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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2010**Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection**A** For the 2010 calendar year, or tax year beginning **OCT 1, 2010** and ending **SEP 30, 2011****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**LUTHERAN WORLD RELIEF**

Doing Business As

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

**700 LIGHT STREET**

Room/suite

City or town, state or country, and ZIP + 4

**BALTIMORE, MD 21230-3850****F** Name and address of principal officer: **REV. JOHN ARTHUR NUNES**  
**SAME AS C ABOVE****D** Employer identification number**13-2574963****E** Telephone number**(410) 230-2700****G** Gross receipts \$**53,127,105.****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) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.LWR.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1945****M** State of legal domicile: **NY****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: <b>LWR WORKS WITH LUTHERANS &amp; PART-NERS AROUND THE WORLD TO END POVERTY, INJUSTICE, &amp; HUMAN SUFFERING.</b>							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3	Number of voting members of the governing body (Part VI, line 1a)	3		15			
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		15			
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5		77			
6	Total number of volunteers (estimate if necessary)	6		0			
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.			
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.			
		Prior Year		Current Year			
8	Contributions and grants (Part VIII, line 1h)	8	40,852,835.	8	42,356,121.		
9	Program service revenue (Part VIII, line 2g)	9	0.	9	0.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	1,095,637.	10	1,239,800.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	40,031.	11	36,599.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	41,988,503.	12	43,632,520.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	24,477,536.	13	26,871,635.		
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.	14	0.		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	6,860,896.	15	8,146,902.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	220,983.	16a	408,181.		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,301,292.</b>	b		b			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17	5,547,331.	17	6,122,425.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	37,106,746.	18	41,549,143.		
19	Revenue less expenses. Subtract line 18 from line 12	19	4,881,757.	19	2,083,377.		
		Beginning of Current Year		End of Year			
20	Total assets (Part X, line 16)	20	48,870,628.	20	50,501,444.		
21	Total liabilities (Part X, line 26)	21	5,275,142.	21	6,117,884.		
22	Net assets or fund balances. Subtract line 21 from line 20	22	43,595,486.	22	44,383,560.		

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer **Michael Meenan** Date **02/14/12**

▶ **MICHAEL MEENAN, V.P. FINANCE & ADMIN / TREASURER**

Type or print name and title

**Preparer** Print/Type preparer's name **STEVEN W. HIPP CPA** Preparer's signature **Steve W. Hipp CPA** Date **02/14/12** Check ☐ if self-employed PTIN

**Use Only** Firm's name ▶ **TAIT, WELLER & BAKER LLP** Firm's EIN ▶

Firm's address ▶ **1818 MARKET STREET, SUITE 2400** Phone no. **(215) 979-8800**

**PHILADELPHIA, PA 19103**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ NoP  
15

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission:

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ 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 \$ 20,359,971. including grants of \$ 17,441,208. ) (Revenue \$ )  
EMERGENCIES AND MATERIAL RESOURCES: WHEN DISASTER STRIKES, LWR IS THERE,  
PROVIDING LIFE-SAVING RELIEF AND SUPPORT TO THOSE MOST IN NEED. AND  
LWR'S RESPONSE CONTINUES LONG AFTER THE HEADLINES HAVE FADED, WORKING  
WITH COMMUNITIES TO REBUILD THEIR LIVES, RECOVER THEIR LIVELIHOODS,  
BUILD RESILIENCE AND PAVE THE PATH TO A BRIGHTER FUTURE. IN 2011, MORE  
THAN 623,000 PEOPLE AROUND THE WORLD RECEIVED QUILTS OR KITS FROM LWR  
AS PART OF OUR MATERIAL RESOURCES PROGRAM.

**4b** (Code: ) (Expenses \$ 5,561,823. including grants of \$ 3,507,219. ) (Revenue \$ )  
AGRICULTURE: LWR WORKS WITH SMALL-SCALE FARMERS TO INCREASE THEIR FOOD  
SECURITY AND THEIR PARTICIPATION IN THE AGRICULTURAL VALUE CHAIN:  
HELPING THEM ACCESS CREDIT, LEARN ABOUT IMPROVED AGRICULTURAL INPUTS  
AND TECHNIQUES, INCREASE THEIR YIELDS, ACCESS MARKETS AND, ULTIMATELY,  
IMPROVE THEIR INCOMES - SO THE PEOPLE WHO FEED THE WORLD DON'T HAVE TO  
WORRY ABOUT FEEDING THEIR OWN FAMILIES.

**4c** (Code: ) (Expenses \$ 4,947,076. including grants of \$ 2,643,879. ) (Revenue \$ )  
HEALTH AND LIVELIHOODS: DISEASES LIKE MALARIA AND HIV  
DISPROPORTIONATELY AFFECT PEOPLE LIVING IN POVERTY. LWR WORKS BOTH TO  
EDUCATE PEOPLE ABOUT MALARIA AND OTHER DISEASES OF POVERTY AND TO  
IMPROVE THEIR ECONOMIC SITUATION SO THEY ARE ABLE TO ACCESS HEALTH CARE  
SERVICES. BY IMPROVING HEALTH CARE ACCESS AND AVAILABILITY AND ENSURING  
PROPER USE OF PREVENTIVE MEASURES LIKE BED NETS, LWR IS HELPING STEM  
THE TIDE OF MALARIA AND OTHER DEVASTATING DISEASES.

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

(Expenses \$ 6,432,929. including grants of \$ 3,279,329. ) (Revenue \$ )

**4e** Total program service expenses 37,301,799.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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**Part IV** Checklist of Required Schedules (continued)

	Yes	No
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<input checked="" type="checkbox"/>	

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

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	30	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	77	
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. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?	X	
b	If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b> See instructions for 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI.

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15	
b Enter the number of voting members included in line 1a, above, who are independent	15	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**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?		X
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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LAURA MORALES - (410) 230-2800**  
**700 LIGHT STREET, BALTIMORE, MD 21230-3850**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
RICHARD A. NELSON CHAIRPERSON	7.00	X		X				0.	0.	0.
GLORIA S. EDWARDS VICE CHAIRPERSON	4.00	X		X				0.	0.	0.
JONATHAN D. SCHULTZ SECRETARY	5.00	X		X				0.	0.	0.
EMRIED COLE DIRECTOR	3.00	X						0.	0.	0.
JESSICA R. CRIST DIRECTOR	3.50	X						0.	0.	0.
JON T. DIEFENTHALER DIRECTOR	4.00	X						0.	0.	0.
MATTHEW C. HARRISON DIRECTOR	3.00	X						0.	0.	0.
JAYESH HINES-SHAH DIRECTOR	2.00	X						0.	0.	0.
PHILIP D.W. KREY DIRECTOR	4.00	X						0.	0.	0.
RAFAEL MALPICA-PADILLA DIRECTOR	3.00	X						0.	0.	0.
EMMA GRAEBER PORTER DIRECTOR	2.00	X						0.	0.	0.
LINDA K. REISER DIRECTOR	3.00	X						0.	0.	0.
MYRNA SHEIE DIRECTOR	4.00	X						0.	0.	0.
JOHN ARTHUR NUNES PRESIDENT	40.00			X				114,721.	0.	106,450.
JEFFERY S. WHISENANT EXECUTIVE VICE PRESIDENT	40.00			X				150,489.	0.	20,570.
MICHAEL C. MEENAN TREASURER, VP FIN & ADMIN	40.00			X				140,112.	0.	32,230.
ANDREA GREISE ASSISTANT SECRETARY	40.00			X				41,326.	0.	14,809.



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
LISA BAUMGARTNER-BONDS VP EXTERNAL RELATIONS	40.00					X		138,488.	0.	26,124.
TIMOTHY MCCULLY VP INTERNATIONAL PROGRAMS	40.00					X		119,604.	0.	30,436.
<b>1b Sub-total</b>								704,740.	0.	230,619.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								704,740.	0.	230,619.

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 **5**

- 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**
- 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**
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED HEALTHCARE 22703 NETWORK PLACE, CHICAGO, IL 60673-1227	HEALTH INSURANCE	511,043.
COMMUNITY COUNSELLING SERVICE CO., LLC P.O. BOX 27462, NEW YORK, NY 10087-7462	FUNDRAISING COUNSELING	337,750.
BRETHREN SERVICE CENTER, 500 MAIN ST., P.O. BOX 188, NEW WINDSOR, MD 21776-0188	FREIGHT/SHIPPING	319,212.
MCARDLE, 800 COMMERCE DRIVE, UPPER MARLBORO, MD 20774-8792	PRINTING SERVICES	302,061.
MIDWEST WAREHOUSE, INC., 398 EAST RICHMOND ST., SO, ST. PAUL, MN 55075	WAREHOUSE	265,784.

