

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2011** calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LUTHERAN WORLD RELIEF Doing Business As		D Employer identification number 13-2574963
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (410) 230-2700
	700 LIGHT STREET		
	City or town, state or country, and ZIP + 4 BALTIMORE, MD 21230-3850		G Gross receipts \$ 87,009,875.
F Name and address of principal officer: REV. JOHN ARTHUR NUNES SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.LWR.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1945
M State of legal domicile: NY			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LWR WORKS WITH LUTHERANS & PARTNERS AROUND THE WORLD TO END POVERTY, INJUSTICE, & HUMAN SUFFERING.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	15
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	89
	6 Total number of volunteers (estimate if necessary)	18
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 42,356,121. Current Year: 38,465,167.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,239,800. 973,349.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,599. 63,940.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,632,520. 39,502,456.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,146,902. 9,322,827.
16a Professional fundraising fees (Part IX, column (A), line 11e)		408,181. 426,337.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,728,960.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,122,425. 6,420,647.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		41,549,143. 45,934,234.
19 Revenue less expenses. Subtract line 18 from line 12	2,083,377. -6,431,778.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 50,501,444. End of Year: 47,087,928.
	21 Total liabilities (Part X, line 26)	6,117,884. 7,119,178.
	22 Net assets or fund balances. Subtract line 21 from line 20	44,383,560. 39,968,750.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ MICHAEL MEENAN, VP FINANCE & ADMIN/TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JULIA FLANNERY, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00928918
	Firm's name ▶ MCGLADREY LLP	Firm's EIN ▶ 42-0714325		Phone no. 410-246-9300	
	Firm's address ▶ 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202				

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

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 23,481,049. including grants of \$ 20,136,493.) (Revenue \$) EMERGENCIES AND MATERIAL RESOURCES: LWR CREATES LASTING PARTNERSHIPS WITH LOCAL COMMUNITIES ALL OVER THE WORLD, AND IN DOING SO, HELPS VULNERABLE COMMUNITIES IDENTIFY RISKS FROM DISASTERS, BUILD RESPONSE CAPACITIES BEFORE THE ONSET OF EMERGENCIES, MEET IMMEDIATE NEEDS FOLLOWING AN EMERGENCY, AND MOVE TOWARD LONG-TERM RECOVERY AND ECONOMIC DEVELOPMENT. IN 2012, MORE THAN 720,000 PEOPLE AROUND THE WORLD RECEIVED QUILTS OR KITS FROM LWR AS PART OF OUR MATERIAL RESOURCES PROGRAM.

4b (Code:) (Expenses \$ 6,434,804. including grants of \$ 3,974,004.) (Revenue \$) AGRICULTURE: LWR FOCUSES ON INCREASING SMALL-SCALE FARMERS' CAPACITIES AND COMPETIVENESS AS THE MOST EFFECTIVE MEANS FOR ADDRESSING HOUSEHOLD, COMMUNITY, NATIONAL, AND GLOBAL POVERTY. SMALL-SCALE PRODUCERS FACE A RANGE OF CHALLENGES TO THEIR ECONOMIC ADVANCEMENT, INCLUDING LACK OF ACCESS TO INPUTS LIKE TOOLS AND SEEDS, LIMITED PARTICIPATION IN VALUE CHAINS, EXCLUSION FROM MARKETS, LIMITED CAPACITY FOR COLLECTIVE ACTION AND CHANGING CLIMATIC CONDITIONS.

4c (Code:) (Expenses \$ 4,604,403. including grants of \$ 2,427,813.) (Revenue \$) HEALTH AND LIVELIHOODS: ACROSS THE DEVELOPING WORLD, POVERTY FUELS SICKNESS, DISEASE AND MALNUTRITION BY FORCING PEOPLE TO LIVE IN UNHEALTHY ENVIRONMENTS, OFTEN WITHOUT ADEQUATE SHELTER, CLEAN WATER OR SUFFICIENT FOOD. LWR WORKS WITH PARTNERS IN RURAL AREAS AROUND THE WORLD TO ADDRESS PRESSING HEALTH CONCERNS THAT THREATEN COMMUNITIES AND CHOKE ECONOMIC DEVELOPMENT.

4d Other program services (Describe in Schedule O.) (Expenses \$ 6,365,768. including grants of \$ 3,226,113.) (Revenue \$)

4e Total program service expenses 40,886,024.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	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	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LAURA MORALES - (410) 230-2700**
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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV. RICHARD A. NELSON CHAIRPERSON	4.00	X		X				0.	0.	0.
(2) DR. GLORIA EDWARDS VICE-CHAIRPERSON	4.00	X		X				0.	0.	0.
(3) JONATHAN D. SCHULTZ SECRETARY	5.00	X		X				0.	0.	0.
(4) EMRIED COLE DIRECTOR	4.00	X						0.	0.	0.
(5) REV. JESSICA R. CRIST DIRECTOR	5.00	X						0.	0.	0.
(6) REV. DR. JON T. DIEFENTHALER DIRECTOR	3.00	X						0.	0.	0.
(7) DR. LOUISE P. EVENSON DIRECTOR	0.50	X						0.	0.	0.
(8) HONORABLE STEVE GUNDERSON DIRECTOR	4.00	X						0.	0.	0.
(9) REV. MATTHEW C. HARRISON DIRECTOR THROUGH JAN. 2012	3.00	X						0.	0.	0.
(10) JAYESH HINES-SHAH DIRECTOR	4.00	X						0.	0.	0.
(11) REV. DR. PHILIP D.W. KREY DIRECTOR	3.50	X						0.	0.	0.
(12) REV. DR. RAFAEL MALPICA-PADILLA DIRECTOR THROUGH JAN. 2012	3.00	X						0.	0.	0.
(13) EMMA GRAEBER PORTER DIRECTOR	5.00	X						0.	0.	0.
(14) LINDA K. REISER DIRECTOR	3.50	X						0.	0.	0.
(15) DR. TEIZAZU SUKESSA DIRECTOR	3.00	X						0.	0.	0.
(16) LISA WEBB SHARPE DIRECTOR	3.00	X						0.	0.	0.
(17) MYRNA SHEIE DIRECTOR THROUGH JAN. 2012	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KRISTIN YAKIMOW DIRECTOR	2.00	X					0.	0.	0.	
(19) JOHN ARTHUR NUNES PRESIDENT	40.00			X			117,753.	0.	108,642.	
(20) JEFFREY S. WHISENANT EXECUTIVE VICE PRESIDENT	40.00			X			156,229.	0.	21,678.	
(21) MICHAEL C. MEENAN TREASURER, VP FINANCE & ADMIN	40.00			X			145,459.	0.	34,263.	
(22) ANDREA GREISE ASSISTANT SECRETARY	40.00			X			40,881.	0.	16,185.	
(23) LISA BAUMGARTNER-BONDS VP EXTERNAL RELATIONS	40.00				X		156,882.	0.	27,610.	
(24) TIMOTHY MCCULLY VP INTERNATIONAL PROGRAMS	40.00					X	124,779.	0.	32,453.	
(25) MICHAEL WATT REGIONAL DIRECTOR, LATIN AMERICA	40.00					X	107,005.	0.	17,083.	
(26) EVARISTE KARANGWA REGIONAL DIRECTOR, AFRICA	40.00					X	105,179.	0.	30,513.	
1b Sub-total							954,167.	0.	288,427.	
c Total from continuation sheets to Part VII, Section A							203,962.	0.	45,309.	
d Total (add lines 1b and 1c)							1,158,129.	0.	333,736.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 9

