

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2014**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ADVENTIST DEVELOPMENT &amp; RELIEF AGENCY INTERNATIONAL</b>		<b>D</b> Employer identification number <b>52-1314847</b>
	Doing business as <b>ADRA INTERNATIONAL</b>		<b>E</b> Telephone number <b>301-680-6380</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>52,395,120.</b>
	<b>12501 OLD COLUMBIA PIKE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>SILVER SPRING, MD 20904-6600</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F</b> Name and address of principal officer <b>JONATHAN DUFFY</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	
<b>I</b> 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			
<b>J</b> Website: <b>WWW.ADRA.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
<b>L</b> Year of formation: <b>1956</b>		<b>M</b> State of legal domicile: <b>DC</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DEVELOPMENT AND DISASTER RELIEF TO COMMUNITIES IN NEED.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>36</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>30</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>116</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>57,379,631.</b>	Current Year <b>51,644,802.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,460,145.</b>	<b>737,176.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>37,325.</b>	<b>13,137.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>58,877,101.</b>	<b>52,395,115.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>40,462,190.</b>	<b>39,139,964.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>7,986,627.</b>	<b>8,433,538.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>30,000.</b>	<b>9,000.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>1,585,231.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>5,642,427.</b>	<b>5,604,724.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>54,121,244.</b>	<b>53,187,226.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>4,755,857.</b>	<b>-792,111.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>50,894,407.</b>	End of Year <b>50,680,471.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>3,250,006.</b>	<b>3,783,800.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>47,644,401.</b>	<b>46,896,671.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>MICHAEL KRUGER, CFO</b> Type or print name and title	<b>07/07/15</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>YONG ZHANG</b>	<i>Yong Zhang</i>	<b>07/07/15</b>	<input type="checkbox"/>	<b>P01249785</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN			
	<b>MCGLADREY LLP</b>	<b>42-0714325</b>			
Firm's address		Phone no.			
<b>1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102</b>		<b>703-336-6400</b>			

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

ADVENTIST DEVELOPMENT & RELIEF AGENCY  
INTERNATIONAL

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**THE ADVENTIST DEVELOPMENT AND RELIEF AGENCY (ADRA) INTERNATIONAL WORKS IN MORE THAN 130 COUNTRIES WITH MILLIONS OF PEOPLE IN POVERTY AND DISTRESS TO CREATE JUST AND POSITIVE CHANGE THROUGH EMPOWERING PARTNERSHIPS AND RESPONSIBLE ACTION. ADRA COLLABORATES WITH**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 18,128,922. including grants of \$ 18,128,922.) (Revenue \$ )  
**GOVERNMENT GRANTS**

**ADRA INTERNATIONAL HAS MORE THAN 20 GRANTS AND COOPERATIVE AGREEMENTS IN OVER 12 COUNTRIES. THE AWARDS ARE COMPRISED MAINLY OF FOOD SECURITY AND HEALTH PROJECTS. FOOD SECURITY GRANTS ADDRESS THE CAUSE OF FOOD INSECURITY TO VULNERABLE GROUPS IN TARGETED COUNTRIES, ADDRESSING AVAILABILITY, ACCESS AND UTILIZATION OF FOOD. HEALTH PROJECTS USE A HOLISTIC APPROACH AND COVER A VARIETY OF FOCUSES INCLUDING CHILD HEALTH, HIV AND AIDS, FAMILY PLANNING AND TOBACCO. HEALTH PROJECTS ARE A GUIDING FACTOR ENABLING HEALTHIER LIFESTYLE CHOICES.**

4b (Code: ) (Expenses \$ 10,778,664. including grants of \$ 10,778,664.) (Revenue \$ )  
**DONATED MATERIALS**

**ADRA SUPPLIED FORTY ONE (41) CONTAINERS OF DONATED MATERIALS CONTAINING BOOKS AND EDUCATIONAL MATERIALS WORTH OVER \$6.7 MILLION, NEW SHOES WORTH OVER \$3.6 MILLION, MEDICAL EQUIPMENT, SUPPLIES AND PHARMACEUTICALS WORTH \$59 THOUSAND, AND FOOD PACKETS WORTH OVER \$142 THOUSAND IN SIXTEEN (16) COUNTRIES IN 2014.**