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 **10**

**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	1 a Federated campaigns	1a	535,794.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,250,552.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	39569775.				
	g Noncash contributions included in lines 1a-1f \$		14726349.				
	<b>h Total. Add lines 1a-1f</b>			42356121.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			852,316.			852,316.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	9882069.			
	b Less: cost or other basis and sales expenses			9494585.			
	c Gain or (loss)			387,484.			
	d Net gain or (loss)			387,484.			387,484.
	8 a 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						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a 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					
11 a MISCELLANEOUS		900099	36,599.	36,599.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			36,599.				
12 Total revenue. See instructions.			43632520.	36,599.	0.	1239800.	

**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	3,872,367.	3,872,367.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	22,999,268.	22,999,268.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	662,760.	40,566.	576,856.	45,338.
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	5,553,990.	4,357,900.	529,959.	666,131.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	334,869.	291,376.	9,920.	33,573.
9 Other employee benefits	1,286,721.	1,067,637.	100,680.	118,404.
10 Payroll taxes	308,562.	236,128.	42,790.	29,644.
11 Fees for services (non-employees):				
a Management				
b Legal	18,736.		18,736.	
c Accounting	33,500.		33,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	408,181.			408,181.
f Investment management fees				
g Other	2,034,210.	1,652,631.	312,953.	68,626.
12 Advertising and promotion				
13 Office expenses	1,247,495.	692,482.	58,824.	496,189.
14 Information technology				
15 Royalties				
16 Occupancy	693,773.	534,208.	81,662.	77,903.
17 Travel	1,464,720.	1,206,125.	136,758.	121,837.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	108,732.	95,545.	7,005.	6,182.
23 Insurance	59,821.	32,718.	27,103.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>BANK AND MERCHANT FEES</b>	283,964.		131,002.	152,962.
b <b>MISCELLANEOUS</b>	188,892.	132,670.	20,745.	35,477.
c <b>MEMBERSHIP FEES</b>	143,325.	90,178.	12,302.	40,845.
d <b>REIMBURSEMENT OF ADMIN.</b>	<154,743.>		<154,743.>	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	41,549,143.	37,301,799.	1,946,052.	2,301,292.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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
<b>Assets</b>	1 Cash - non-interest-bearing	575,408.	1	1,096,150.
	2 Savings and temporary cash investments	7,624,129.	2	5,584,293.
	3 Pledges and grants receivable, net	1,754,255.	3	2,069,843.
	4 Accounts receivable, net	1,307,386.	4	1,284,285.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,240,310.	8	6,281,356.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,324,443.		
	b Less: accumulated depreciation	10b 844,974.		
		472,392.	10c	479,469.
	11 Investments - publicly traded securities	27,385,821.	11	27,558,010.
	12 Investments - other securities. See Part IV, line 11	735,876.	12	727,925.
	13 Investments - program-related. See Part IV, line 11	3,511,125.	13	3,538,216.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,263,926.	15	1,881,897.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	48,870,628.	16	50,501,444.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,027,836.	17	2,100,964.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	2,687,253.	20	2,601,579.
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,560,053.	25	1,415,341.
	26 <b>Total liabilities.</b> Add lines 17 through 25	5,275,142.	26	6,117,884.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	30,558,825.	27	32,916,955.
	28 Temporarily restricted net assets	12,859,787.	28	11,243,531.
	29 Permanently restricted net assets	176,874.	29	223,074.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	43,595,486.	33	44,383,560.
	34 <b>Total liabilities and net assets/fund balances</b>	48,870,628.	34	50,501,444.

Form 990 (2010)

**Part XI** Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,632,520.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,549,143.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,083,377.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,595,486.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<1,295,303.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	44,383,560.

**Part XII** Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	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.	X	

Form 990 (2010)

**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

2010

**Open to Public  
Inspection**

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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 described in 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 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).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32279463.	31608010.	33854228.	40852835.	42356121.	180950657
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	32279463.	31608010.	33854228.	40852835.	42356121.	180950657
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						180950657

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	32279463.	31608010.	33854228.	40852835.	42356121.	180950657
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1628397.	1547611.	1089114.	811,776.	852,316.	5929214.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	66,696.	36,723.	29,118.	40,031.	36,599.	209,167.
11 Total support. Add lines 7 through 10						187089038
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	96.72 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.32 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. 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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ☐



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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization

**LUTHERAN WORLD RELIEF**

Employer identification number

**13-2574963**

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

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

2 Political expenditures ..... ▶ \$ .....

3 Volunteer hours .....

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

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

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

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

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

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

- A Check ☐ if the filing organization belongs to an affiliated group
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		50.
e Publications, or published or broadcast statements?	X		7,471.
f Grants to other organizations for lobbying purposes?	X		4,500.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,449.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			14,470.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:**

LUTHERAN WORLD RELIEF (LWR) PAID STAFF TO OCCASIONALLY DRAFT LETTERS

DIRECTED AT MEMBERS OF CONGRESS, FOR SIGNATURE BY STAFF AND CEOS AND

STAFF OF NON-GOVERNMENTAL ORGANIZATIONS REGARDING INTERNATIONAL

DEVELOPMENT AND FOREIGN ASSISTANCE POLICY. LWR OCCASIONALLY PAID STAFF

TO MAKE PHONE CALLS OR SEND EMAILS ON THESE SAME ISSUES TO POLICY

**Part IV** Supplemental Information (continued)

MAKERS. MOST OFTEN, THESE ACTIONS RELATED TO INCREASED U.S. FINANCIAL SUPPORT FOR INTERNATIONAL DEVELOPMENT, FOOD SECURITY INITIATIVES, HUMAN RIGHTS PROTECTION AND CLIMATE CHANGE. LWR REQUESTED US LUTHERANS SEND LETTERS TO US STATE DEPARTMENT AND ADMINISTRATION REGARDING INTERNATIONAL DEVELOPMENT POLICY AND LWR HELPED FACILITATE THIS PROCESS. LWR STAFF OCCASIONALLY VISITED CONGRESSIONAL OFFICES AND MET WITH MEMBERS OF THE STATE DEPARTMENT AND US AGENCY FOR INTERNATIONAL DEVELOPMENT TO DISCUSS AND ADVOCATE FOR IMPROVED DEVELOPMENT POLICY.

**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

**2010**

Open to Public  
Inspection

Name of the organization

**LUTHERAN WORLD RELIEF**

Employer identification number

**13-2574963**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	2,313,804.	2,087,264.	2,085,097.		
b Contributions	46,200.	10,100.			
c Net investment earnings, gains, and losses	22,786.	216,440.	2,167.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,382,790.	2,313,804.	2,087,264.		

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

- a Board designated or quasi-endowment ☒ 90.64 %  
 b Permanent endowment ☒ 9.36 %  
 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)	X
(ii) related organizations	3a(ii)	X

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

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

**Part VI 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				
b Buildings				
c Leasehold improvements				
d Equipment		1,324,443.	844,974.	479,469.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				479,469.

Schedule D (Form 990) 2010

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must 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
(1) INVESTMENT IN LUTHERAN		
(2) CENTER CORPORATION	3,410,461.	END-OF-YEAR MARKET VALUE
(3) INVESTMENT IN DIVINE		
(4) CHOCOLATE	127,755.	END-OF-YEAR MARKET VALUE
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶

3,538,216.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ADVANCES RECEIVED FOR PROGRAM	
(3) PURPOSES	1,415,341.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

1,415,341.

FIN 48 (ASC 740) 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,632,520.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	41,549,143.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,083,377.
4	Net unrealized gains (losses) on investments	4	<1,295,303.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	<1,295,303.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	788,074.

**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	42,337,217.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<1,295,303.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	<1,295,303.>
3	Subtract line 2e from line 1	3	43,632,520.
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 must equal Form 990, Part I, line 12.)	5	43,632,520.

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

1	Total expenses and losses per audited financial statements	1	41,549,143.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	41,549,143.
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 must equal Form 990, Part I, line 18.)	5	41,549,143.

**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, line 2; 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

**PART X, LINE 2: LWR HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE**

**OPEN TAX YEARS (2008-2010) OR EXPECTED TO BE TAKEN IN LWR'S 2011 TAX**

**RETURN AND HAS CONCLUDED THAT THERE ARE NOT SIGNIFICANT UNCERTAIN TAX**

**POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.**



**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

**2010**

Open to Public  
Inspection

Name of the organization

Employer identification number

**LUTHERAN WORLD RELIEF**

**13-2574963**

**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 V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	4	6	PROGRAM SERVICES, GRANTS TO RECIPIENTS (CASH AND IN-KIND)	SEE PART V	3,107,617.
EAST ASIA AND THE PACIFIC	2	16	PROGRAM SERVICES, GRANTS TO RECIPIENTS (CASH AND IN-KIND)	SEE PART V	5,485,713.
SOUTH AMERICA	2	7	PROGRAM SERVICES, GRANTS TO RECIPIENTS (CASH AND IN-KIND)	SEE PART V	2,989,942.
SOUTH ASIA	3	10	PROGRAM SERVICES, GRANTS TO RECIPIENTS (CASH AND IN-KIND)	SEE PART V	2,726,999.
SUB-SAHARAN AFRICA	8	23	PROGRAM SERVICES, GRANTS TO RECIPIENTS (CASH AND IN-KIND)	SEE PART V	13,620,155.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	IN-KIND GRANTS TO RECIPIENTS	SEE PART V	2,779,746.
NORTH AFRICA AND THE MIDDLE EAST	0	0	IN-KIND GRANTS TO RECIPIENTS	SEE PART V	1,352,084.
3 a Sub-total ....	19	62			32,062,256.
b Total from continuation sheets to Part I ....	0	0			0.
c Totals (add lines 3a and 3b) ..	19	62			32,062,256.