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MIDWEST WAREHOUSE INC. 398 EAST RICHMOND ST., ST. PAUL, MN 55075	WAREHOUSE	439,033.
BRETHREN SERVICE CENTER, 500 MAIN ST, PO BOX 188, NEW WINDSOR, MD 21776	WAREHOUSE	429,340.
MEYER PARTNERS, LLC, 1701 E. WOODFIELD RD, SUITE 425, SCHAUMBURG, IL 60173	FUNDRAISER/PRINTER	411,967.
MTS TRAVEL, 124 E. MAIN STREET, 4TH FLOOR, EPHRATA, PA 17522	TRAVEL AGENT	322,143.
MCARDLE, 800 COMMERCE DRIVE, UPPER MARLBORO, MD 20774	PRINTER	303,108.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANNALISE ROMOSER REGIONAL COMMUNICATIONS OFFICER	40.00					X		102,502.	0.	17,812.
(28) JOANNE FAIRLEY REGIONAL DIRECTOR, ASIA & THE MIDDLE	40.00					X		101,460.	0.	27,497.
Total to Part VII, Section A, line 1c								203,962.		45,309.

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 722,631.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 2,553,364.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 35,189,172.					
	g Noncash contributions included in lines 1a-1f: \$	14,300,277.					
	h Total. Add lines 1a-1f	▶	38,465,167.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f		▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	735,953.			735,953.	
	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				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)	▶	237,396.			237,396.
	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	63,940.	63,940.				
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d	▶	63,940.				
12 Total revenue. See instructions.	▶	39,502,456.	63,940.	0.	973,349.		

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,560,383.	3,560,383.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	26,204,040.	26,204,040.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	822,992.	598,238.	120,708.	104,046.
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	6,162,560.	4,509,489.	825,298.	827,773.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	402,006.	303,068.	54,879.	44,059.
9 Other employee benefits	1,569,479.	1,183,214.	214,254.	172,011.
10 Payroll taxes	365,790.	275,765.	49,935.	40,090.
11 Fees for services (non-employees):				
a Management				
b Legal	80,864.		80,864.	
c Accounting	58,000.		58,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	426,337.			426,337.
f Investment management fees				
g Other	1,838,405.	1,367,338.	245,834.	225,233.
12 Advertising and promotion				
13 Office expenses	1,188,816.	657,938.	108,091.	422,787.
14 Information technology				
15 Royalties				
16 Occupancy	590,574.	454,972.	80,162.	55,440.
17 Travel	1,756,595.	1,398,673.	182,497.	175,425.
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	103,415.	88,160.	11,309.	3,946.
23 Insurance	71,602.	36,665.	34,937.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	312,381.	154,725.	114,869.	42,787.
b BANK AND MERCHANT FEES	268,166.		124,782.	143,384.
c MEMBERSHIP FEES	151,829.	93,356.	12,831.	45,642.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	45,934,234.	40,886,024.	2,319,250.	2,728,960.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,096,150.	1	622,004.	
	2 Savings and temporary cash investments	5,584,293.	2	4,469,749.	
	3 Pledges and grants receivable, net	2,069,843.	3	1,596,891.	
	4 Accounts receivable, net	1,284,285.	4	2,307,822.	
	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	6,281,356.	8	5,035,915.	
	9 Prepaid expenses and deferred charges		9	137,997.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,279,430.			
	b Less: accumulated depreciation	10b 910,498.	479,469.	10c 368,932.	
	11 Investments - publicly traded securities	27,558,010.	11	26,146,178.	
	12 Investments - other securities. See Part IV, line 11	727,925.	12	876,592.	
	13 Investments - program-related. See Part IV, line 11	3,538,216.	13	3,620,994.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,881,897.	15	1,904,854.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	50,501,444.	16	47,087,928.		
Liabilities	17 Accounts payable and accrued expenses	2,100,964.	17	3,314,489.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	2,601,579.	20	2,510,905.	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,415,341.	25	1,293,784.		
26 Total liabilities. Add lines 17 through 25	6,117,884.	26	7,119,178.		
Net Assets or Fund Balances	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	32,916,955.	27	31,087,459.	
	28 Temporarily restricted net assets	11,243,531.	28	8,633,284.	
	29 Permanently restricted net assets	223,074.	29	248,007.	
	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 Total net assets or fund balances	44,383,560.	33	39,968,750.		
34 Total liabilities and net assets/fund balances	50,501,444.	34	47,087,928.		

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	39,502,456.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,934,234.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,431,778.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,383,560.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,016,968.
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	39,968,750.

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	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization <p style="text-align:center">LUTHERAN WORLD RELIEF</p>	Employer identification number <p style="text-align:center">13-2574963</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches 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).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,608,010.	33,854,228.	40,852,835.	42,356,121.	38,465,167.	187,136,361.
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	31,608,010.	33,854,228.	40,852,835.	42,356,121.	38,465,167.	187,136,361.
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.						187,136,361.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	31,608,010.	33,854,228.	40,852,835.	42,356,121.	38,465,167.	187,136,361.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,547,611.	1,089,114.	811,776.	852,316.	735,953.	5,036,770.
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.)	36,723.	29,118.	40,031.	36,599.	63,940.	206,411.
11 Total support. Add lines 7 through 10						192,379,542.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	97.27	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	96.72	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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"/>

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2011

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization LUTHERAN WORLD RELIEF	Employer identification number 13-2574963
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,743,629.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,346,957.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 879,724.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,795,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,753,882.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 799,482.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ **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 35c (Proxy Tax), then

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

Name of organization <p style="text-align:center">LUTHERAN WORLD RELIEF</p>	Employer identification number <p style="text-align:center">13-2574963</p>
--	---

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) 2011

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(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	
e Publications, or published or broadcast statements?	X		2,019.
f Grants to other organizations for lobbying purposes?	X		500.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		0.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			2,519.
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

