925
c	MISCELLANEOUS	792,592	435,937	225,499	131,156
d	GIFTS IN KIND	397,358	397,358		
e	BAD DEBT	220,180	209,809	10,371	
f	All other expenses	26,060	16,930	7,614	1,516
25	**Total functional expenses.** Add lines 1 through 24f	54,429,223	44,047,680	6,371,473	4,010,070
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,633,117	1	5,209,860
	2	Savings and temporary cash investments		201,973	2	108,145
	3	Pledges and grants receivable, net		3,917,471	3	3,745,021
	4	Accounts receivable, net		372,600	4	135,663
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	42,666
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		835,371	9	677,610
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 7,790,486			
	b	Less accumulated depreciation	10b 4,870,159	2,980,292	10c	2,920,327
	11	Investments—publicly traded securities		105,593	11	110,701
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		7,962,903	13	13,465,774
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		9,087,527	15	2,348,748
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		29,096,847	16	28,764,515
Liabilities	17	Accounts payable and accrued expenses		3,340,908	17	2,863,006
	18	Grants payable			18	
	19	Deferred revenue		300,175	19	9,599
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		7,073,879	23	4,992,779
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		681,379	25	300,000
	26	**Total liabilities.** Add lines 17 through 25		11,396,341	26	8,165,384
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		16,449,349	27	16,477,320
	28	Temporarily restricted net assets		1,251,157	28	4,121,811
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		17,700,506	33	20,599,131
	34	Total liabilities and net assets/fund balances		29,096,847	34	28,764,515

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a	Yes	
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	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053003041

SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	48,489,987	48,217,841	49,937,980	49,878,050	54,452,324	250,976,182
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	48,489,987	48,217,841	49,937,980	49,878,050	54,452,324	250,976,182
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						250,976,182

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	48,489,987	268,941	49,937,980	49,878,050	54,452,324	250,976,182
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	278,617	268,941	325,859	74,365	10,641	958,423
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	315,330	693,865	2,945,750	268,328	112,472	4,335,745
11 **Total support** (Add lines 7 through 10)						256,270,350

12 Gross receipts from related activities, etc (See instructions)	12	20,977,178

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	97 930 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	97 630 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053003041

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 XIV

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,000		10,000
b Buildings		2,028,689	538,564	1,490,125
c Leasehold improvements		1,324,404	476,629	847,775
d Equipment		4,415,996	3,854,966	561,030
e Other		11,397		11,397
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,920,327

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN URWEGO OPPORTUNITY BANK	884,249	F
INVESTMENT IN LLC	12,581,525	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	13,465,774	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
microenterprise and other loans	2,048,748
Microenterprise and AGRICULTURAL ASSETS TO BE TRANSFERRED	300,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,348,748

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
NET ASSETS TO BE TRANSFERRED	300,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	300,000

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	56,683,191
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	54,429,223
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,253,968
4	Net unrealized gains (losses) on investments	4	1,268
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	643,389
9	Total adjustments (net) Add lines 4 - 8	9	644,657
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,898,625

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

1	Total revenue, gains, and other support per audited financial statements			1	67,909,651
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,268		
b	Donated services and use of facilities	2b	237,894		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	10,987,298		
e	Add lines **2a** through **2d**			2e	11,226,460
3	Subtract line **2e** from line **1**			3	56,683,191
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	56,683,191

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

1	Total expenses and losses per audited financial statements			1	64,711,026
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	237,894		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	10,043,909		
e	Add lines **2a** through **2d**			2e	10,281,803
3	Subtract line **2e** from line **1**			3	54,429,223
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	54,429,223

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEAR (2007-2009) OR EXPECTED TO BE TAKEN IN WORLD RELIEF'S 2010 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS
Part XI, Line 8 - Other Adjustments		EQUITY EARNINGS IN LLC 1036247 EXCESS EXPENSES OVER REVENUE OF MICROENTERPRISE NET ASSETS TO BE TRANSFERRED -300000 EQUITY IN LOSS ON INVESTMENT IN MICROFINANCE INSTITUTION INCLUDED IN INCOME -92858
Part XII, Line 2d - Other Adjustments		EQUITY IN LOSS ON INVESTMENT IN MICROFINANCE INSTITUTION INCLUDED IN INCOME -92858 ELIMINATION OF MICROFINANCE ACTIVITY 9854259 EQUITY EARNINGS IN LLC 1036247 NEGATIVE EXPENSE SHOWN AS AS REVENUE ON FINANCIAL STATEMENTS 189650
Part XIII, Line 2d - Other Adjustments		ELIMINATION OF MICROFINANCE ENTITY ACTIVITY 9854259 NEGATIVE EXPENSE SHOWN AS AS REVENUE ON FINANCIAL STATEMENTS 189650