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

Schedule F (Form 990) 2010

**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 ☐ Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE	EMERGENCY ASSISTANCE TO FLOOD-AFFECTED IN PAKISTAN	191,819	WIRE TRANSFER	0		
			EUROPE	VOCATIONAL TRAINING FOR CONFLICT AFFECTED POPULATIONS IN GAZA	75,000	WIRE TRANSFER	0		
			EUROPE	ETHIOPIA DROUGHT RESPONSE ETHI11	250,000	WIRE TRANSFER	0		
			EUROPE	ACT MEMBERSHIP - CLIMATE CHANGE WG 2011	48,000	WIRE TRANSFER	0		
			CENTRAL AMERICA AND THE CARIBBEAN	PROMOTING DIVERSIFIED AGRICULTURAL PRODUCTION AND PROCESSING	70,000	WIRE TRANSFER	0		
			SUB-SAHARAN AFRICA	ECONOMIC EMPOWERMENT THROUGH IMPROVED HONEY PRODUCTION AND MARKETING	35,010	WIRE TRANSFER	0		
			EAST ASIA AND THE PACIFIC	ORGANIC BANANA PRODUCTION AND MARKETING	51,688	WIRE TRANSFER	0		
			EAST ASIA AND THE PACIFIC	TYPHOON MEGI RESPONSE IN BENGUET	8,232	WIRE TRANSFER	0		
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								
									90
									47

## Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	LIVELIHOOD REHABILITATION OF TYPHOON AFFECTED FAMILIES IN BENGUET	23,344	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	LEVERAGING ECONOMIC DEVELOPMENT PARTNERSHIPS TO CONTROL MALARIA IN BUILDING INSTITUTIONAL CAPACITY FOR GOOD GOVERNANCE AND RURAL	247,596	WIRE TRANSFER	0		
		SOUTH AMERICA		50,000	WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN CRISIS	CONFRONTING THE FOOD	55,000	WIRE TRANSFER	0		
		SOUTH AMERICA	STRENGTHENING AND DIVERSIFYING FOOD PRODUCTION IN POTOSI	40,000	WIRE TRANSFER	0		
		SOUTH AMERICA	WATER FOR HEALTHY AND DECENT LIVES FOR RURAL BOYS AND GIRLS	56,813	WIRE TRANSFER	0		
		SOUTH AMERICA	STRENGTHENING AND DIVERSIFYING FOOD PRODUCTION IN 12 COMMUNITIES OF POTOSI	31,245	WIRE TRANSFER	0		
		SOUTH ASIA	FOOD SECURITY OF 1000 TRIBAL FAMILIES IN BIHAR	79,829	WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING CIVIL SOCIETY IN THE SOUTHWEST OF LEMPIRA	30,000	WIRE TRANSFER	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING THE ADVOCACY CAPACITY ROUNDTABLES ON FOOD SECURITY	30,000.	WIRE TRANSFER	0.		
			SOUTH AMERICA	RESTORING PRODUCTION CAPACITY OF FAMILIES AFFECTED BY FLOODS IN CORDOBA	29,991.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	STRENGTHENING FOOD SECURITY AMONG COMMUNITIES AFFECTED BY HIV/AIDS	65,598.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	PRODUCTION AND MARKETING OF IMPROVED MAIZE AND RICE SEEDS IN UGANDA	38,373.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	IMPROVED SEEDS FOR SAHELIAN AGRICULTURAL GROWTH - SESAME	35,085.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	IMPROVING WOMEN'S LIVELIHOODS THROUGH FONIO PRODUCTION	60,158.	WIRE TRANSFER	0.		
			EUROPE	MONITORING OF FLOOD RELIEF PROJECTS AND CAPACITY BUILDING WORKSHOPS IN SRI	33,863.	WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CREATING RURAL DEVELOPMENT OPPORTUNITIES THROUGH AGRIBUSINESS	34,088.	WIRE TRANSFER	0.		
			SOUTH ASIA	HOUSE CONSTRUCTION FOR TSUNAMI AFFECTED FAMILIES	5,117.	WIRE TRANSFER	0.		

## Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SHELTER REHABILITATION FOR TSUNAMI-AFFECTED FAMILIES	14,653	WIRE TRANSFER	0		
		SOUTH ASIA	SECURING RIGHTS AND ENTITLEMENTS FOR DALITS AND MINORITIES OF BIHAR	71,641	WIRE TRANSFER	0		
		SOUTH ASIA	CAPACITY BUILDING FOR DISASTER RISK REDUCTION AND SUSTAINABLE	145,196	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	COMMUNITY MANAGEMENT OF THE RIGHT TO POTABLE WATER	9,648	WIRE TRANSFER	0		
		SOUTH AMERICA	POST EMERGENCY RESPONSE TO FAMILIES AFFECTED BY WINTER FLOODS IN THE NORTH	30,000	WIRE TRANSFER	0		
		SOUTH AMERICA	SOCIO-POLITICAL AND ECONOMIC EMPOWERMENT FOR WOMEN, YOUTH AND SMALL FARMERS	40,000	WIRE TRANSFER	0		
		SOUTH AMERICA	CREATE RURAL DEVELOPMENT OPPORTUNITIES THROUGH AGROBUSINESS	132,714	WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	PROMOTING BUSINESS NETWORKS AND CITIZEN PARTICIPATION OF FARMERS	30,308	WIRE TRANSFER	0		
		SOUTH AMERICA	IMPROVING INCOMES OF HIV/AIDS AFFECTED FARMING COMMUNITIES' INCOMES	38,001	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA						

Part II 1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	WATER AND AGRICULTURE FOR IMPROVED NUTRITION	35,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CLIMATE CHANGE ADAPTATION IN EL SALVADOR	45,001.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REDUCE VULNERABILITY AND PROMOTE SUSTAINABLE RISK MANAGEMENT	230,101.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GENDER AND INTEGRATED RESOURCE MANAGEMENT	30,053.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ECONOMIC EMPOWERMENT THROUGH SUNFLOWER PRODUCTION AND MARKETING	36,026.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HUMANITARIAN ASSISTANCE TO FLOOD AFFECTED FAMILIES IN NICARAGUA	12,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	WATER AND ENVIRONMENTAL SANITATION IN MATAGALPA	40,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	SAROJ (SWASTHYA EBAM ROJGAR)	81,568.	WIRE TRANSFER	0.		
		SOUTH ASIA	COMMUNITY LED CLIMATE CHANGE ADAPTATION (CCA) NEPAL	57,995.	WIRE TRANSFER	0.		

## LUTHERAN WORLD RELIEF

13-2574963

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
Part II	Page 2								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	STRENGTHENING THE MARKETING OF ORGANIC PRODUCE IN COLOMBIA	30,000	WIRE TRANSFER	0.		
			SOUTH AMERICA	EMERGENCY ASSISTANCE TO 100 FAMILIES DISPLACED BY ARMED CONFLICT	25,008	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	HEALTH AND NUTRITION IMPROVEMENT IN POST TSUNAMI NIAS	337,315	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	EMERGENCY ASSISTANCE TO SURVIVORS OF JAPAN EARTHQUAKE AND TSUNAMI - CWS	150,000	WIRE TRANSFER	0.		
			SOUTH AMERICA	REDUCING CHILD MALNUTRITION	54,645	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	IMPROVING LUTHERAN RESPONSE TO HIV/AIDS AND MALARIA IN KENYA	32,359	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	SCALING-UP MALARIA CONTROL WITH THE EVANGELICAL LUTHERAN CHURCH IN TANZANIA	216,184	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	SCALING-UP MALARIA CONTROL WITH THE EVANGELICAL LUTHERAN CHURCH IN TANZANIA	198,478	WIRE TRANSFER	0.		
			SOUTH ASIA	SUSTAINABLE LIVELIHOOD FOR AFFECTED WOMEN HEADED FAMILIES	39,587	WIRE TRANSFER	0.		