PART II-B, LINE 1, OTHER LOBBYING ACTIVITIES: 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

Part IV Supplemental Information *(continued)*

SAME ISSUES TO POLICY MAKERS. MOST OFTEN, THESE ACTIONS RELATED TO
INCREASED U.S. FINANCIAL SUPPORT FOR INTERNATIONAL DEVELOPMENT, FOOD
SECURITY INITIATIVES, AND HUMAN RIGHTS PROTECTION. LWR REQUESTED US
LUTHERANS SEND LETTERS TO US STATE DEPARTMENT AND ADMINISTRATION
REGARDING INTERNATIONAL DEVELOPMENT POLICY AND LWR HELPED FACILITATE
THIS PROCESS. LWR STAFF OCCASTIONALLY VISTED 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

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).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

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	2,382,790.	2,313,804.	2,087,264.	2,085,097.	
b Contributions	24,933.	46,200.	10,100.		
c Net investment earnings, gains, and losses	145,828.	22,786.	216,440.	2,167.	
d Grants or scholarships					
e Other expenditures for facilities and programs	2,305,306.				
f Administrative expenses					
g End of year balance	248,245.	2,382,790.	2,313,804.	2,087,264.	

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 99.90 %
- c Temporarily restricted endowment .10 %

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

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

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

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

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

- 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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		104,775.	80,517.	24,258.
c Leasehold improvements				
d Equipment		1,174,655.	829,981.	344,674.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				368,932.

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 CENTER		
(2) CORPORATION	3,518,041.	END-OF-YEAR MARKET VALUE
(3) INVESTMENT IN DIVINE CHOCOLATE	102,953.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	3,620,994.	

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) Book value	
(1) Federal income taxes		
(2) ADVANCES RECEIVED FOR PROGRAM PURPOSES	1,293,784.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,293,784.	

2. 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	39,502,456.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	45,934,234.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-6,431,778.
4	Net unrealized gains (losses) on investments	4	2,041,770.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-24,802.
9	Total adjustments (net). Add lines 4 through 8	9	2,016,968.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-4,414,810.

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	41,519,424.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,041,770.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-24,802.
e	Add lines 2a through 2d	2e	2,016,968.
3	Subtract line 2e from line 1	3	39,502,456.
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	39,502,456.

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

1	Total expenses and losses per audited financial statements	1	45,934,234.
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	45,934,234.
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	45,934,234.

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 V, LINE 4: ENDOWMENT (PERMANENTLY RESTRICTED) GIFTS PROVIDED BY

DONORS DO NOT HAVE RESTRICTION ON THE USE OF INCOME PRODUCED.

ACCORDINGLY, ALL INCOME IS USED FOR UNRESTRICTED PURPOSES.

DURING THE FISCAL YEAR, THE BOARD OF DIRECTORS APPROVED THE ELIMINATION OF

THE BOARD-DESIGNATED QUASI-ENDOWMENT BALANCE OF \$2,286,705, WHICH WAS

RECHARACTERIZED AS UNRESTRICTED NET ASSETS TO BE USED FOR OPERATIONS.

PART X, LINE 2: LWR HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING

Part XIV Supplemental Information (continued)

FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF
 WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN
 SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS POLICY, LWR MAY
 RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS
 MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WOULD BE SUSTAINED ON
 EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE
 POSITION. MANAGEMENT HAS EVALUATED LWR'S TAX POSITIONS AND HAS CONCLUDED
 THAT LWR HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO
 THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

LWR FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTIONS. GENERALLY, LWR IS
 NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX
 EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

IMPAIRMENT LOSS ON COST METHOD INVESTMENT	-24,802.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

IMPAIRMENT LOSS ON COST METHOD INVESTMENT	-24,802.
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**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

2011

Open to Public
Inspection

Name of the organization LUTHERAN WORLD RELIEF	Employer identification number 13-2574963
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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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	3	11	PROGRAM SERVICES, GRANTS TO RECIPIENTS -CASH & INKIND	SEE PART V	3,567,306.
EAST ASIA AND THE PACIFIC	2	18	PROG. SERV., GRANTS TO RECIPIENTS-CASH&INKIND	SEE PART V	5,918,362.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS (CASH & INKIND)	SEE PART V	571,124.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS (CASH & INKIND)	SEE PART V	2,612,105.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANTS TO RECIPIENTS (CASH & INKIND)	SEE PART V	700,380.
SOUTH AMERICA	2	10	PROG. SERV., GRANTS TO RECIPIENTS-CASH&INKIND	SEE PART V	2,262,448.
SOUTH ASIA	3	9	PROG. SERV., GRANTS TO RECIPIENTS-CASH&INKIND	SEE PART V	2,931,560.
SUB-SAHARAN AFRICA	7	31	PROG. SERV., GRANTS TO RECIPIENTS-CASH&INKIND	SEE PART V	15,816,796.
3 a Sub-total	17	79			34,380,081.
b Total from continuation sheets to Part I	0	0			236,807.
c Totals (add lines 3a and 3b)	17	79			34,616,888.

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

Schedule F (Form 990) 2011

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)
		CENTRAL AMERICA AND THE CARIBBEAN	KITS FOR SCHOOL CHILDREN IN RURAL HAITI	0.		119,840.	KITS FOR SCHOOL CHILDREN	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	SCHOOL KITS FOR CHILDREN IN RURAL COMMUNITIES NICARAGUA	0.		357,000.	SCHOOL KITS	FMV
		EAST ASIA AND THE PACIFIC	QUILTS AND KITS FOR VULNERABLE COMMUNITIES IN BORIBO DISTRICT CAMBODIA	0.		907,200.	QUILTS AND LAYETTES	FMV
		EAST ASIA AND THE PACIFIC	QUILTS AND KITS FOR FLOOD AFFECTED COMMUNITIES IN THE PHILIPPINES	0.		676,800.	QUILTS AND LAYETTES	FMV
		EAST ASIA AND THE PACIFIC	QUILTS AND LAYETTES FOR REFUGEES ALONG THE THAI-BURMA BORDER	0.		213,800.	QUILTS AND KITS	FMV
		EAST ASIA AND THE PACIFIC	QUILTS AND LAYETTES FOR REFUGEES ALONG THE THAI-BURMA BORDER	0.		217,640.	QUILTS AND KITS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	QUILTS AND PERSONAL CARE KITS TO SERBIA	0.		197,370.	QUILTS AND PERSONAL CARE KITS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	BLANKETS AND KITS FOR VULNERABLE PEOPLE IN SERBIA	0.		331,110.	BLAKENTS AND KITS	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 59