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053003041

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

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

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

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	2	67	PROGRAM SERVICES	AIDS (ABY), OVC, MCH, CHURCH ENGAGEMENT, CONFERENCES, DISASTER RESPONSE	2,663,051
EAST ASIA AND THE PACIFIC	20	811	PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN THE REGION, MICROCREDIT SERVICES	HEALTH EDUCATION, HIV AIDS, DR, AGRICULTURAL VALUE CHAIN DEVELOPMENT, MATERNAL & CHILD HEALTH, CHURCH MOBILIZATION, TEMPORARY HOUSING PROJECT, MATERNAL CHILD HEALTH, TRAFFICKING PREVENTION, MICROCREDITS	2,410,596
SOUTH ASIA	1	3	PROGRAM SERVICE		66,551
SUB-SAHARAN AFRICA	31	634	PROGRAM SERVICES, FUNDRAISING, MICROCREDIT SERVICES	REFUGEE SHELTER REHABILITATION, CHILD SURVIVOR, CHURCH MOBILIZATION, HIV&AIDS, FOOD SECURITY ACTIVITIES, HEALTH EDUCATION, MATERNAL HEALTH EDUCATION, CHILD DEVELOPMENT, MICROFINANCE - MED, SUPPORTING ORPHANS AND VULNERABLE CHILDREN AFFECTED BY HIV/AIDS DISASTER RESPONSE RELIEF LOANS TO THE ECONOMICALLY ACTIVE POOR	13,710,518
Totals . . . . . ▶	54	1,515			18,850,716

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☑
Use Schedule F-1 (Form 990) 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COMMERCIALIZATION OF SMALLHOLDER AGRICULTURAL PRODUCERS IN THE WESTERN PROVINCE WHO ARE MEMBERS OF PARTNER CHURCHES OF AFRICAWORKS AND PROMOTION/DEVELOPMENT OF TRADE FOR AGRICULTURAL COMMODITIES PRODUCED BY PROJECT BENEFICIARIES	97,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TO PROVIDE FUNDING SUPPORT ON DIFFERENT ACTIVITIES LIKE HIV/AIDS, AND MEDICAL SERVICES TO THE CHURCHES AND COMMUNITIES	30,819	WIRE FROM HEADQUARTERS			
		SUB-SAHARAN AFRICA	TO BRING A LASTING IMPACT ON THE EDUCATION AND YOUTH OF SOUTH SUDAN THROUGH THE CONSTRUCTION OF NEW SCHOOLS, DEVELOPMENT OF TEACHING AND CURRICULUM MATERIALS, AND TRAINING OF 2400 TEACHERS AND LOCAL GOVERNMENT OFFICERS	661,388	WIRE TRANSFER DIRECTLY FROM DANIDA TO DUTABARANE BANK ACCOUNT			
		EAST ASIA AND THE PACIFIC	TO SUPPORT AND REINFORCE KEY MESSAGES AND COMMUNITY EMPOWERMENT THROUGH THE PRODUCTION OF STS OF INTEGRATED EDUCATION AUDIO PROGRAMS	19,040	WIRE TRANSFER		EQUIPMENT FOR USE OF PROJECTS, LAPTOPS, PRINTERS, THURAYAS, PHOTO CAMERAS	
		EAST ASIA AND THE PACIFIC	TO PARTICIPATE TOGETHER TOWARD THE COMPLETION OF PROJECT "WEST SUMATRA EARTHQUAKE RESPONSE, TAPINA KANDIH', COMPLETION OF CORE HOUSEE	51,133	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	TO TRAIN LOCAL CHURCH VOLUNTEERS IN LOTU WITH CARE GROUP MODEL IT WILL BE THE PROMOTERS OF HEALTH FACILITATION TO THE COMMUNITY THROUGH PARTNERSHIP WITH OTHER HEALTH INSTITUTIONS SUCH AS THE COMMUNITY HEALTH CENTER	21,029	WIRE FROM HEADQUARTERS			
		CENTRAL AMERICA AND THE CARIBBEAN	CHILE EARTHQUAKE RESPONSE	12,500	WIRE FROM HEADQUARTERS			