## LUTHERAN WORLD RELIEF

13-2574963

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								Page 2
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			SUB-SAHARAN AFRICA	IMPROVED LEGUME PRODUCTION IN GUECHEME COMMUNE, DOUTCHI DEPARTMENT	83,244.	WIRE TRANSFER	0.			
			SUB-SAHARAN AFRICA	IMPROVED SEEDS FOR SAHELIAN AGRICULTURAL GROWTH- RICE	40,912.	WIRE TRANSFER	0.			
			CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING ARTISANS RESPONSE TO THE 2010 EARTHQUAKE	98,966.	WIRE TRANSFER	0.			
			CENTRAL AMERICA AND THE CARIBBEAN	ECONOMIC DEVELOPMENT OF THE SIERRA TECAPA-CHINAMECA REGION	43,371.	WIRE TRANSFER	0.			
			CENTRAL AMERICA AND THE CARIBBEAN	REDUCE VULNERABILITY AND PROMOTE SUSTAINABLE RISK MANAGEMENT	37,154.	WIRE TRANSFER	0.			
			SUB-SAHARAN AFRICA	BUILDING THE INSTITUTIONAL CAPACITY OF FUSC	63,532.	WIRE TRANSFER	0.			
			SUB-SAHARAN AFRICA	EMPOWER COFFEE FARMERS OF GUMUTINDO COFFEE COOPERATIVE ENTERPRISE	48,544.	WIRE TRANSFER	0.			
			SUB-SAHARAN AFRICA	IMPROVED SEEDS FOR SAHELIAN AGRICULTURAL GROWTH- MILLET	17,767.	WIRE TRANSFER	0.			
			SUB-SAHARAN AFRICA	PROGRAM FOR PROMOTING ORGANIC SESAME FARMING IN KORO	23,659.	WIRE TRANSFER	0.			



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	LEVERAGING ECONOMIC DEVELOPMENT PARTNERHIPS TO CONTROL MALARIA	51,955	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	EMERGENCY RESPONSE TO FOOD CRISIS IN NIGER	643,370	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	EMERGENCY ASSISTANCE TO BENEFIT PEOPLE AFFECTED BY RETURNEES	30,000	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	IMPROVED SEEDS FOR SAHELIAN AGRICULTURAL GROWTH- PEANUTS	21,145	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	NAGAN RAYA HOUSING IMPROVEMENT	52,366	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	LHOKSEUMAWA CLEAN WATER AND SANITATION	41,350	WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	SAFE SCHOOLS AND EARLY WARNING SYSTEM FOR THE MUNICIPALITIES OF	60,000	WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	DESARROLLO DE LA MICRO-CUENCA DEL RIO WAMPU EN EL MUNICIPIO DE CULMI	44,500	WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	ORGANIZATIONAL CAPACITY STRENGTHENING IN FIVE COMMUNITIES	20,000	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	DALIT WOMEN EMPOWERMENT THROUGH SELF HELP GROUPS AND MICRO-ENTERPRISE	74,657	WIRE TRANSFER	0.		
		SOUTH AMERICA	FORMING A VOLUNTEER YOUTH EMERGENCY PREVENTION AND RESPONSE BRIGADE	25,355	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT FOR FAMILIES AFFECTED BY THE INTENSE RAINS IN NICARAGUA	13,405	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING WATER AND PRODUCTIVE SYSTEMS FOR CLIMATE CHANGE ADAPTATION	20,000	WIRE TRANSFER	0.		
		SOUTH AMERICA	BASELINE STUDY AND PROJECT FORMULATION FOR WATER HARVESTING PROJECT IN HUALGAYOC	36,055	WIRE TRANSFER	0.		
		SOUTH AMERICA	PSYCHO-SOCIAL ACCOMPANIMENT AND RECOVERY OF THE PRODUCTION FOR 35	20,000	WIRE TRANSFER	0.		
		SOUTH AMERICA	STRENGTHENING OF THE SOCIAL AND HUMAN RIGHTS ORGANIZATIONS IN COLOMBIA	8,364	WIRE TRANSFER	0.		
		SOUTH AMERICA	DISASTER RECOVERY FOR 80 FLOOD-AFFECTED FAMILIES	30,000	WIRE TRANSFER	0.		
		SOUTH AMERICA	STRENGTHENING AGENDA CARIBE'S CAPACITIES FOR THE DEFENSE OF LAND AND TERRITORY	35,000	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CREATING RURAL DEVELOPMENT OPPORTUNITIES THROUGH AGROBUSINESS	146,458	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	SHALLOT SECTOR CAPACITY BUILDING PROJECT	103,448	WIRE TRANSFER	0		
		SOUTH AMERICA	FOOD SECURITY AND PARTICIPATION AS A DEVELOPMENT OPTION	39,377	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	UPSCALING BARANGAY AND MARKETING DEVELOPMENT	10,731	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	FLASH FLOOD EMERGENCY RESPONSE IN THE PHILIPPINES	138,304	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	INCREASING LIVELIHOOD INCOME OF ABACA FARMERS	78,715	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	IMPROVING LUTHERAN RESPONSE TO HIV/AIDS AND MALARIA IN KENYA	25,309	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	ECONOMIC EMPOWERMENT THROUGH PRODUCTION AND FINANCIAL INSTITUTIONS	40,845	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	IMPROVING MAIZE YIELD AND RETURNS FROM COLLECTIVE MARKETING	17,385	WIRE TRANSFER	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ECONOMIC EMPOWERMENT THROUGH IMPROVED HONEY PRODUCTION AND MARKETING	7,565.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ENGAGING COMMUNITIES IN BUILDING A SUSTAINABLE & PEACEFUL ENVIRONMENT	95,972.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	LIVELIHOOD SUPPORT PROJECT IN FADORO AND BINAKA VILLAGE, NIAS DISTRICT	86,763.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COMBATING COMMUNITY VULNERABILITY TO THE CYCLE OF DROUGHT AND FLOODING IN DODOMA	61,741.	WIRE TRANSFER	0.		
		SOUTH ASIA	IMPROVED FOOD SECURITY OF VULNERABLE WOMEN AND YOUNG PEOPLE	99,544.	WIRE TRANSFER	0.		
		EUROPE	LWF/WS "A" BUDGET KAKUMA REFUGEE CAMP CARE AND MAINTENANCE ASSISTANCE PROJECT 2011	115,000.	WIRE TRANSFER	0.		
		EUROPE	EMERGENCY SUPPORT FOR SOMALI REFUGEES AT DADAAB CAMPS IN KENYA	242,511.	WIRE TRANSFER	0.		
		EUROPE	MOBILIZATION OF RESOURCES IN FAVOR OF THE VICTIMS OF THE CENTRAL AMERICA AND THE CARIBBEAN STORM TOMAS IN HAITI	250,000.	WIRE TRANSFER	0.		
				25,000.	WIRE TRANSFER	0.		

Page 2

13-2374503

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				LWF VOCATIONAL TRAINING PROGRAM (VTP) / VTCR	80,000	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	KAKUMA REFUGEE CAMP CARE & MAINTENANCE ASSISTANCE PROJECT 2010	230,456	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	SOMALI REFUGEE ASSISTANCE IN KENYA-FY11 DADAAB	292,680	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	SOMALI REFUGEE ASSISTANCE IN KENYA	44,772	WIRE TRANSFER	0.		
			EUROPE	RESPONSE TO FLOOD AFFECTED PEOPLE IN PAKISTAN	60,000	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	RAPID RESPONSE TO HUNGER AND LACK OF RESILIENCY IN KENYA	121,288	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	INCREASED SMALLHOLDER FARMERS' FOOD SECURITY IN DODOMA REGION	41,742	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	ENGAGING COMMUNITIES IN BUILDING A SUSTAINABLE & PEACEFUL ENVIRONMENT	96,468	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	COMBATING COMMUNITY VULNERABILITY TO THE CYCLE OF DROUGHT AND FLOODING IN DODOMA	50,335	WIRE TRANSFER	0.		