3 Enter total number of other organizations or entities 72

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	KITS FOR CONFLICT-AFFECTED WOMEN/GIRLS ENROLLING IN LIT. PROG. IN IRAQ	0.		178,500.	SCHOOL KITS	FMV
		MIDDLE EAST AND NORTH AFRICA	QUILTS AND KITS FOR REFUGEES AND IMPOVERISHED COMMUNITIES IN JORDAN	0.		267,300.	QUILTS AND KITS	FMV
		MIDDLE EAST AND NORTH AFRICA	QUILTS AND KITS FOR SYRIAN REFUGEES LIVING IN JORDAN	0.		449,370.	QUILTS AND KITS	FMV
		MIDDLE EAST AND NORTH AFRICA	QUILTS AND HEALTH KITS TO REFUGEES IN JORDAN	0.		56,280.	QUILTS AND HEALTH KITS	FMV
		MIDDLE EAST AND NORTH AFRICA	QUILTS AND KITS FOR IRAQI REFUGEES IN JORDAN	0.		250,560.	QUILTS AND KITS	FMV
		MIDDLE EAST AND NORTH AFRICA	QUILTS AND BABY CARE KITS FOR CHILDREN OF VULNERABLE FAMILIES IN JORDAN	0.		300,600.	QUILTS AND BABY CARE KITS	FMV
		MIDDLE EAST AND NORTH AFRICA	SCHOOL KITS AND QUILTS FOR CONFLICT-AFFECTED CHILDREN IN PALESTINE	0.		216,600.	SCHOOL KITS AND QUILTS	FMV
		MIDDLE EAST AND NORTH AFRICA	SCHOOL AND PERSONAL CARE KITS FOR CONFLICT-AFFECTED CHILDREN IN SYRIA	0.		292,178.	SCHOOL AND PERSONAL CARE KITS	FMV
		MIDDLE EAST AND NORTH AFRICA	QUILTS FOR ACT APPEAL IN SYRIA	0.		59,400.	QUILTS	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)
		MIDDLE EAST AND NORTH AFRICA	QUILTS AND KITS FOR REFUGEES IN YEMEN	0.		262,290.	QUILTS AND KITS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	QUILTS AND KITS FOR VULNERABLE POPULATIONS IN ARMENIA	0.		156,750.	QUILTS AND KITS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	QUILTS AND KITS FOR VULNERABLE COMMUNITIES IN UKRAINE	0.		484,200.	QUILTS AND KITS	FMV
		SOUTH ASIA	QUILTS FOR VULNERABLE COMMUNITIES ACROSS INDIA	0.		907,200.	QUILTS	FMV
		SUB-SAHARAN AFRICA	QUILTS & KITS FOR ANGOLANS IN TRANS. COMMUNITIES ALONG ANGOLA/DRC BORDER	0.		755,160.	QUILTS AND KITS	FMV
		SUB-SAHARAN AFRICA	QUILTS AND KITS FOR MARGINALIZED COMMUNITIES IN BURKINA FASO	0.		1,139,000.	QUILTS AND KITS	FMV
		SUB-SAHARAN AFRICA	QUILTS AND KITS FOR VULNERABLE POPULATIONS IN CHAD	0.		431,950.	QUILTS AND KITS	FMV
		SUB-SAHARAN AFRICA	PERSONAL CARE KITS FOR SOMALI REFUGEES IN ETHIOPIA	0.		175,875.	PERSONAL CARE KITS	FMV
		SUB-SAHARAN AFRICA	QUILTS AND KITS FOR DROUGHT AND CONFLICT AFFECTED POPULATIONS IN MAURITANIA	0.		1,058,920.	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 RURAL COMMUNITIES IN SIERRA LEONE	0.		1,324,360.	QUILTS AND KITS	FMV
		SUB-SAHARAN AFRICA	QUILTS AND KITS FOR RURAL COMMUNITIES IN TANZANIA	0.		374,680.	QUILTS AND KITS	FMV
		SUB-SAHARAN AFRICA	QUILTS AND KITS FOR RURAL COMMUNITIES IN TANZANIA	0.		389,420.	QUILTS AND KITS	FMV
		SUB-SAHARAN AFRICA	QUILT AND KIT DISTRIBUTION IN TANZANIA	0.		371,920.	QUILTS AND KITS	FMV
		SUB-SAHARAN AFRICA	QUILT AND KIT DISTRIBUTION IN TANZANIA	0.		445,500.	QUILTS AND KITS	FMV
		SUB-SAHARAN AFRICA	QUILT AND KIT DISTRIBUTION IN TANZANIA	0.		423,300.	QUILTS AND KITS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	FOOD ACCESS AND AVAILABILITY	50,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CLIMATE CHANGE ADAPTATION	45,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REDUCE VULNERABILITY AND PROMOTE SUSTAINABLE RISK MANAGEMENT	166,710.	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	REDUCE VULNERABILITY AND PROMOTE SUSTAINABLE RISK MANAGEMENT	50,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ECONOMIC DIVERSIFICATION	50,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TROPICAL STORM EMERGENCY RESPONSE	29,959.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	OUR DAILY BREAD PROJECT (2012)	20,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TROPICAL STORM ISAAC AND HURRICANE RELIEF	15,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ECONOMIC EMPOWERMENT OF COMMUNITIES IN HAITI	63,925.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	POST EARTHQUAKE SUSTAINABLE RURAL DEVELOPMENT IN HAITI	225,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BUILDING CAPACITY, COMMERCIAL AND ORGANIZATIONAL SUPPORT IN HAITI	98,790.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CLIMATE CHANGE AND DISASTER RISK REDUCTION	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)
		CENTRAL AMERICA AND THE CARIBBEAN	RESILIENCE AND RURAL EMPOWERMENT IN POST EARTHQUAKE HAITI	304,689.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RESPONSE TO TROPICAL STORM ISAAC	25,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	FOOD SECURITY AND LOCAL EMPOWERMENT	67,260.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DEVELOPMENT IN WAMPU RIVER BASIN	60,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING LOCAL ADVOCACY CAPACITIES IN LOCAL COMMUNITIES	20,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROMOTE DIVERSE AG. PRODUCTION/PROCESSING FOR IMPROVED FOOD SECURITY	70,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROMOTE RURAL DEVELOPMENT THROUGH AGROBUSINESS RELATIONSHIPS	151,295.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	WATER AND ENVIRONMENTAL SANITATION	65,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TROPICAL DEPRESSION 12 HUMANITARIAN RESPONSE	15,000.	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	SAFE SCHOOLS AND EARLY WARNING SYSTEM	55,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CLIMATE CHANGE ADAPTION AND LOCAL CAPACITY BUILDING	50,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING FAMILIES AFFECTED BY HEAVY RAINS.	10,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROMOTE RURAL DEVELOPMENT THROUGH AGROBUSINESS RELATIONSHIPS	74,743.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROMOTE RURAL DEVELOPMENT THROUGH AGROBUSINESS RELATIONSHIPS	70,212.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING THE COCOA VALUE CHAIN	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HEALTH AND NUTRITION IMPROVEMENT	18,216.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CLEAN WATER AND SANITATION	118,662.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ECONOMIC SUPPORT PROJECT TO WOMEN'S GROUP	39,007.	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)
		EAST ASIA AND THE PACIFIC	ENHANCE YOUTH ENTREPRENEURSHIP EMPOWERMENT	86,280.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HYDROELECTRIC POWER SYSTEM	10,350.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STRENGTHENING SELF HELP GROUP	60,211.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	INCREASE COASTAL RESILIENCY/CLIMATE CHANGE MITIGATION THROUGH MANGROVE MGMT	52,651.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	INCREASE FOOD SECURITY - SUSTAINABLE AGROFORESTRY TECH.	31,701.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	INCREASE COASTAL RESILIENCY/CLIMATE CHANGE MITIGATION THROUGH MANGROVE MGMT	27,801.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	EMERGENCY ASSISTANCE TO SURVIVORS OF EARTHQUAKE AND TSUNAMI	520,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	AGRICULTURAL PRODUCTION AND MARKETING	49,686.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GENDER AND INTEGRATED RESOURCE MANAGEMENT	28,418.	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)
		EAST ASIA AND THE PACIFIC	EMERGENCY RESPONSE TO VICTIMS OF TYPHOON	58,127.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SUPPORTING VICTIMS AFFECTED BY TYPHOON	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	LIVELIHOOD REHABILITATION	214,430.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ASSISTANCE TO TYPHOON-AFFECTED	239,665.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	REBUILD CDO PROJECT	236,429.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	UPSCALING BARANGAY AND MARKETING DEVELOPMENT	15,904.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	INCREASING LIVELIHOOD INCOME THROUGH DEVELOPMENT OF A LOCAL MARKET	67,056.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TYPHOON DISASTER ASSISTANCE TO HOME-BASED FAMILIES	31,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ENGAGING COMMUNITIES IN BUILDING A SUSTAINABLE & PEACEFUL ENVIRONMENT	22,014.	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)
		EAST ASIA AND THE PACIFIC	ENGAGING COMMUNITIES IN BUILDING A SUSTAINABLE & PEACEFUL ENVIRONMENT	21,828.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	EMERGENCY RESPONSE TO VICTIMS OF TYPHOON	113,912.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	EMERGENCY RESPONSE FOR TYPHOON VICTIMS	207,276.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PRODUCTIVITY ENHANCEMENT FOR COMMUNITY EMPOWERMENT	20,954.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	REDUCED VULNERABILITY BY INTRODUCING VIABLE ECONOMIES	141,252.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CONTRIBUTION TO LWF	115,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	LWF VOCATIONAL TRAINING PROGRAM (VTP) / VTCR	80,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STRENGTHENING AND DIVERSIFYING FOOD PRODUCTION	75,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STRENGTHEN DIVERSE ORGANIC COFFEE PROD. THROUGH COMMUNITY RISK MGMT	70,000.	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 AMERICA	SUSTAINABLE DIET DIVERSIFICATION IN 11 COMMUNITIES	50,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	COMMUNAL MANAGEMENT OF AGRARIAN LANDS	45,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STRENGTHEN PRODUCTIVE & ORGANIZATIONAL PROCESS OF DISPLACED FAMILIES	24,943.	WIRE TRANSFER	0.		