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 III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
INITIAL REFUGEE GRANTS	CENTRAL AMERICA & THE CARIBBEAN	3	500	CHECK FROM HEADQUARTERS			
SPECIFIC ASSISTANCE TO INDIVIDUALS	CENTRAL AMERICA & THE CARIBBEAN	122	5,676	CHECK FROM HEADQUARTERS			
SPECIFIC ASSISTANCE TO INDIVIDUALS	CENTRAL AMERICA & THE CARIBBEAN	7			158	FURNITURE	FMV
SPECIFIC ASSISTANCE TO INDIVIDUALS	CENTRAL AMERICA & THE CARIBBEAN	13			107		FMV
SPECIFIC ASSISTANCE TO INDIVIDUALS	CENTRAL AMERICA & THE CARIBBEAN	10	3,020	CHECK FROM HEADQUARTERS			
SPECIFIC ASSISTANCE TO INDIVIDUALS	CENTRAL AMERICA & THE CARIBBEAN	38	1,986	CHECK FROM HEADQUARTERS			
SPECIFIC ASSISTANCE TO INDIVIDUALS	CENTRAL AMERICA & THE CARIBBEAN	25			-3,098	MEDICAL & DENTAL	FMV

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053003041

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
ALBANY PARK COMMUNITY CENTER3404 W LAWRENCE AVE SUITE 300 CHICAGO,IL 60625	362841886	501(C)(3)	21,089				WR-C SERVES AS THE LEAD AGENCY IN A CITIZENSHIP GRANT CALLED RICI APCC PROVIDES CITIZENSHIP CLASSES FOR THE GRANT
COLLEGE OF DUPAGE425 FAWELL BLVD GLEN ELLYN,IL 60137	362594972	501(C)(3)	13,141				PARTNERSHIP WITH WR-CITIZENSHIP PROGRAM TO AID REFUGEES
EXODUS WORLD SERVICE PO BOX 620 ITASCA,IL 601430620	363604920	501(C)(3)	5,526				PARTNERSHIP WITH WR-CITIZENSHIP PROGRAM TO AID REFUGEES
JESUIT VOLUNTEER -JVC MIDWEST7333 W 7 MILE RD DETROIT,MI 482212121	382282665	501(C)(3)	7,000				WR-C CONTRACTS WITH JVC TO RECEIVE YEAR-LONG FULL-TIME VOLUNTEER WHO PROVIDES DIRECT SERVICES IN OUR IMMIGRANT LEGAL SERVICES CLINIC
FLORESTA USA INCORPORATED - PLANT WITH PURPOSE4903 MORENA BLVD STE 1215 SAN DIEGO,CA 92117	330052976	501(C)(3)	225,000				AGRICULTURE LIVELIHOOD REHABILITATION
LIFE OF FREEDOM	911577847	501(C)(3)	10,382				A SUBCONTRACT FOR PROVIDING CITIZENSHIP SERVICES TO ELIGIBLE CLIENTS IN REGION 3 OF WA STATE
SEATTLE SLAVIC ASSOCIATION (SSA)	611524206	501(C)(3)	59,137				A SUBCONTRACT FOR PROVIDING REFUGEE RESETTLEMENT ASSISTANCE (RRA) SERVICES TO REFUGEES AS WELL AS PROVIDING CITIZENSHIP SERVICES TO ELIGIBLE CLIENTS IN REGION 3 OF WASHINGTON STATE
THE EPISCOPAL CHURCH IN WESTERN WASHINGTON	910200430	501(C)(3)	155,882				PROVIDES EMPLOYMENT, ENGLISH AS A SECOND LANGUAGE (ESL) SERVICES, AND SKILLS TRAINING TO REFUGEES
WEST CHICAGO HIGH SCHOOL DISTRICT 94	366004531		8,420				PARTNERSHIP WITH WR-CITIZENSHIP PROGRAM TO AID REFUGEES
WORLD RELIEF MINNESOTA	412763181	501(C)(3)	638,923				DIRECTLY FUNDED THE RESETTLEMENT AND PROCESSING OF REFUGEES
CHRISTIAN REFORMED WORLD RELIEF COMMITTEE2850 KALAMAZOO AVE SE GRAND RAPIDS,MI 49560	381708140	501(C)(3)	43,225				TO PROVIDE RELIEF FROM A HURRICANE IN HAITI (DR)