## LUTHERAN WORLD RELIEF

13-2574963

## Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EMPOWERMENT OF COMMUNITIES IN DODOMA	27,651.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STRENGTHENING THE CULTURAL MANAGEMENT CAPACITY OF UMAYAMNON TRIBE	17,261.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PRODUCTIVITY ENHANCEMENT FOR COMMUNITY EMPOWERMENT	40,486.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	FLASH FLOOD EMERGENCY RESPONSE IN THE PHILIPPINES	70,973.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	REVIVE (REDUCED VULNERABILITY BY INTRODUCING VIABLE ECONOMIES)	46,264.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STRENGTHENING DIVERSIFIED ORGANIC COFFEE PRODUCTION THROUGH RISK	70,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	MISSING VOICES: BUILDING PEACE THROUGH COLLECTIVE MEMORY	94,349.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COMBATING COMMUNITY VULNERABILITY TO THE CYCLE OF DROUGHT AND FLOODING IN DODOMA	38,435.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEVELOPMENT OF COMMERCIAL CROPS IN THE CAJAPAN WATERSHED	50,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	RAPID RESPONSE TO HUNGER AND LACK OF RESILIENCY IN KENYA	102,790.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	IMPROVED SEEDS FOR SAHELIAN AGRICULTURAL GROWTH - SESAME	50,225.	WIRE TRANSFER	0.		
			SOUTH AMERICA	SUSTAINABLE FOOD DIVERSIFICATION IN 11 COMMUNITIES	10,000.	WIRE TRANSFER	0.		
			SOUTH ASIA	COMMUNITY BASED DISASTER RISK MANAGEMENT IN NEPAL	44,537.	WIRE TRANSFER	0.		
			SOUTH AMERICA	INTER-AGENCY DIALOGUE (DIAL) MEMBERSHIP FOR 2011	10,000.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	YOUTH ENTREPRENEURSHIP EMPOWERMENT IN SIMEULEU ISLAND	6,533.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	ENHANCE YOUTH ENTREPRENEURSHIP EMPOWERMENT IN SIMEULEU ISLAND	62,692.	WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	REBUILDING HAITI'S FUTURE AFTER THE EARTHQUAKE	225,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	SUSTAINABLE IMPROVEMENT OF LIVING CONDITIONS BY INCREASING LIVESTOCK	77,496.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	CONFRONTING CLIMATE CHANGE THROUGH RENEWABLE INITIATIVES	133,751	WIRE TRANSFER	0.		
			SOUTH ASIA	FOOD SECURITY FOR TRIBALS AND DALITS IN BIHAR	137,414	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	ENHANCING SUSTAINABLE MECHANISMS IN HIV/AIDS MITIGATION	31,471	WIRE TRANSFER	0.		
			SOUTH AMERICA	MANAGEMENT OF WATER AND NATURAL RESOURCES IN THE SAN JUAN RIVER WATERSHED	5,306	WIRE TRANSFER	0.		
			SOUTH AMERICA	COOPERATION AND GOOD GOVERNANCE FOR WATER RESOURCE MANAGEMENT	40,000	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	INSTITUTIONAL CAPACITY STRENGTHENING OF FARMERS	34,776	WIRE TRANSFER	0.		
			SOUTH AMERICA	STRENGTHENING THE PRODUCTION OF 73 RESETTLED FAMILIES	29,998	WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN (PHASE II)	OUR DAILY BREAD	20,000	WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CREATE RURAL DEVELOPMENT OPPORTUNITIES THROUGH AGROBUSINESS	104,118	WIRE TRANSFER	0.		



## Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	IMPROVED LIVELIHOODS OF MAIZE FARMERS THROUGH THE VALUE CHAIN	116,320	WIRE TRANSFER	0		
		SOUTH ASIA	UPLIFTING ECONOMY OF FARMERS IN 5 DIVISIONS OF AMPARA DISTRICT	27,583	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	ECONOMIC EMPOWERMENT OF COMMUNITIES THROUGH HORTICULTURAL PRODUCTION	29,933	WIRE TRANSFER	0		
		SOUTH AMERICA	EXERCISING FULL CITIZENSHIP FOR THE INDIGENOUS POPULATIONS	70,000	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	ENHANCING THE VALUE OF SHEA BUTTER IN SEGOU REGION	14,481	WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING THE COCOA VALUE CHAIN IN 14 COMMUNITIES	47,636	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	CONTRIBUTING TO INCREASED SMALLHOLDER FARMERS' FOOD SECURITY	27,874	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	ECONOMIC EMPOWERMENT THROUGH PRODUCTION AND FINANCIAL INSTITUTIONS	36,802	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	CONTRIBUTION TO IMPROVED LIVELIHOODS OF 10,000 COFFEE FARMERS	90,582	WIRE TRANSFER	0		

## Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LEVERAGING ECONOMIC DEVELOPMENT PARTNERSHIPS TO CONTROL MALARIA	37,504.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SHALLOT VALORIZATION AND CAPACITY BUILDING PROJECT	14,491.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SHALLOT SECTOR CAPACITY BUILDING PROJECT	9,098.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HYDROELECTRIC POWER SYSTEM IN LAJA HAMLET, NORTH SUMATRA ISLAND	35,189.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CONSTRUCTION OF WATER DAM FOR IMPROVED LIVELIHOODS FOR FARMERS	83,482.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	FARMERS EMPOWERMENT PROGRAM FOR FAMILY INCOME IMPROVEMENT	80,601.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	MAINSTREAMING OF DISASTER RISK MANAGEMENT IN 5 VILLAGES IN NIAS	173,057.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	INCREASING FOOD SECURITY THROUGH SUSTAINABLE AGROFORESTRY	103,063.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	INCREASING COASTAL RESILIENCY & CLIMATE MITIGATION	72,762.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	QUILTS AND KITS FOR VULNERABLE POPULATIONS IN JORDAN	0.		439,200.	QUILTS AND KITS	FMV
		SUB-SAHARAN AFRICA	QUILTS AND KITS FOR VULNERABLE COMMUNITIES IN NIGER	0.		798,252.	QUILTS AND KITS	FMV
		SOUTH AMERICA	QUILTS AND KITS FOR VULNERABLE RURAL COMMUNITIES IN PERU	0.		793,500.	QUILTS AND KITS	FMV
		SOUTH ASIA	QUILTS FOR VULNERABLE POPULATIONS IN INDIA	0.		645,120.	QUILTS	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	QUILTS AND HEALTH KITS FOR VULNERABLE POPULATIONS IN AZERBAIJAN	0.		202,320.	QUILTS AND HEALTH KITS	FMV
		SUB-SAHARAN AFRICA	QUILTS AND KITS FOR VULNERABLE COMMUNITIES IN TANZANIA	0.		374,520.	QUILTS AND KITS	FMV
		SUB-SAHARAN AFRICA	QUILTS AND KITS FOR RURAL COMMUNITIES IN SIERRA LEONE	0.		105,940.	QUILTS AND KITS	FMV
		SUB-SAHARAN AFRICA	QUILTS AND KITS FOR VULNERABLE POPULATIONS IN MALI	0.		829,680.	QUILTS AND KITS	FMV
		SUB-SAHARAN AFRICA	QUILTS AND KITS FOR DISPLACED PERSONS IN CHAD	0.		360,000.	QUILTS AND KITS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	QUILTS AND KITS FOR VULNERABLE POPULATIONS IN MAURITANIA	0.		776,575	QUILTS AND KITS	FMV
			RUSSIA AND THE NEWLY INDEPENDENT STATES	LAYETTES FOR DISPLACED MOTHERS IN GEORGIA	0.		288,000	LAYETTES	FMV
			SUB-SAHARAN AFRICA	QUILTS AND KITS FOR VULNERABLE CHILDREN AT THE MT. BARCLAY SCHOOL IN LIBERIA	0.		209,100	QUILTS AND KITS	FMV
			SUB-SAHARAN AFRICA	SCHOOL KITS FOR CHILDREN IN ORPHANAGES IN DJIBOUTI	0.		201,600	SCHOOL KITS	FMV
			EAST ASIA AND THE PACIFIC	QUILTS AND LAYETTES FOR REFUGEES IN THAILAND	0.		1209180	QUILTS AND LAYETTES	FMV
			RUSSIA AND THE NEWLY INDEPENDENT STATES	MATERIAL RESOURCES FOR REFUGEES AND IDPS IN AZERBAIJAN	0.		956,485	MATERIAL RESOURCES	FMV
			RUSSIA AND THE NEWLY INDEPENDENT STATES	QUILTS FOR VULNERABLE COMMUNITIES IN AZERBAIJAN	0.		198,000	QUILTS	FMV
			SUB-SAHARAN AFRICA	MATERIAL RESOURCES FOR REFUGEES IN BOTSWANA	0.		406,620	MATERIAL RESOURCES	FMV
			EAST ASIA AND THE PACIFIC	QUILTS AND KITS PROVIDED TO SURVIVORS OF FLASH FLOODS IN SURIGAO DEL SUR	0.		139,486	QUILTS AND KITS	FMV



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. Part III can be duplicated if additional space is needed.

[illegible]

**Part IV** Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2010

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: LWR PARTNER ORGANIZATIONS (GRANTEES) ARE PROVIDED TECHNICAL MANAGEMENT AND CAPACITY BUILDING SUPPORT BY LWR STAFF THROUGHOUT THE LIFE CYCLE OF THE GRANT. IN-COUNTRY STAFF TEAMS WORK CLOSELY WITH PARTNERS FROM THE BEGINNING PHASES OF PROJECT DEVELOPMENT THROUGH PROJECT COMPLETION; MONITORING IS DONE THROUGH A COMBINATION OF VERBAL AND SCHEDULED WRITTEN FINANCIAL AND PROGRAMMATIC REPORTS, AS WELL AS ON-SITE MONITORING VISITS DURING THE PROJECT FOR THE PURPOSES OF TECHNICAL SUPPORT AND VERIFICATION OF PROJECT ACTIVITIES. ON-SITE MONITORING VISITS ARE ALSO CONDUCTED BY US-BASED FINANCE AND PROGRAM STAFF. QUARTERLY FINANCIAL AND NARRATIVE REPORTS ARE REQUIRED FROM PARTNERS AND USED TO REVIEW AND AUTHORIZE FINANCIAL TRANSFERS, AS ARE AUDITS AT THE CONCLUSION OF THE PROJECT. THESE REPORTS ARE REVIEWED AND EVALUATED BY STAFF IN-COUNTRY AS WELL AS HEADQUARTERS STAFF.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: - SMALL FARMERS' ACCESS TO LAND AND LOCAL, REGIONAL AND INTERNATIONAL MARKETS