		SOUTH AMERICA	COMMUNITY MGMT & ADVOCACY - IMPROVE ACCESS TO SAFE WATER & BASIC SANITATION	55,057.	WIRE TRANSFER	0.		
		SOUTH AMERICA	SOCIO-POLITICAL AND ECONOMIC EMPOWERMENT FOR WOMEN, YOUTH AND SMALL FARMERS	46,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STRENGTHENING THE MARKETING OF ORGANIC PRODUCE	30,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STRENGTHEN PRODUCTIVE & ORGANIZATION PROCESS OF DISPLACED FAMILIES	45,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STRENGTHEN PRODUCTIVE & ORGANIZATION PROCESS OF DISPLACED FAMILIES	30,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	BUILDING PEACE THROUGH COLLECTIVE MEMORY	39,808.	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	DIAL MEMBERSHIP, COLOMBIA	10,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STRENGTHEN & BUILD INST. CAPACITY FOR GOOD GOVERNANCE & RURAL DEVELOPMENT	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	BUSINESS NETWORKS & CITIZEN PARTICIPATION TO IMPROVE INCOMES FOR RURAL FAMILIES	34,885.	WIRE TRANSFER	0.		
		SOUTH AMERICA	IMPROVING FOOD SECURITY THROUGH NATIVE POTATO CULTIVATION	69,470.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REDUCING CHILD MALNUTRITION	44,886.	WIRE TRANSFER	0.		
		SOUTH AMERICA	CLIMATE CHANGE THROUGH RENEWABLE ENERGY & COMMUNITY WATER INITIATIVES	146,732.	WIRE TRANSFER	0.		
		SOUTH AMERICA	COOPERATION AND GOOD GOVERNANCE FOR WATER RESOURCE MANAGEMENT	30,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	FOOD SECURITY OF 1000 TRIBAL FAMILIES	59,944.	WIRE TRANSFER	0.		
		SOUTH ASIA	SECURING RIGHTS AND ENTITLEMENTS FOR DALITS, MINORTIES, AND THE POOR	56,236.	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	HEALTH & LIVELIHOOD IN 30 VILLAGES OF SAKRA BLOCK, INDA	96,901.	WIRE TRANSFER	0.		
		SOUTH ASIA	WOMEN EMPOWERMENT THROUGH SELF HELP GROUP INITIATIVE AND MICRO-ENTERPRISE	37,935.	WIRE TRANSFER	0.		
		SOUTH ASIA	RURAL WOMEN-LED VEGETABLE FARMING	92,942.	WIRE TRANSFER	0.		
		SOUTH ASIA	RURAL WOMEN-LED VEGETABLE FARMING	82,835.	WIRE TRANSFER	0.		
		SOUTH ASIA	EXPANDING POVERTY REDUCTION THROUGH FOOD SECURITY INITIATIVES	99,990.	WIRE TRANSFER	0.		
		SOUTH ASIA	COMMUNITY LED CLIMATE CHANGE ADAPTATION	99,988.	WIRE TRANSFER	0.		
		SOUTH ASIA	CITRUS MARKET DEVELOPMENT PROJECT	19,579.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUSTAINABLE LIVELIHOOD FOR AFFECTED WOMEN HEADED FAMILIES	14,948.	WIRE TRANSFER	0.		
		SOUTH ASIA	UPLIFTING ECONOMY OF FARMERS	97,573.	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	SUSTAINABLE LIVELIHOOD DEVELOPMENT PROGRAM	445,039.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE TO FOOD CRISIS	46,054.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROJECT TO INCREASE THE DAILY CAPACITY OF COW MILK PROCESSING	18,985.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVED SEEDS FOR AGRICULTURAL GROWTH	10,240.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INCREASE PROFIT OF LIVESTOCK - SUSTAIN IMPROVED LIVING CONDITIONS	76,002.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ECONOMIC EMPOWERMENT OF COMMUNITIES THROUGH HORTICULTURAL PRODUCTION	40,088.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA DROUGHT RESPONSE	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HIV/AIDS MITIGATION AND PREVENTION	101,917.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REFUGEE CAMP CARE AND MAINTENANCE ASSISTANCE	147,810.	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	SOMALI REFUGEE ASSISTANCE	201,152.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOMALI REFUGEE ASSISTANCE	24,426.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOMALI REFUGEE ASSISTANCE IN KENYA-FY11 DADAAB	82,733.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ECONOMIC EMPOWERMENT THROUGH IMPROVED HONEY PRODUCTION AND MARKETING	40,898.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING FOOD SECURITY AMONG COMMUNITIES AFFECTED BY HIV/AIDS	16,521.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MALARIA PREVENTION BY PROVIDING LONG LASTING INSECTICIDE TREATED NETS	94,175.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COFFEE PRODUCERS WORKING TOGETHER TO SUSTAIN THEIR LIVELIHOODS	17,311.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVE RESPONSE TO HIV/AIDS AND MALARIA	23,189.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	A WATERSHED APPROACH TO ENHANCE RESILIENCE	50,913.	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	ECONOMIC EMPOWERMENT THROUGH IMPROVED HONEY PRODUCTION AND MARKETING	11,704.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	A WATERSHED APPROACH TO ENHANCE RESILIENCE (WATER)	22,349.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVING ACCESS TO FOOD THROUGH CASH-FOR-WORK AND SEED DISTRIBUTION	72,093.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	A WATERSHED APPROACH TO ENHANCE RESILIENCE	62,925.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	A WATERSHED APPROACH TO ENHANCE RESILIENCE	23,124.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COFFEE PRODUCERS WORKING TOGETHER TO SUSTAIN THEIR LIVELIHOODS	29,192.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COFFEE PRODUCERS WORKING TOGETHER TO SUSTAIN THEIR LIVELIHOODS	44,123.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVING ACCESS TO FOOD THROUGH CASH-FOR-WORK AND SEED DISTRIBUTION	57,455.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUSTAINABLE COMMUNITY BASED HIV/AIDS MITIGATION & PREVENTION	20,138.	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 TO CONTROL MALARIA	215,602.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVED SEEDS TO PROMOTE AGRICULTURAL GROWTH	14,085.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVING WOMEN'S LIVELIHOODS THROUGH FONIO PRODUCTION	41,242.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVED SEEDS FOR AGRICULTURAL GROWTH	99,483.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE TO FOOD CRISIS	31,867.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LEVERAGING ECONOMIC DEVELOPMENT PARTNERHIPS TO CONTROL MALARIA	14,358.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AGRICULTURE - SHALLOT SECTOR CAPACITY BUILDING PROJECT	81,765.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENHANCING THE ECONOMIC VALUE OF SHEA BUTTER	7,939.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STRENGTHEN CAPACITY OF YERENYETON DE TISSALA BY DRY CEREAL WAREHOUSE	28,433.	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	ENHANCING THE ECONOMIC VALUE OF SHEA BUTTER	16,293.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SHALLOT SECTOR CAPACITY BUILDING PROJECT	21,167.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVE LEGUME PRODUCTION	74,025.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVED SEEDS TO PROMOTE AGRICULTURAL GROWTH	25,871.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE TO FOOD CRISIS	577,229.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CLIMATE FOCUSED RESPONSE TO FOOD CRISIS	287,295.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVED SEEDS FOR AGRICULTURAL GROWTH	88,679.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE TO FOOD CRISIS	178,568.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROMOTING NUTRITION THROUGH INTEGRATED ESSENTIAL HEALTHCARE SERVICES	49,683.	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	QUALITY & ACCOUNTABILITY TRAINING TO IMPROVE MR DISTRIBUTION	11,907.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SCALING-UP MALARIA CONTROL	394,921.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING VALUE CHAIN GRAPE PRODUCTION - INCREASE FOOD SECURITY	15,595.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ECONOMIC EMPOWERMENT OF COMMUNITIES	11,790.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	UPROOTING HUNGER AND INSECURITY WITH RICE AND RAIN RUNOFF	66,459.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	UPROOTING HUNGER AND INSECURITY WITH RICE AND RAIN RUNOFF	62,856.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INCREASING FARMER'S FOOD SECURITY THROUGH BUILDING STRONG VALUE CHAIN	37,682.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ECONOMIC EMPOWERMENT THROUGH SUNFLOWER & HORTICULTURE	30,413.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVE LIVELIHOODS OF SMALLHOLDER FARMERS	200,764.	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	IMPROVED MAIZE FARMERS LIVELIHOODS - PARTICIPATION MAIZE VALUE CHAIN	106,522.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT SMALLHOLDER COFFEE FARMERS PRODUCE & MARKET QUALITY COFFEE	110,693.	WIRE TRANSFER	0.		