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶ _____

3 Enter total number of other organizations . . . . ▶ _____

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-6393344
Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SPECIFIC ASSISTANCE TO INDIVIDUALS	3384		274,102	FMV	FOOD AND HOUSEHOLD ITEMS
SPECIFIC ASSISTANCE TO INDIVIDUALS	286		57,626	FMV	INSTRUCTIONAL MATERIALS
SPECIFIC ASSISTANCE TO INDIVIDUALS	24		3,661	FMV	DAY CARE SUPPLIES
FUNDS FOR STAFF DEVELOPMENT	21	3,252			
SPECIFIC ASSISTANCE TO INDIVIDUALS	1985	243,864			
SPECIFIC ASSISTANCE TO INDIVIDUALS	77	6,293			
SPECIFIC ASSISTANCE TO INDIVIDUALS	112		36,268	FMV	CLOTHING
SPECIFIC ASSISTANCE TO INDIVIDUALS	1105		307,877	FMV	FURNITURE
SPECIFIC ASSISTANCE TO INDIVIDUALS	235		14,089	FMV	MEDICAL AND DENTAL SUPPLIES
SPECIFIC ASSISTANCE TO INDIVIDUALS	25	14,343			
SPECIFIC ASSISTANCE TO INDIVIDUALS	1453	269,132			
SPECIFIC ASSISTANCE TO INDIVIDUALS	6869		2,839,000	fMV	HOUSING
POCKET MONEY	5063	1,075,020			
INITIAL REFUGEE GRANTS	13398	4,177,271			
SPECIFIC ASSISTANCE TO INDIVIDUALS	168	-3,039			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053003041

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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SAMMY MAH (SEE SCH J PART III)	(i)	150,862	0	143,365	0	29,075	323,302	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Information	Part III	*THE AMOUNT OF COMPENSATION RECEIVED BY THE CEO INCLUDES PAYMENTS PROVIDED FOR TRANSITIONAL HOUSING FROM MICHIGAN TO THE REQUIRED WORK LOCATION AT HEADQUARTERS IN BALTIMORE ALSO INCLUDED ARE CERTAIN TAX PAYMENTS PROVIDED OF $29,754 REQUIRED TO BE REPORTED AS INCOME TO THE CEO **DUE TO THE DIFFICULT TIMING AND EXTENDED BREADTH OF THE HOUSING MARKET DECLINE IN MICHIGAN, CERTAIN PAYMENTS WERE PROVIDED TO ASSIST THE CEO IN HIS TRANSITION TO BALTIMORE WORLD RELIEF HAS NO FORMAL STANDING POLICY ON CEO HOUSING PAYMENTS, TAX INDEMNIFICATION OR GROSS-UP PAYMENTS THE FUNDS PROVIDED WERE SEPARATELY APPROVED BY THE BOARD AND ARE NOT INTENDED TO BECOME PART OF A STANDING POLICY BREAKDOWN OF CEO COMPENSATION SALARY $155,472 BENEFITS $ 29,075 HOUSING RENT $ 9,000 HOUSING TRANSITION ALLOWANCE $129,754

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053003041

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
DONALD GOLDEN RELOCATION FROM MICHIGAN TO BALTIMORE		X	53,022	42,666		No		No	Yes	
Total . . . . . ▶ $				42,666						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
LORELEI MAH	WIFE OF CEO/PRESIDENT	77,489	SALARY		No
BROTHERHOOD MUTUAL	ENTITY IN WHICH CEO SAMMY MAH SERVED ON THE BOARD OF DIRECTORS	277,273	INSURANCE VENDOR		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053003041

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		1,013	
5	Clothing and household goods	X		106,470	FMV
6	Cars and other vehicles	X	28	37,601	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	67	90,364	FMV
20	Drugs and medical supplies	X	2	1,600	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (OFFICE SUPPLIES)	X	21	4,414	FMV
26	Other ▶ (FURNITURE)	X	679	132,729	FMV
27	Other ▶ (APPLIANCES)	X	68	8,212	FMV
28	Other ▶ (BABY ITEMS)	X	60	3,876	FMV
	Other ▶ (BICYCLE)	X	15	1,380	FMV
	Other ▶ (ELECTRONICS)	X	97	21,200	FMV
	Other ▶ (HOLIDAY GIFTS)	X	3	237	FMV
	Other ▶ (PERSONAL ITEMS)	X	77	8,973	FMV
	Other ▶ (RELIEF SUPPLY)	X	1	2,963	FMV
	Other ▶ (SCHOOL SUPPLIES)	X	35	4,033	FMV
	Other ▶ (SHOES)	X	12	1,143	FMV
	Other ▶ (TOYS)	X	49	1,865	FMV