- AGRO-ECOLOGICAL PRODUCTION METHODS

- DISASTER PREVENTION

- COLLABORATION WITH MUNICIPAL GOVERNMENTS

- PROMOTION OF PEACE AND CONFLICT RESOLUTION

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: - RIGHTS BASED WORK: (SOCIAL, ECONOMIC, CULTURAL AND POLITICAL; FIGHTING INJUSTICE, INEQUALITY AND DISCRIMINATION)



**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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

- FOOD AND WATER SECURITY (INCORPORATING LANDWATER ACCESS, TRADE, ENVIRONMENTAL ISSUES AND NATURAL RESOURCE MANAGEMENT)

- CONFLICT MANAGEMENT AND RESOLUTION (INCLUDING PEACE BUILDING AND RECONCILIATION, REDUCING VIOLENCE AND TRAUMA COUNSELING)

- VULNERABILITY REDUCTION AND CAPACITY STRENGTHENING (FOR MARGINALIZED AND FOR THOSE AFFECTED BY EMERGENCIES OR LIVING IN CRISIS ZONES)

- REHABILITATION AND RECONSTRUCTION FOR COMMUNITIES IN HIGH-RISK AREAS

- HEALTH (COMMUNITY AND REPRODUCTIVE HEALTH, HIV)

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: - RIGHTS BASED WORK: (SOCIAL, ECONOMIC, CULTURAL AND POLITICAL; FIGHTING INJUSTICE, INEQUALITY AND DISCRIMINATION)

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

- FOOD AND WATER SECURITY (INCORPORATING LANDWATER ACCESS, TRADE, ENVIRONMENTAL ISSUES AND NATURAL RESOURCE MANAGEMENT)

- CONFLICT MANAGEMENT AND RESOLUTION (INCLUDING PEACE BUILDING AND RECONCILIATION, REDUCING VIOLENCE AND TRAUMA COUNSELING)

- VULNERABILITY REDUCTION AND CAPACITY STRENGTHENING (FOR MARGINALIZED AND FOR THOSE AFFECTED BY EMERGENCIES OR LIVING IN CRISIS ZONES)

- REHABILITATION AND RECONSTRUCTION FOR COMMUNITIES IN HIGH-RISK AREAS

- HEALTH (COMMUNITY AND REPRODUCTIVE HEALTH, HIV)

REGION: SUB-SAHARAN AFRICA

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable  
Also complete this part to provide any additional information

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE AFRICA REGIONAL OFFICES  
HAVE IDENTIFIED THREE AREAS OF WORK THAT REFLECT LWR'S VALES AND  
EXPERTISE AND RESPOND TO SIGNIFICANT HUMAN NEED:

- HIV/AIDS PREVENTION (WHICH INCLUDES BEHAVIOR CHANGE COMMUNICATION) AND  
STRENGTHENING COMMUNITY CAPACITY TO SUPPORT PEOPLE LIVING WITH HIV/AIDS  
AND THOSE AFFECTED BY IT.

- FOOD SECURITY FROM BOTH FARM-BASED AND OFF-FARM ACTIVITIES

- EMPOWERMENT OF COMMUNITIES AND SOCIAL EQUALITY FOR ALL, PARTICULARLY  
WOMEN

REGION: RUSSIA AND THE NEWLY INDEPENDENT STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: DISTRIBUTION OF IN-KIND  
MATERIAL RESOURCES INCLUDING QUILTS, HEALTH KITS, LAYETTES, SCHOOL KITS,  
AND SEWING KITS FOR POST-DISASTER RELIEF AS WELL AS LONG-TERM DEVELOPMENT

REGION: NORTH AFRICA AND MIDDLE EAST

(E) SPECIFIC TYPES OF SERVICES IN REGION: DISTRIBUTION OF IN-KIND  
MATERIAL RESOURCES INCLUDING QUILTS, HEALTH KITS, LAYETTES, SCHOOL KITS,  
AND SEWING KITS FOR POST-DISASTER RELIEF AS WELL AS LONG-TERM DEVELOPMENT

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: - SMALL FARMERS' ACCESS TO LAND  
AND LOCAL, REGIONAL AND INTERNATIONAL MARKETS

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable.  
Also complete this part to provide any additional information.

- AGRO-ECOLOGICAL PRODUCTION METHODS
- DISASTER PREVENTION
- COLLABORATION WITH MUNICIPAL GOVERNMENTS
- PROMOTION OF PEACE AND CONFLICT RESOLUTION

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No 1545-0047

**2010**

Open To Public  
Inspection

Name of the organization

**LUTHERAN WORLD RELIEF**

Employer identification number

**13-2574963**

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MEYER PARTNERS - 1701 EAST WOODFIELD RD, SUITE 425, ARIA COMMUNICATIONS - 717 WEST ST, GERMAIN STREET, ST. COMMUNITY COUNSELING SERVICE - 461 FIFTH AVENUE, NEW YORK	MAIL SOLICITATIONS		X	1,865,534.	86,700.	1,778,834.
	PHONE SOLICITATIONS		X	72,418.	11,668.	60,750.
	FUNDRAISING COUNSEL		X	0.	84,875.	<84,875.>
<b>Total</b>				1,937,952.	183,243.	1,754,709.

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

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

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

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

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

## 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

## 17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:(I) NAME OF FUNDRAISER: MEYER PARTNERS(I) ADDRESS OF FUNDRAISER:1701 EAST WOODFIELD RD, SUITE 425, SCHAUMBURG, IL 60173(I) NAME OF FUNDRAISER: ARIA COMMUNICATIONS(I) ADDRESS OF FUNDRAISER:717 WEST ST. GERMAIN STREET, ST. CLOUD, MN 56301

**Part IV** Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE

(I) ADDRESS OF FUNDRAISER: 461 FIFTH AVENUE, NEW YORK, NY 10017

**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

**2010**

Open to Public  
Inspection

Name of the organization

**LUTHERAN WORLD RELIEF**

Employer identification number  
**13-2574963**

**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. Part II can be duplicated if additional space is needed ► ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD NEIGHBORS 4127 NW 122ND STREET OKLAHOMA CITY, OK 73120	73-0707328	501(C)(3)	268,100.	0.			ACCOMPANYING COMMUNITY-BASED DEVELOPMENT IN POST-EARTHQUAKE HAITI
EVANGELICAL LUTHERAN CHURCH IN AMERICA - 8765 W. HIGGINS RD. - CHICAGO, IL 60631	41-1568278	501(C)(3)	75,000.	0.			JAPAN EARTHQUAKE AND TSUNAMI DISASTER - LUTHERAN EMERGENCY RESPONSE
WORLD NEIGHBORS 4127 NW 122ND STREET OKLAHOMA CITY, OK 73120	73-0707328	501(C)(3)	18,257.	0.			REACTIVATING LIVELIHOODS AND REDUCING RISK IN RURAL COMMUNITIES
IMA WORLDHEALTH 500 MAIN STREET, P.O. BOX 429 NEW WINDSOR, MD 21776	52-2112460	501(C)(3)	64,989.	0.			IMA CHOLERA EMERGENCY RESPONSE
LUTHERAN CHURCH - MISSOURI SYNOD 1333 S. KIRKWOOD RD ST. LOUIS, MO 63122	43-0658188	501(C)(3)	562,074.	0.			LUTHERAN MALARIA INITIATIVE
LUTHERAN CHURCH - MISSOURI SYNOD 1333 S. KIRKWOOD RD ST. LOUIS, MO 63122	43-0658188	501(C)(3)	75,000.	0.			JAPAN EARTHQUAKE AND TSUNAMI DISASTER - LUTHERAN EMERGENCY RESPONSE

- 2 Enter total number of section 501(c)(3) and government organizations 9.
- 3 Enter total number of other organizations 0.