4c (Code: ) (Expenses \$ 8,261,773. including grants of \$ 8,261,773.) (Revenue \$ )  
**DEVELOPMENT AND RELIEF PROJECTS, DISASTER ASSISTANT FUNDING AND GRANT MATCH**

**ADRA INTERNATIONAL SUPPORTED PROJECTS IN OVER 100 COUNTRIES. PROJECTS INCLUDED EMERGENCY MANAGEMENT OF DISASTER RELIEF AND LONG TERM RECOVERY. ECONOMIC DEVELOPMENT PROJECTS AIMED TO IMPROVE THE RECIPIENTS QUALITY OF LIFE. FOOD SECURITY PROJECTS INCLUDE FAMINE RELIEF AND SHORT TERM NEEDS FROM DISPLACEMENT. LONG TERM NEEDS ARE ADDRESSED WITH AGRICULTURAL PROJECTS AND TRAINING THE RECIPIENTS IN VARIOUS SKILLS. ADRA SUPPORTS BASIC EDUCATION, FOR BOTH CHILDREN AND ADULTS IN LITERACY AND VOCATIONAL SKILLS. ADRA PROMOTES PRIMARY HEALTH WITH ACCESS, AS WELL AS, TRAINING FOR COMMUNITY CARE.**

4d Other program services (Describe in Schedule O.)  
(Expenses \$ 7,178,021. including grants of \$ 1,970,605.) (Revenue \$ )

4e Total program service expenses **44,347,380.**

**ADVENTIST DEVELOPMENT & RELIEF AGENCY  
INTERNATIONAL**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>X</b>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**ADVENTIST DEVELOPMENT & RELIEF AGENCY  
INTERNATIONAL**

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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	
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>CHAD, MADAGASCAR, MOZAMBIQUE</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b>	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.	<b>1a</b>		36
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>		30
<b>2</b>	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?	<b>2</b>		<input checked="" type="checkbox"/>
<b>3</b>	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?	<b>3</b>		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>		<input checked="" type="checkbox"/>
<b>7a</b>	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?	<b>7a</b>		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b>	The governing body?	<b>8a</b>	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<input checked="" type="checkbox"/>	
<b>9</b>	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	<b>9</b>		<input checked="" type="checkbox"/>

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

			Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<input checked="" type="checkbox"/>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>13</b>	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>14</b>	<input checked="" type="checkbox"/>	
<b>15</b>	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?			
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b>	<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization	<b>15b</b>	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>		

**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     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**  
**MICHAEL KRUGER - 301-680-6380**  
**12501 OLD COLUMBIA PIKE, SILVER SPRING, MD 20904**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEOFFREY MBWANA BOARD CHAIR	1.00 38.00	X					0.	91,020.	80,630.	
(2) ELLA SIMMONS BOARD VICE CHAIR	1.00 38.00	X					0.	91,020.	20,660.	
(3) ROBERT LEMON BOARD TREASURER/FIN. COMMI	1.00 38.00	X					0.	91,020.	26,443.	
(4) GT NG BOARD MEMBER	1.00 38.00	X					0.	91,020.	38,729.	
(5) TED WILSON BOARD MEMBER	1.00 38.00	X					0.	93,260.	21,278.	
(6) AUDREY ANDERSSON BOARD MEMBER	1.00	X					0.	0.	0.	
(7) AHO BALIKI BOARD MEMBER	1.00	X					0.	0.	0.	
(8) SETH BARDU BOARD MEMBER	1.00	X					0.	0.	0.	
(9) RENEE BATTLE-BROOKS BOARD MEMBER	1.00	X					0.	0.	0.	
(10) GUILLERMO BIAGGI BOARD MEMBER	1.00	X					0.	0.	0.	
(11) GILBERT BURNHAM BOARD MEMBER	1.00	X					0.	0.	0.	
(12) ZENAIDA DELICA-WILLISON BOARD MEMBER	1.00	X					0.	0.	0.	
(13) ANN GIBSON BOARD MEMBER, AUDIT COMMITTEE CHAIR	1.00	X					0.	0.	0.	
(14) SYLVANA GITTENS BOARD MEMBER	1.00	X					0.	0.	0.	
(15) A.C. GULFAN BOARD MEMBER	1.00	X					0.	0.	0.	
(16) RICHART HART BOARD MEMBER	1.00	X					0.	0.	0.	
(17) DANIEL JACKSON BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAAFAT KAMAL BOARD MEMBER	1.00	X					0.	0.	0.	
(19) ERTON KOHLER BOARD MEMBER	1.00	X					0.	0.	0.	
(20) SAMUEL LARMIE BOARD MEMBER	1.00	X					0.	0.	0.	
(21) J R LEE BOARD MEMBER	1.00	X					0.	0.	0.	
(22) ISRAEL LEITO BOARD MEMBER	1.00	X					0.	0.	0.	
(23) GEIR OLAV LISLE BOARD MEMBER	1.00	X					0.	0.	0.	
(24) GOODWELL NTHANI BOARD MEMBER	1.00	X					0.	0.	0.	
(25) BARRY OLIVER BOARD MEMBER	1.00	X					0.	0.	0.	
(26) BRENDA PEREYRA BOARD MEMBER	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	457,340.	187,740.	
<b>c Total from continuation sheets to Part VII, Section A</b>							1,100,078.	0.	154,297.	
<b>d Total (add lines 1b and 1c)</b>							1,100,078.	457,340.	342,037.	