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053003041

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE NATIONAL ASSOCIATION OF EVANGELICALS IS THE SOLE SHAREHOLDER IN WORLD RELIEF CORPORATION
Form 990, Part VI, Section A, line 7b		THE CHAIRMAN OF THE BOARD OF DIRECTORS HAS TO BE APPROVED BY THE STOCKHOLDERS
Form 990, Part VI, Section B, line 11		IT IS WORLD RELIEF'S POLICY THAT THE CORPORATION'S BOARD OF DIRECTORS ANNUALLY REVIEW IRS FORM 990 PRIOR TO ITS FILING WITH THE IRS THE REVIEW IS ACCOMPLISHED THROUGH THE AUDIT COMMITTEE OF WORLD RELIEF'S BOARD OF DIRECTORS UPON COMPLETION, THE APPROVED FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE AND THE ENTIRE BOARD OF DIRECTORS VIA ELECTRONIC MAIL ADDITIONALLY, THE FORM IS POSTED TO WORLD RELIEF'S INTERNAL BOARD OF DIRECTORS SHAREPOINT SITE AT LEAST FIVE DAYS PRIOR TO FILING
Form 990, Part VI, Section B, line 12c		THE BOARD OF DIRECTORS AND ALL OFFICERS OF WORLD RELIEF CORPORATION ARE REQUIRED TO ANNUALLY SIGN A STATEMENT STATING THEY HAVE READ AND INTEND TO COMPLY WITH THE BOARD-APPROVED CONFLICT OF INTEREST STATEMENT ALL EMPLOYEES OF WORLD RELIEF ARE REQUIRED AT THEIR TIME OF HIRE TO READ AND SIGN A BOARD-APPROVED CONFLICT OF INTEREST STATEMENT
Form 990, Part VI, Section B, line 15a		WORLD RELIEF ADHERES TO A BOARD-APPROVED EXECUTIVE COMPENSATION POLICY WHICH OUTLINES THE PROCESS BY WHICH COMPENSATION OF THE CEO IS REVIEWED ANNUALLY AND APPROVED BY THE BOARD
Form 990, Part VI, Section C, line 19		WORLD RELIEF WILL COMPLY WITH ALL UNITED STATES FEDERAL AND STATE PUBLIC DISCLOSURE REQUIREMENTS WITH RESPECT TO ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION, BYLAWS AND IRS DETERMINATION LETTER), CONFLICT OF INTEREST POLICY AND OTHER CORPORATE POLICIES OF OUR ORGANIZATION EITHER BY POSTING THEM TO OUR CORPORATE WEBSITE OR BY FULFILLING ALL REQUESTS MADE IN PERSON OR IN WRITING OR BY SOME COMBINATION OF THESE AVENUES
FORM 990, PART XI, LINE 2C		THE BOARD OF WORLD RELIEF HAS AN AUDIT COMMITTEE WHICH MEETS REGULARLY AND REVIEWS ISSUES RELATED TO THE ANNUAL AUDIT, THE 990 AND ANY OTHER ADDITIONAL AUDITS BEING CONDUCTED IN THE ORGANIZATION THE AUDIT COMMITTEE IS ALSO RESPONSIBLE FOR THE SELECTION OF AN INDEPENDENT AUDIT FIRM TO CONDUCT THE ANNUAL AUDIT
FORM 990, SCHEDULE J, PART II		BREAKDOWN OF CEO COMPENSATION SALARY $155,472 BENEFITS $ 29,075 HOUSING RENT $ 9,000 HOUSING TRANSITION ALLOWANCE $129,754