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

Schedule I (Form 990) (2010)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS



Schedule I (Form 990) **LUTHERAN WORLD RELIEF**

13-2574963 Page 1

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED METHODIST COMMITTEE ON RELIEF - 475 RIVERSIDE DRIVE, ROOM 1374 - NEW YORK, NY 10115	13-5562279	501(C)(3)	30,000.	0.			UNCOR SRI LANKA EMERGENCY FLOOD RELIEF PROGRAM
UNITED METHODIST COMMITTEE ON RELIEF - 475 RIVERSIDE DRIVE, ROOM 1374 - NEW YORK, NY 10115	13-5562279	501(C)(3)	392,157.	0.			SUSTAINABLE LIVELIHOOD DEVELOPMENT PROGRAM
UNITED NATIONS FOUNDATION 1800 MASSACHUSETTS AVE, NW, SUITE 4 WASHINGTON, DC 20036	58-2368165	501(C)(3)	236,180.	0.			PAYMENTS TO GLOBAL FUND & LCMS
HOPE FOR ANGOLA 920 EAST JERSEY STREET ELIZABETH, NJ 07201	65-1318358	501(C)(3)	0.	385,920.FMV		QUILTS & KITS	QUILTS & KITS FOR IDPS IN TRANSITION CAMPS ON THE ANGLOA/DRC BORDER.
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES - 110 WEST ROAD, SUITE 360 - BALTIMORE, MD 21204	25-1679348	501(C)(3)	0.	23,040.FMV		QUILTS, SCHOOL KITS AND KITS AND TOOTHPASTE	QUILTS, SCHOOL KITS AND TOOTHPASTE FOR SURVIVORS OF ALABAMA TORNADOES
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES - 110 WEST ROAD, SUITE 360 - BALTIMORE, MD 21204	25-1679348	501(C)(3)	0.	152,425.FMV		HEALTH KITS	HEALTH KITS FOR IRAQI REFUGEES AND HOST FAMILIES IN SYRIA
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES - 110 WEST ROAD, SUITE 360 - BALTIMORE, MD 21204	25-1679348	501(C)(3)	0.	128,975.FMV		HEALTH KITS	HEALTH KITS FOR VULNERABLE COMMUNITIES IN SERBIA
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES - 110 WEST ROAD, SUITE 360 - BALTIMORE, MD 21204	25-1679348	501(C)(3)	0.	201,600.FMV		SCHOOL KITS	SCHOOL KITS FOR DISADVANTAGED STUDENTS IN ROMANIA
INTERNATIONAL RELIEF AND DEVELOPMENT - 1601 N. KENT STREET, SUITE 100 - ARLINGTON, VA 22209	54-1889077	501(C)(3)	0.	88,200.FMV		HEALTH KITS	HEALTH KITS FOR VULNERABLE MOUNTAIN POPULATIONS IN NEPAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL RELIEF AND DEVELOPMENT - 1601 N. KENT STREET, SUITE 100 - ARLINGTON, VA 22209	54-1889077	501(C)(3)	0.	206,040.FMV		QUILTS AND LAYETTES FOR VULNERABLE POPULATIONS IN ARMENIA	QUILTS AND LAYETTES FOR VULNERABLE POPULATIONS IN ARMENIA
INTERNATIONAL RELIEF AND DEVELOPMENT - 1601 N. KENT STREET, SUITE 100 - ARLINGTON, VA 22209	54-1889077	501(C)(3)	0.	201,940.FMV		SCHOOL AND HEALTH KITS	SCHOOL AND HEALTH KITS FOR RURAL POPULATIONS IN CAMBODIA
INTERNATIONAL RELIEF AND DEVELOPMENT - 1601 N. KENT STREET, SUITE 100 - ARLINGTON, VA 22209	54-1889077	501(C)(3)	0.	204,470.FMV		QUILTS & KITS	QUILTS & KITS FOR IRAQI REFUGEES IN JORDAN
INTERNATIONAL RELIEF AND DEVELOPMENT - 1601 N. KENT STREET, SUITE 100 - ARLINGTON, VA 22209	54-1889077	501(C)(3)	0.	55,800.FMV		LAYETTES	LAYETTES FOR SOMALI REFUGEE WOMEN IN YEMEN
INTERNATIONAL RELIEF AND DEVELOPMENT - 1601 N. KENT STREET, SUITE 100 - ARLINGTON, VA 22209	54-1889077	501(C)(3)	0.	214,200.FMV		SCHOOL KITS	SCHOOL KITS FOR CHILDREN IN LAOS
INTERNATIONAL RELIEF AND DEVELOPMENT - 1601 N. KENT STREET, SUITE 100 - ARLINGTON, VA 22209	54-1889077	501(C)(3)	0.	288,000.FMV		LAYETTES	LAYETTES FOR VULNERABLE WOMEN IN MAURITANIA

LHA

Schedule I (Form 990)

(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

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

PART II, LINE 1, COLUMN (H):  
NAME OF ORGANIZATION OR GOVERNMENT:  
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES  
(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH KITS FOR VULNERABLE COMMUNITIES IN SERBIA  
HEALTH KITS FOR VULNERABLE COMMUNITIES IN SERBIA  
HEALTH KITS FOR VULNERABLE COMMUNITIES IN SERBIA  
HEALTH KITS FOR VULNERABLE COMMUNITIES IN SERBIA  
62  
032102 01-13-11  
Schedule I (Form 990) (2010)

**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, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**LUTHERAN WORLD RELIEF**

Employer identification number

**13-2574963**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate 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.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account </div> <div> <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b> X	
<p><b>2</b> 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?</p>	<b>2</b> X	
<p><b>3</b> 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.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	X
	<b>4b</b>	X
	<b>4c</b>	X
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	X
	<b>5b</b>	X
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	X
	<b>6b</b>	X
<p><b>7</b> 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</p>	<b>7</b>	X
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	X
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>	

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

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported 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				
1 JOHN ARTHUR NUNES	(i) 114,721.	0.	0.	17,288.	89,162.	221,171.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 JEFFERY S. WHISENANT	(i) 150,489.	0.	0.	13,799.	6,771.	171,059.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 MICHAEL C. MEENAN	(i) 140,112.	0.	0.	13,068.	19,162.	172,342.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 LISA BAUMGARTNER-BONDS	(i) 138,488.	0.	0.	12,673.	13,451.	164,612.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 TIMOTHY MCCULLY	(i) 119,604.	0.	0.	10,974.	19,462.	150,040.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III** Supplemental Information

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

PART I, LINE 1A: PART I, 1A - TRAVEL FOR COMPANIONS: DURING THE YEAR,

THE ORGANIZATION INCURRED EXPENSES ASSOCIATED WITH TRAVEL OF THE

PRESIDENT'S SPOUSE, WHO ACCOMPANIED HIM ON BUSINESS TRAVEL. ALL SPOUSAL

TRAVEL EXPENSES PAID BY THE ORGANIZATION ARE REVIEWED BY A COMMITTEE OF THE

BOARD OF DIRECTORS REGULARLY.

PART I, 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: DURING THE

YEAR, THE ORGANIZATION PROVIDED A CLERGY HOUSING ALLOWANCE TO THE

PRESIDENT, AN ORDAINED MINISTER. THIS ALLOWANCE IS APPROVED ANNUALLY BY THE

BOARD OF DIRECTORS.

THE ESTIMATED AMOUNT OF OTHER COMPENSATION FROM THE

ORGANIZATION AND RELATED ORGANIZATIONS IN THE AMOUNT OF \$106,450 FOR REV.

JOHN ARTHUR NUNES INCLUDES A HOUSING ALLOWANCE OF \$70,000.

**SCHEDULE K**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

- ▶ Complete if the organization answered "yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**LUTHERAN WORLD RELIEF**

Employer identification number  
**13-2574963**

**SEE PART V FOR COLUMN (F) CONTINUATIONS**

Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeated			(h) On behalf of issuer			(i) Pooled financing		
							Yes	No	Yes	No	Yes	No	Yes	No	No
	MARYLAND ECONOMIC A DEVELOPMENT CORPORATION	52-137656257420N-AV		07/26/07	5,942,546.00	ADVANCE REFUNDING OF SERIES 2000 R						X			X
B															
C															
D															

**Part II Proceeds**

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

**Part III Private Business Use**

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?	X							
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?	X							
6 Did the bond issue qualify for an exception to rebate?	X							

**Part V Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: **MARYLAND ECONOMIC DEVELOPMENT CORPORATION**

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



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**LUTHERAN WORLD RELIEF**

Employer identification number

**13-2574963**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	31	161,224.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( MATERIAL AID )	X	0	14,565,125.	FAIR MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public  
Inspection

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number  
13-2574963

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

OTHER PROGRAM SERVICES INCLUDE THE FOLLOWING:

CLIMATE CHANGE: LUTHERAN WORLD RELIEF HELPS RURAL COMMUNITIES ADAPT TO  
THE DETRIMENTAL EFFECTS OF CHANGING WEATHER PATTERNS BY FOCUSING ON  
AGRICULTURAL TECHNIQUES THAT MAKE THE BEST USE OF THE LAND AND WATER  
RESOURCES AVAILABLE. LWR IS ALSO INCREASINGLY INCORPORATING MITIGATION  
ACTIVITIES LIKE REFORESTATION AND ALTERNATIVE ENERGY TECHNOLOGIES INTO  
ITS CLIMATE WORK.

WATER: LWR WORKS WITH LOCAL PARTNERS TO IMPROVE RURAL COMMUNITIES'  
ACCESS TO WATER, DIGGING WELLS AND DRILLING BOREHOLES, BUILDING AND  
RESTORING IRRIGATION SYSTEMS, PROVIDING CLEAN DRINKING WATER DURING  
EMERGENCIES, AND TRAINING COMMUNITIES ON SANITATION PRACTICES AND WATER  
MANAGEMENT.

CIVIC PARTICIPATION AND GOVERNMENT ACCOUNTABILITY: GROUNDED IN THE  
BELIEF THAT THE ONLY LASTING WAY TO ERADICATE POVERTY AND INJUSTICE IS  
FOR IMPOVERISHED COMMUNITIES TO EXERCISE THEIR RIGHTS, LWR EDUCATES  
AND EMPOWERS MARGINALIZED PEOPLE TO RAISE THEIR VOICES, ADVOCATE WITH  
THEIR GOVERNMENTS, AND PARTICIPATE IN THE DECISION MAKING PROCESSES  
THAT AFFECT THEIR LIVES.