**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 **14**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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
MISSIONARY EXPEDITERS, INC, 5620 TCHOUPLTOULAS STREET, NEW ORLEANS, LA	SHIPPING SERVICES	677,704.
PRICewaterHOUSECOOPERS, LLP PO BOX 7247-8001, PHILADELPHIA, PA 19170	AUDIT SERVICE	550,124.
PROLIST, INC, 8341 BEECHCRAFT AVENUE, GAITHERSBURG, MD 20879	MAILING SERVICE	364,156.
HOUSE OF PRINTING, 15401 OLD COLUMBIA PIKE PO BOX 779, BURTONSVILLE, MD 20866	PRINTING SERVICES	354,175.
TRINET INTERNET SOLUTIONS, INC 1423 POWHATAN ST, ALEXANDRIA, VA 22314	WEB SUPPORT	115,327.

**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 **8**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) JOHN RATHINARAJ BOARD MEMBER	1.00	X						0.	0.	0.
(28) PAUL RATSARA BOARD MEMBER	1.00	X						0.	0.	0.
(29) HORST ROLLY BOARD MEMBER	1.00	X						0.	0.	0.
(30) BLASIOUS RUGURI BOARD MEMBER	1.00	X						0.	0.	0.
(31) SARAH SEREM BOARD MEMBER	1.00	X						0.	0.	0.
(32) FILIBERTO VERDUZCO BOARD MEMBER	1.00	X						0.	0.	0.
(33) BRUNO VERTALLIER BOARD MEMBER	1.00	X						0.	0.	0.
(34) GILBERT WARI BOARD MEMBER	1.00	X						0.	0.	0.
(35) NORBERT ZENS BOARD MEMBER	1.00	X						0.	0.	0.
(36) JONATHAN DUFFY PRESIDENT/SECRETARY	38.00	X		X				105,167.	0.	27,379.
(37) MICHAEL KRUGER VP FOR FINANCE, EFF.08/14	38.00			X				97,525.	0.	6,122.
(38) IMAD MADANAT VP OF PROGRAMS	38.00			X				99,089.	0.	16,876.
(39) MARIO OCHOA VP OF HR & LEADERSHIP DEVE	38.00			X				103,210.	0.	16,909.
(40) JOSE LIZARDO VP FOR FINANCE, 01/14 - 07/14	38.00			X				55,703.	0.	4,793.
(41) PHIDEE TAGALOG FIELD ACCT. SOFTWARE SPECIALIST	38.00					X		143,470.	0.	16,496.
(42) OLIVIER M GUTH DIRECTOR FOR PROGRAM FINANCE MANAGEM	38.00					X		134,317.	0.	16,496.
(43) JASON BROOKS SR. TECHNICAL ADVISOR/WASH	38.00					X		126,347.	0.	16,365.
(44) NESTOR MOGOLLON DIRECTOR FOR MONITORING & EVALUATION	38.00					X		112,733.	0.	16,365.
(45) RICHARD O'FFILL DIRECTOR FOR INFORMATION TECHNOLOGY	38.00					X		122,517.	0.	16,496.
<b>Total to Part VII, Section A, line 1c</b>								<b>1,100,078.</b>		<b>154,297.</b>