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE R, PART IV		AS A PART OF OUR CHARITABLE MISSION, WORLD RELIEF DEVELOPS SMALL SCALE LOAN AND CREDIT INSTITUTIONS (MFIS) TO PROVIDE LOAN AND SAVINGS OPPORTUNITIES TO MICRO AND SMALL BUSINESSES IN COUNTRIES RECOVERING FROM DISASTERS THESE MICROFINANCE PROGRAMS HELP CREATE STABILITY AT HOME, TEACH INDIVIDUALS HOW TO THRIVE, AND FOSTER SELF-RESPECT AND COMMUNITY WELL-BEING THESE ENTITIES ARE SET UP AND MANAGED AS STOCK HOLDING CORPORATIONS TO ALLOW FOR THEIR DEVELOPMENT AS MARKET BASED INSTITUTIONS AND OVER TIME TO ENABLE OTHER ENTITIES TO PARTNER WITH WORLD RELIEF IN PROVIDING FUNDING FOR THIS SAME PURPOSE THESE ENTITIES ARE FORMED WITH THEIR OWN BOARD OF DIRECTORS AND WORLD RELIEF DEVELOPS SEPARATE GOVERNANCE STRUCTURES AND THE ENTITIES BECOME SELF-SUSTAINING THERE ARE CURRENTLY 5 SUCH ENTITIES THAT HAVE BECOME SELF-SUSTAINING THEIR LOCATIONS, NAMES AND WORLD RELIEF'S PERCENTAGE OF OWNERSHIP FOLLOW CAMBODIA (CREDIT) 81 66% OWNERSHIP BY WR, KOSOVO (BZMF), 100% OWNERSHIP BY WR, BURUNDI (TURAME), 88 03% OWNERSHIP BY WR, THE DEMOCRATIC REPUBLIC OF CONGO (HEKIMA), 100% OWNERSHIP BY WR, AND RWANDA (URWEGO OPPORTUNITY BANK), 20 5% OWNERSHIP BY WR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493053003041

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

Employer identification number
23-6393344

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

(a) Name, address, and EIN 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

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
NATIONAL ASSOCIATION OF EVANGELICALS 1023 15TH ST NW STE 500 WASHINGTON, DC 20005		DC	501(C)(3)	1	

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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
IMF HEKIMA SOCIETE CIVILE AVENUE CANNAS NO 94 GOMA CG	MICROENTERPRISE	CG		C			100 000 %
CREDIT LIMITED NO 18 STREET 422 PHNOM PEHN CB	MICROENTERPRISE	CB		C			81 660 %
TURAME COMMUNITY FINANCE SA PO BOX 6549 BUJUMBURA BY	MICROENTERPRISE	BY		C			88 030 %
BESELIDHJA ZAVET MICRO FINANCE LLC RR UCK NO 18 PRISTINA RI	MICROENTERPRISE	SC					100 000 %

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

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

		Yes	No
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Current Liabilities Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
CREDIT LIMITED		OTHER LIABILITIES	578,113	1,852,193

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Current Liabilities Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
IMF HEKIMA SOCIETE CIVILE		OTHER LIABILITIES	556,952	719,287

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Current Liabilities Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
TURAME COMMUNITY FINANCE SA		OTHER LIABILITIES	0	645,807
		DEFERRED REVENUE	0	29,931

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Current Liabilities Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
BESELIDHJA ZAVET MICRO FINANCE LLC		DEFERRED REVENUE	36,018	85,453

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Assets Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
CREDIT LIMITED		MICRO ENTERPRISE AND AGRICULTURAL LOANS	19,360,305	29,569,461

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Assets Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
IMF HEKIMA SOCIETE CIVILE		MICRO ENTERPRISE AND AGRICULTURAL LOANS	882,180	1,128,324

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Assets Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
TURAME COMMUNITY FINANCE SA		MICROENTERPRISE AND AGRICULTURAL LOANS	1,179,422	1,858,058

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Assets Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
BESELIDHJA ZAVET MICRO FINANCE LLC		MICROENTERPRISE AND AGRICULTURAL LOANS	6,219,348	7,319,539

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Current Assets Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
CREDIT LIMITED		OTHER RECEIVABLES	444,345	55,680
		PREPAID EXPENSES AND OTHER ASSETS	153,484	281,261

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Current Assets Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
IMF HEKIMA SOCIETE CIVILE		OTHER RECEIVABLES	1,162	0
		PREPAID EXPENSES AND OTHER ASSETS	60,973	148,795