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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.

SCHEDULE F, PART 1, LINE 3, COLUMN E

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

LAND AND LOCAL, REGIONAL AND INTERNATIONAL MARKETS

- AGRO-ECOLOGICAL PRODUCTION METHODS

- VULNERABILITY REDUCTION AND CAPACITY STRENGTHENING

- WATER: SANITATION

- COLLABORATION WITH MUNICIPAL GOVERNMENTS

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

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

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: - RIGHTS BASED WORK: SOCIAL,

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

ECONOMIC, CULTURAL AND POLITICAL, FIGHTING INJUSTICE, INEQUALITY AND

DISCRIMINATION

- LIVELIHOODS (PROMTING INCOME GENERATION THROUGH TRAINING, MICRO

ENTERPRISE SUPPORT AND OTHER MEANS

- FOOD 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 AND RECONSTRUCTION FOR COMMUNITIES IN HIGH RISK AREAS

- HEALTH - SUPPORT ACCESS TO QUALITY CARE, PROVIDE INFORMATION AND

TRAINING TO COMMUNITY MEMBERS, HEALTH CENTERS AND WORKERS, AND RAISE

AWARENESS ON PREVENTATIVE HEALTH CARE PRACTICES

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

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

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: - RIGHTS BASED WORK: (SOCIAL,