CONSTITUENT ENGAGEMENT: IN THE US, LWR WORKS WITH LUTHERAN  
CONGREGATIONS AND INDIVIDUALS TO PUT FAITH INTO ACTION BY HELPING  
NEIGHBORS IN NEED. SOME AVENUES FOR INVOLVEMENT INCLUDE MAKING QUILTS

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

AND KITS FOR OVERSEAS DISTRIBUTION; BUYING AND SELLING FAIR TRADE

COFFEE, CHOCOLATE AND HANDCRAFTS; AND EDUCATING OTHERS TO RAISE

AWARENESS ABOUT ISSUES LIKE HUNGER OR MALARIA.

EXPENSES \$ 6,432,929. INCLUDING GRANTS OF \$ 3,279,329. REVENUE \$ 0.

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

NICARAGUA, PERU, COLOMBIA, BOLIVIA,

BURKINA FASO, MALI, NIGER, KENYA,

UGANDA, TANZANIA, INDIA, SRI LANKA,

PHILIPPINES, INDONESIA

FORM 990, PART VI, SECTION B, LINE 11: THE PROCESS FOR BOARD REVIEW OF THE ANNUAL FORM 990 IS OUTLINED IN LWR'S BOARD POLICY AS FOLLOWS: EACH YEAR, PRIOR TO THE SUBMISSION OF LWR'S FORM 990 TO THE INTERNAL REVENUE SERVICE, EACH BOARD MEMBER SHALL BE PROVIDED WITH A COPY OF THE FINAL FORM 990 AS COMPLETED BY THE ORGANIZATION'S CERTIFIED PUBLIC ACCOUNTANTS. BOARD MEMBERS SHALL BE PROVIDED WITH AT LEAST FIVE BUSINESS DAYS TO REVIEW THE FORM AND SHOULD HAVE AN OPPORTUNITY TO RAISE QUESTIONS, MAKE SUGGESTIONS, AND ADDRESS ANY POTENTIAL PROBLEMS OR CONCERNS WITH THE CHAIR OF THE AUDIT AND INVESTMENT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: LWR'S BOARD POLICY (APPLICABLE TO BOARD OF DIRECTORS) AND PERSONNEL POLICY (APPLICABLE TO ALL EMPLOYEES) DEFINE ACTUAL AND PERCEIVED CONFLICTS OF INTEREST AND REQUIRE ALL DIRECTORS, CORPORATE OFFICERS, AND EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A: DETERMINATION OF PRESIDENT'S

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

COMPENSATION: AN INDEPENDENT COMPENSATION CONSULTANT PERFORMS AN ANALYSIS ANNUALLY USING INDEPENDENT RESEARCH WHICH CONSIDERS THE ORGANIZATION'S CURRENT BUDGET, THE CURRENT SALARY OF THE PRESIDENT, AND THE NUMBER OF YEARS THE PRESIDENT HAS SERVED IN THAT POSITION. THE ANALYSIS IS BASED ON VARIOUS SALARY SURVEYS TO PROVIDE A SALARY RANGE COMPETITIVE WITH OTHER SIMILARLY SITUATED NONPROFITS IN THE GEOGRAPHICAL AREA. THE RESULTING FINDINGS ARE PROVIDED TO THE HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS, WHO REVIEWS THE FINDINGS AND MAKES A DETERMINATION REGARDING THE PRESIDENT'S COMPENSATION FOR THE COMING YEAR.

COMPENSATION OF ALL OTHER STAFF (INCLUDING OTHER OFFICERS): SALARY ADJUSTMENTS FOR ALL LWR STAFF ARE GUIDED BY A SALARY ADMINISTRATION POLICY DEVELOPED BY LWR. THE OBJECTIVE OF THIS POLICY IS TO ENSURE THAT SALARIES ARE COMMENSURATE WITH COMPARABLE ORGANIZATIONS IN THE COMPETITIVE LABOR MARKET AND THAT SALARY GRADES REFLECT THE RELATIVE INTERNAL RESPONSIBILITY, ACCOUNTABILITY AND KNOW-HOW OF ALL POSITIONS ACROSS THE ORGANIZATION. AN INTERNAL COMMITTEE EVALUATES EVERY JOB DESCRIPTION TO DETERMINE THE APPROPRIATE SALARY RANGE FOR ALL POSITIONS; SALARY RANGES ARE INTENDED TO REINFORCE CAREER GROWTH, CONSIDER MARKET VALUES, AND ARE MANAGED IN AN EQUITABLE MANNER CONSISTENT WITH ORGANIZATIONAL VALUES.

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

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

FORM 990, PART VI, SECTION C, LINE 19: AS REQUIRED BY LWR'S BOARD POLICY, THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC ANNUALLY ITS AUDITED FINANCIAL STATEMENTS, IRS FORM 990, A LIST OF CURRENT BOARD MEMBERS, AND

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

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ANY OTHER INFORMATION THAT MAY BE HELPFUL IN UNDERSTANDING THE ORGANIZATION'S PURPOSES, GOALS, ACTIVITIES AND RESULTS. THE ORGANIZATION'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE VIA LWR'S WEBSITE (WWW.LWR.ORG) AS WELL AS THROUGH VARIOUS CHARITY MONITORING WEBSITES. THE CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS, AND GOVERNANCE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -1,295,303.

FORM 990, PART XI, LINE 2C

THE PROCESS HAS NOT CHANGED FROM LAST YEAR. ACCORDING TO BOARD POLICY, THE AUDIT AND INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE TO:

(1) RECOMMEND INDEPENDENT AUDITORS TO THE BOARD.

(2) REVIEW THE ANNUAL AUDIT PLAN WITH THE INDEPENDENT AUDITORS.

(3) REVIEW THE ANNUAL FINANCIAL REPORT, RESULTS OF THE INDEPENDENT AUDIT AND INTERIM FINANCIAL INFORMATION.

(4) REVIEW THE INTERNAL ACCOUNTING CONTROLS.

(5) REPORT FINDINGS AND RECOMMENDATIONS TO THE BOARD ANNUALLY, OR MORE OFTEN AS MAY BE REQUIRED.

(6) REVIEW LWR INVESTMENT GUIDELINES, INCLUDING SOCIAL SCREEN CRITERIA.

(7) REVIEW ACTUAL INVESTMENT PERFORMANCE AND COMPARE INVESTMENT PERFORMANCE TO APPROPRIATE INDICATORS AND BENCHMARKS.

(8) REVIEW THE PERFORMANCE OF FINANCIAL ENTITIES THAT MANAGE AND/OR INVEST LWR FUNDS.

(9) REVIEW THE NATURE AND SCOPE OF NON-ATTESTATION MANAGEMENT SERVICES

Name of the organization

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PERFORMED BY LWR'S INDEPENDENT AUDIT FIRM.

FORM 990, SCHEDULE F, PART II, LINES 2 & 3

LUTHERAN WORLD RELIEF (LWR) PROVIDES FINANCIAL SUPPORT IN THE FORM OF GRANTS TO NONPROFIT ORGANIZATIONS, NON-GOVERNMENTAL ORGANIZATIONS (NGS), AND COMMUNITY-BASED ORGANIZATIONS AND OTHER GROUPS ORGANIZED FOR CHARITABLE PURPOSES. MANY OF THE ORGANIZATIONS WITH WHOM LWR WORKS ARE BASED OUTSIDE OF THE UNITED STATES AND, THEREFORE, ARE NOT SUBJECT TO THE US INTERNAL REVENUE SERVICE CODE. FUNDING DECISIONS ARE BASED ON ALIGNMENT OF A SUBRECIPIENT ORGANIZATION'S MISSION AND VALUES WITH THOSE OF LWR AS WELL AS THE ORGANIZATION'S CAPACITY TO EFFECTIVELY IMPLEMENT THE ACTIVITIES BEING FUNDED, RATHER THAN THE SUBRECIPIENT'S ORGANIZATIONAL STRUCTURE OR LOCAL DETERMINATION OF TAX-EXEMPT OR CHARITABLE STATUS. LWR CLOSELY MONITORS THE USE OF FUNDS GRANTED TO SUBRECIPIENTS TO ENSURE THAT THEY ARE USED FOR THE INTENDED TAX-EXEMPT PURPOSES.

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  
2010  
Open to Public  
Inspection

Name of the organization

LUTHERAN WORLD RELIEF

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LUTHERAN CENTER CORPORATION - 52-2055143 700 LIGHT STREET BALTIMORE, MD 21230-3850	MAINTAIN AND OPERATE THE LUTHERAN CENTER IN BALTIMORE, MARYLAND.	MARYLAND	501(C)(3)	11			X

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

Schedule R (Form 990) 2010

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	13-2514503	Page

[illegible]

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

[illegible]



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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

**Part VI**   **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

[illegible]

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

*(This area contains horizontal lines for supplemental information.)*