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Current Assets Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
TURAME COMMUNITY FINANCE SA		PREPAID EXPENSES AND OTHER ASSETS	36,812	28,686
		OTHER RECEIVABLES	3,764	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Current Assets Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
BESELIDHJA ZAVET MICRO FINANCE LLC		PREPAID EXPENSES AND OTHER ASSETS	24,136	66,319
		oTHER RECEIVABLES	-70,907	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Other Deductions Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
PERSONNEL BENEFITS	314,851	0
TRAVEL	87,830	0
OFFICE EXPENSES	257,937	0
EQUIPMENT COSTS	90,407	0
PERSONNEL EXPENSES	78,072	0
BAD DEBT	-23,838	0
PROFESSIONAL FEES	173,854	0
MISCELLENAEOUS	373,418	0
CURRENCY EXCHANGE	161,575	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Other Deductions Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
PERSONNEL BENEFITS	23,284	0
TRAVEL	62,934	0
OFFICE EXPENSES	67,502	0
EQUIPMENT COSTS	5,564	0
PERSONNEL EXPENSES	21,259	0
PROFESSIONAL FEES	21,320	0
COMPUTER EXPENSE	1,829	0
BAD DEBT	21,562	0
MISCELLENAEOUS	37,818	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Other Deductions Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
PERSONNEL BENEFITS	54,711	0
TRAVEL	68,358	0
OFFICE EXPENSES	88,789	0
EQUIPMENT COSTS	10,330	0
PERSONNEL EXPENSES	97,518	0
PROFESSIONAL FEES	39,270	0
COMPUTER EXPENSE	8,006	0
BAD DEBT	9,485	0
MISCELLENAEOUS	-7,476	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Other Deductions Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
VEHICLE EXPENSE	213,069	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Other Deductions Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
VEHICLE EXPENSE	20,730	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Other Deductions Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
VEHICLE EXPENSE	25,964	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Other Deductions Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
PERSONNEL BENEFITS	112,518	0
TRAVEL	29,170	0
OFFICE EXPENSES	126,124	0
EQUIPMENT COSTS	8,951	0
PERSONNEL EXPENSES	6,573	0
COMPUTER EXPENSE	9,489	0
PROFESSIONAL FEES	23,238	0
CURRENCY EXCHANGE	371,235	0
VEHICLE EXPENSE	66,855	0
BAD DEBT	174,734	0
MISCELLENAEOUS	27,948	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Investments Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
CREDIT LIMITED		INVESTMENTS AT MARKET	79,269	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Liabilities Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
CREDIT LIMITED		MICROENTERPRISE/AG DEVELOPMENT LOANS	16,093,660	24,057,540

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Liabilities Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
IMF HEKIMA SOCIETE CIVILE		MICROENTERPRISE/AG DEVELOPMENT LOANS	131,732	301,411

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Liabilities Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
TURAME COMMUNITY FINANCE SA		MICROENTERPRISE/AG DEVELOPMENT LOANS	0	55,300

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Itemized Other Liabilities Schedule

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
BESELIDHJA ZAVET MICRO FINANCE LLC		MICROENTERPRISE/AG DEVELOPMENT LOANS	1,513,484	4,002,240

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Other Income Statement

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Description	Foreign Amount	Amount
MICROFINANCE INCOME	7,016,803	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Other Income Statement

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Description	Foreign Amount	Amount
MICROFINANCE INCOME	446,544	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Other Income Statement

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Description	Foreign Amount	Amount
MICROFINANCE INCOME	966,790	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493053003041

TY 2009 Other Income Statement

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

EIN: 23-6393344

Description	Foreign Amount	Amount
MICROFINANCE INCOME	1,458,879	0

Additional Data

Software ID:

Software Version:

EIN: 23-6393344

Name: WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 10,942,988 including grants of $ 270,791) (Revenue $ 705,601)