ECONOMIC, CULTURAL AND POLITICAL; FIGHTING INJUSTICE, INEQUALITY AND

DISCRIMINATION)

- LIVELIHOODS (PROMOTING INCOME GENERATION THROUGH TRAINING, MICRO

ENTERPRISE SUPPORT AND OTHER MEANS)

- 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)

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

- REHABILITATION AND RECONSTRUCTION FOR COMMUNITIES IN HIGH RISK AREAS

- HEALTH - SUPPORT ACCESS TO QUALITY CARE, PROVIDE INFORMATION AND

TRAINING TO COMMUNITY MEMBERS, HEALTH CENTERS AND WORKERS, AND RAISE

AWARENESS ON PREVENTATIVE HEALTH CARE PRACTICES

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

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

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: - FOOD AND WATER SECURITY

(INCORPORATING WATER ACCESS, NATURAL RESOURCE MANAGEMENT, AGRICULTURAL

PRODUCTION AND MARKETING)

- HEALTH (HIV, MALARIA AND HYGIENE AND SANITATION)

- REHABILITATION AND RECONSTRUCTION FOR COMMUNITIES EXPERIENCING

CONFLICT AND/OR NATURAL DISASTER

- BASIC SERVICE PROVISION TO REFUGEES IN CAMPS

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

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

REGION: RUSSIA AND THE NEWLY INDEPENDENT STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: - DISTRIBUTION OF IN-KIND

MATERIAL RESOURCES INCLUDING, QUILTS, PERSONAL CARE KITS, SCHOOL KITS,

BABY CARE KITS AND FABRIC KITS.

REGION: NORTH AFRICA AND MIDDLE EAST

(E) SPECIFIC TYPES OF SERVICES IN REGION: - LIVELIHOODS - PROMOTING

INCOME GENERATION THROUGH TRAINING, MICRO ENTERPRISE SUPPORT AND OTHER

MEANS

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

- DISTRIBUTION OF IN-KIND MATERIAL RESOURCES INCLUDING, QUILTS,
PERSONAL CARE KITS, SCHOOL KITS, BABY CARE KITS AND FABRIC KITS.

REGION: SOUTH AMERICA

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

LAND AND LOCAL, REGIONAL AND INTERNATIONAL MARKETS

- AGRO-ECOLOGICAL PRODUCTION METHODS

- COLLABORATION WITH MUNICIPAL GOVERNMENTS

- PROMOTION OF PEACE AND CONFLICT RESOLUTION

- VULNERABILITY REDUCTION AND CAPACITY STRENGTHENING

- DISTRIBUTION OF IN-KIND MATERIAL RESOURCES INCLUDING, QUILTS,
PERSONAL CARE KITS, SCHOOL KITS, BABY CARE KITS AND FABRIC KITS.

SCHEDULE F, PART IV, QUESTION 6

FORM 5713

THE ORGANIZATION HAS SOME ACTIVITY OVERSEAS WHICH REQUIRES IT TO CHECK

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

ORGANIZATION DOES NOT HAVE UNRELATED BUSINESS INCOME AND IS NOT

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

ENTERED INTO AGREEMENTS RELATED TO THE ISSUES AS PRESENTED IN FORM

5713.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2011

**Open To Public
Inspection**

**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.**

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

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, LLC - 1701 E. WOODFIELD RD, SUITE 425,	DIRECT MAIL		X	2,862,049.	104,500.	2,757,549.
GLOBAL IMPACT - ATTN: RAQUEL MOREIRA, 66 CANAL CENTER	COMBINED FEDERAL CAMPAIGN		X	722,631.	272,083.	450,548.
ARIA - 717 W. ST. GERMAIN STREET, ST. CLOUD, MN 56301	TELEMARKETING		X	18,229.	41,174.	-22,945.
PUREPR, LLC - 605 LANKIN COURT, SAINT CHARLES, MO	CONSUL-ADVERT, OURTREACH AND CAMPAIGN STRATEGIES		X	0.	8,580.	-8,580.
Total				3,602,909.	426,337.	3,176,572.

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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. 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, LLC

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: GLOBAL IMPACT

(I) ADDRESS OF FUNDRAISER:

ATTN: RAQUEL MOREIRA, 66 CANAL CENTER PLAZA, STE 310, ALEXANDRIA, VA 22314

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: PUREPR, LLC

(I) ADDRESS OF FUNDRAISER: 605 LANKIN COURT, SAINT CHARLES, MO 63304

**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

2011

**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 VISION PO BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	0.	315,000.	FMV	BABY CARE KITS	BABY CARE KITS TO WORLD VISION WAREHOUSE FOR INTERNATIONAL SHIPPING
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	0.	888,134.	FMV	BABY CARE KITS	BABY CARE KITS TO WORLD VISION WAREHOUSE FOR INTERNATIONAL SHIPPING
LUTHERAN CHURCH - MISSOURI SYNOD 1333 S. KIRKWOOD ROAD ST. LOUIS, MO 63122	43-0658188	501(C)(3)	533,895.	0.			LUTHERAN MALARIA INITIATIVE
UNITED NATIONS FOUNDATION 1800 MASSACHUSETTS AVENUE, NW, SUI WASHINGTON, DC 20036	58-2368165	501(C)(3)	609,133.	0.			PAYMENTS TO GLOBAL FUND & LCMS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: WHILE GRANTS ARE REPORTED AS GRANTS TO US

ORGANIZATIONS FOR PURPOSES OF THE FORM 990, THEY ARE PRIMARILY SENT TO AND

PROGRAMMED BY OVERSEAS OFFICES OF THOSE ORGANIZATIONS FOR PROGRAMS IN

COUNTRIES OUTSIDE OF THE US. 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

Part IV Supplemental Information

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.

**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

2011

Open to Public Inspection

Name of the organization

LUTHERAN WORLD RELIEF

Employer identification number

13-2574963

Part I Questions Regarding Compensation

	Yes	No								
<p>1a 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> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input checked="" type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input checked="" type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input checked="" type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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>	X									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	X									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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>										
		X								
		X								
		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
		X								
		X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
		X								
		X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X								
<p>8 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>		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN ARTHUR NUNES	(i)	117,753.	0.	0.	17,942.	90,700.	226,395.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JEFFREY S. WHISENANT	(i)	156,229.	0.	0.	14,322.	7,356.	177,907.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MICHAEL C. MEENAN	(i)	145,459.	0.	0.	13,563.	20,700.	179,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LISA BAUMGARTNER-BONDS	(i)	156,882.	0.	0.	14,300.	13,310.	184,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 TIMOTHY MCCULLY	(i)	124,779.	0.	0.	11,453.	21,000.	157,232.	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

DURING THE YEAR, THE ORGANIZATION PROVIDED A CLERGY HOUSING ALLOWANCE IN

THE AMOUNT OF \$70,000 TO THE PRESIDENT, AN ORDAINED MINISTER. THIS

ALLOWANCE IS APPROVED ANNUALLY BY THE BOARD OF DIRECTORS. IT IS A

NONTAXABLE BENEFIT AND IS INCLUDED ON SCHEDULE J, PART II, COLUMN D.