OTHER PROGRAM SERVICES INCLUDE AGRICULTURE SUPPORT AGRICULTURAL CREDIT, EXTENSION, MARKETING AND VALUE CHAIN PROJECTS THAT HELP FARM FAMILIES AND SMALL RURAL AGRICULTURAL RELATED BUSINESSES THIS PROGRAM AREA ALSO WORKS IN FOOD SECURITY AND AGRICULTURAL REHABILITATION IN AREAS AFFECTED BY DISASTERS SUCH AS DROUGHT, FLOODS, CIVIL WAR, HURRICANES, ETC 85,000 BENEFICIARIES RECORDED FOR FY 10 BURUNDI, INDONESIA, MALAWI, MOZAMBIQUE, NICARAGUA, RWANDA, ZAMBIA ANTI-TRAFFICKING IDENTIFYING TRAFFICKING VICTIMS AND WORKING WITH PARTNERS TO HELP THEM BY PROVIDING COMPREHENSIVE SERVICES THAT INCLUDE EMERGENCY HOUSING, FOOD, CLOTHING, MEDICAL CARE, TRAUMA COUNSELING, LEGAL ASSISTANCE, AND JOB TRAINING 8154 BENEFICIARIES, UNITED STATES, CAMBODIALOCAL PARTNER STRENGTHENING STRENGTHEN THE LOCAL CHURCH AND OTHER ORGANIZATIONS THAT IT FOSTERS TO MEET THE NEEDS OF THE POOR AND SUFFERING THROUGH LEADERSHIP DEVELOPMENT, TRAINING IN GENERAL PROJECT DEVELOPMENT AND IMPLEMENTATION, ACCOUNTING, FINANCIAL MANAGEMENT, DISASTER PREPAREDNESS AND RESPONSE, AND SPECIFIC TECHNICAL TRAINING IN SECTORAL AREAS OF HEALTH, EDUCATION, SOCIAL SERVICE, AND ECONOMIC DEVELOPMENT 8000 BENEFICIARIES INCLUDING LAY LEADERS, VOLUNTEERS, AND PASTORS BURUNDI, KENYA, RWANDA, MALAWI, MOZAMBIQUE AND CAMBODIA HIV/AIDS EQUIP LOCAL CHURCHES TO START AND SUSTAIN PREVENTION AND CARE MINISTRIES, INCLUDING SUPPORTING THE SICK, EDUCATING CONGREGATIONS AND COMMUNITIES, PROVIDING AIDS ABSTINENCE EDUCATION TO YOUTH AND REFERRING PEOPLE TO OTHER NEEDED SERVICES 24,748 BENEFICIARIES, BURUNDI, CAMBODIA, CHINA, HAITI, INDIA, INDONESIA, KENYA, MALAWI, MOZAMBIQUE, AND RWANDAMICROECONOMIC DEVELOPMENT EMPOWER PEOPLE THROUGH INCOME-GENERATING INITIATIVES 119,214 BENEFICIARIES, BANGLADESH, HAITI, INDIA, KOSOVO, LIBERIA, AND RWANDA SERVICE TO IMMIGRANTS PROVIDE IMMIGRATION RESOURCES AND REFERRAL ASSISTANCE AND SUPPORT CHURCH-CENTERED MINISTRIES WORKING IN SOME OF AMERICA'S MOST IMPOVERISHED COMMUNITIES 172,000 BENEFICIARIES

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SCOTT ARBEITER CHAIR	3 00	X		X				0	0	0
JOHN GRIFFIN CPA TREASURER	3 00	X		X				0	0	0
LEITH ANDERSON EX OFFICIO/DIRECTOR	1 00	X						0	0	0
KATHERINE BARNHART DIRECTOR	1 00	X						0	0	0
DR DONALD BRAY DIRECTOR	1 00	X						0	0	0
TIM BREENE DIRECTOR	1 00	X						0	0	0
REV JOHN CHUNG DIRECTOR	1 00	X						0	0	0
DR JUDITH M DEAN DIRECTOR	1 00	X						0	0	0
REV DR DERRICK HARKINS SECRETARY	3 00	X		X				0	0	0
DR TIMOTHY EK EX OFFICIO/DIRECTOR	1 00	X						0	0	0
REV DR CASELY ESSAMAUH DIRECTOR	1 00	X						0	0	0
STEVE MOORE EX OFFICIO/DIRECTOR	1 00	X						0	0	0
MAJOR GEORGE POLAREK DIRECTOR	1 00	X						0	0	0
J STEPHEN SIMMS DIRECTOR	1 00	X						0	0	0
DR ROY TAYLOR DIRECTOR	1 00	X						0	0	0
KATHY VASELKIV DIRECTOR	1 00	X						0	0	0
BILL WESTRATE DIRECTOR	1 00	X						0	0	0
SANDERS WILSON DIRECTOR	1 00	X						0	0	0
SAMMY MAH SEE SCH J PART III CEO/PRESIDENT	40 00			X				294,227	0	29,075
JANET KARY SR VP OF MARKETING	40 00			X				126,645	0	17,314
KEVIN SANDERSON SR VP OF FINANCE & IT	40 00			X				95,075	0	21,960
SAMUEL WOLGEMUTH INTERIM CEO	40 00			X				0	0	0
DONALD GOLDEN SR VP CHURCH ENGAGEMENT	40 00			X				105,133	0	22,577
STEPHAN BAUMAN SR VP OF PROGRAMS	40 00			X				80,172	0	55,041

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROGRAM COST	6,720,593	6,716,031		4,562
PERSONNEL	961,712	758,186	171,601	31,925
MISCELLANEOUS	792,592	435,937	225,499	131,156
GIFTS IN KIND	397,358	397,358		
BAD DEBT	220,180	209,809	10,371	