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 VI.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MARYLAND ECONOMIC DEVELOPMENT CORPORATION	52-1376562	57420NOAV	07/26/07	5,942,546.	ADVANCE REFUNDING OF SERIES 2000 REVENUE BONDS		X		X		X
B											
C											
D											

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

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

Part III Private Business Use (Continued)

	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 If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 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 guaranteed investment contract (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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

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

SEE PART VI SUPPLEMENTAL EXPLANATION SHEET

Part VI 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

LUTHERAN WORLD RELIEF AND LUTHERAN IMMIGRATION AND REFUGEE SERVICE,

INC. (EIN: 13-2574854), AN UNRELATED 501(C)(3) ORGANIZATION, ARE

JOINTLY AND SEVERALLY LIABLE FOR THE 2007 BONDS AND AS SUCH, EACH HAS

RECORDED 50% OF THE OUTSTANDING DEBT AND RELATED ISSUE COSTS ON THE

FINANCIAL STATEMENTS. 100% OF THE LIABILITY AND RELATED COSTS ARE

REPORTED ON SCHEDULE K.

PART V:

IN TAX YEAR 2012, THE ORGANIZATION WILL ADOPT MANAGEMENT PRACTICES AND

PROCEDURES TO ENSURE POST-ISSUANCE COMPLIANCE OF ITS TAX EXEMPT BOND

LIABILITIES. THESE PROCEDURES INCLUDE WRITTEN PROCEDURES TO ENSURE THAT

VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND

CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF

SELF-REMEDATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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	29	281,437.	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	934,424	13,741,616.	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.		

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

Schedule M (Form 990) (2011)

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

2011

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:

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

CONGREGATIONS AND INDIVIDUALS TO PUT FAITH INTO ACTION BY HELPING

NEIGHBORS IN NEED. IN 2012, LUTHERANS ENGAGED WITH LWR BY MAKING QUILTS

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 \$ 2,124,499. INCLUDING GRANTS OF \$ 729,765. REVENUE \$ 0.

CLIMATE CHANGE: LWR HELPS COMMUNITIES BUILD THEIR RESILIENCE TO

SHIFTING WEATHER PATTERNS (ADAPTATION) AND REDUCE GREENHOUSE GAS

EMISSIONS (MITIGATION). ADAPTATION STRATEGIES FOCUS ON IMPROVING LAND

USE AND NATURAL RESOURCE MANAGEMENT (NRM), AS WELL AS ON BUILDING

COMMUNITY CAPACITY FOR DISASTER RISK REDUCTION (DRR). MITIGATION

APPROACHES INCLUDE PROJECTS DESIGNED TO SEQUESTER CARBON AND TO REDUCE

CARBON EMISSIONS, SUCH AS REFORESTATION OR PROMOTION OF CLEAN ENERGY

TECHNOLOGIES.

EXPENSES \$ 1,749,115. INCLUDING GRANTS OF \$ 1,044,081. REVENUE \$ 0.

WATER: LWR WORKS WITH LOCAL PARTNERS TO HELP PEOPLE LIVING IN

IMPOVERISHED RURAL AREAS IMPROVE THEIR HEALTH AND LIVELIHOODS, BY

INCREASING ACCESS TO WATER FOR AGRICULTURAL AND DOMESTIC USE, IMPROVING

THE QUALITY OF WATER FOR CONSUMPTION, ADDRESSING SANITATION NEEDS AND

PROTECTING WATERSHEDS AND WATER SOURCES FROM DEGRADATION AND

CONTAMINATION.

EXPENSES \$ 1,682,983. INCLUDING GRANTS OF \$ 954,148. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization LUTHERAN WORLD RELIEF	Employer identification number 13-2574963
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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 WORKS WITH PARTNERS AROUND THE WORLD TO EMPOWER MARGINALIZED COMMUNITIES TO INCREASE THEIR INVOLVEMENT IN CIVIL DECISION-MAKING PROCESSES.

EXPENSES \$ 809,171. INCLUDING GRANTS OF \$ 498,119. 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: PRIOR TO LWR'S ANNUAL SUBMISSION OF IRS FORM 990, EACH BOARD MEMBER SHALL RECEIVE A COPY OF THE FORM AS COMPLETED BY LWR'S CERTIFIED PUBLIC ACCOUNTANTS. BOARD MEMBERS SHALL HAVE AT LEAST FIVE BUSINESS DAYS TO REVIEW THE FORM AND RAISE QUESTIONS, MAKE SUGGESTIONS, AND BRING ANY POTENTIAL PROBLEMS OR CONCERNS TO THE CHAIR OF THE AUDIT AND RISK COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: LWR'S 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.

Name of the organization LUTHERAN WORLD RELIEF	Employer identification number 13-2574963
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FORM 990, PART VI, SECTION B, LINE 15A: DETERMINATION OF PRESIDENT'S

COMPENSATION: AN INDEPENDENT COMPENSATION CONSULTANT PERFORMS AN ANALYSIS

ANNUALLY USING INDEPENDENT RESEARCH WHICH CONSIDERS THE ORGANIZATION'S

CURRENT BUDGET, THE CURRENT SALARY OF THE PRESIDENT, AND THE NUMBER OF

YEARS THE PRESIDENT HAS SERVED IN THAT POSITION. THE ANALYSIS IS BASED ON

VARIOUS SALARY SURVEYS TO PROVIDE A SALARY RANGE COMPETITIVE WITH OTHER

SIMILARLY SITUATED NONPROFITS IN THE GEOGRAPHICAL AREA. THE RESULTING

FINDINGS ARE PROVIDED TO THE 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,

Name of the organization
LUTHERAN WORLD RELIEF

Employer identification number
13-2574963

THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC ANNUALLY ITS AUDITED FINANCIAL STATEMENTS, IRS FORM 990, A LIST OF CURRENT BOARD MEMBERS, AND 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 GAINS ON INVESTMENTS:	2,041,770.
IMPAIRMENT LOSS ON COST METHOD INVESTMENT	-24,802.
TOTAL TO FORM 990, PART XI, LINE 5	2,016,968.

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.**

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

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)	LINE 11A, I	N/A		X

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

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)			