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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 178,341.						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b> 3,338,715.						
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 25,059,124.						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 23,068,622.						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	11,504,912.						
	<b>h Total.</b> Add lines 1a-1f .....	▶ 51,644,802.						
	<b>Program Service Revenue</b>	<b>2 a</b> _____					<b>Business Code</b>	
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue .....								
<b>g Total.</b> Add lines 2a-2f .....		▶						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 737,181.				737,181.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶						
	<b>5</b> Royalties .....	▶						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....	▶					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	5.					
		<b>c</b> Gain or (loss) .....	-5.					
		<b>d</b> Net gain or (loss) .....	▶ -5.					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>						
		<b>b</b> Less: direct expenses .....	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events .....	▶					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
<b>b</b> Less: direct expenses .....		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....		▶						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....	▶						
Miscellaneous Revenue		<b>Business Code</b>						
<b>11 a</b> OTHER INCOME .....	900099	9,077.				9,077.		
<b>b</b> FEES REIMBURSEMENT .....	900099	4,060.				4,060.		
<b>c</b> _____								
<b>d</b> All other revenue .....								
<b>e Total.</b> Add lines 11a-11d .....	▶	13,137.						
<b>12 Total revenue.</b> See instructions. .....	▶	52,395,115.	0.	0.		750,313.		

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	38,954.	38,954.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	39,101,010.	39,101,010.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	536,058.		536,058.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,799,188.	757,072.	3,864,296.	177,820.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,048,223.	132,889.	884,121.	31,213.
<b>9</b> Other employee benefits	1,562,716.	172,802.	1,328,669.	61,245.
<b>10</b> Payroll taxes	487,353.	62,798.	409,805.	14,750.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	191,901.		165,059.	26,842.
<b>b</b> Legal	89,014.		89,014.	
<b>c</b> Accounting	558,085.		558,085.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	9,000.			9,000.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,150,770.		664,112.	486,658.
<b>12</b> Advertising and promotion	498,467.		464,662.	33,805.
<b>13</b> Office expenses	967,661.		286,554.	681,107.
<b>14</b> Information technology	262,514.		262,514.	
<b>15</b> Royalties				
<b>16</b> Occupancy	435,307.	41,077.	371,669.	22,561.
<b>17</b> Travel	769,583.	131,456.	619,265.	18,862.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	245,626.		245,626.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	82,099.	93.	79,034.	2,972.
<b>23</b> Insurance	57,742.		57,742.	
<b>24</b> 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.)				
<b>a OTHER EXPENSES</b>	295,955.		277,559.	18,396.
<b>b O/H TO GRANT ALLOCATION</b>	0.	3,909,229.	-3,909,229.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	53,187,226.	44,347,380.	7,254,615.	1,585,231.
<b>26 Joint costs.</b> 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)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,030,478.	<b>1</b>	1,783,330.	
	<b>2</b> Savings and temporary cash investments .....	25,263,768.	<b>2</b>	4,508,765.	
	<b>3</b> Pledges and grants receivable, net .....	2,537,880.	<b>3</b>	3,750,643.	
	<b>4</b> Accounts receivable, net .....	1,880,995.	<b>4</b>	1,151,432.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	4,615.	<b>7</b>	0.	
	<b>8</b> Inventories for sale or use .....	353,757.	<b>8</b>	136,961.	
	<b>9</b> Prepaid expenses and deferred charges .....	95,052.	<b>9</b>	108,902.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 893,746.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 687,434.	215,217.	<b>10c</b>	206,312.
	<b>11</b> Investments - publicly traded securities .....	18,512,645.	<b>11</b>	39,034,126.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	50,894,407.	<b>16</b>	50,680,471.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,190,618.	<b>17</b>	2,523,467.	
	<b>18</b> Grants payable .....	1,059,388.	<b>18</b>	1,260,333.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....			<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,250,006.	<b>26</b>	3,783,800.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	34,251,845.	<b>27</b>	33,520,490.	
	<b>28</b> Temporarily restricted net assets .....	13,392,556.	<b>28</b>	13,376,181.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	47,644,401.	<b>33</b>	46,896,671.		
<b>34</b> Total liabilities and net assets/fund balances .....	50,894,407.	<b>34</b>	50,680,471.		

Form **990** (2014)

**ADVENTIST DEVELOPMENT & RELIEF AGENCY  
INTERNATIONAL**

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	52,395,115.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	53,187,226.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-792,111.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	47,644,401.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	7,021.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	37,360.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	46,896,671.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		<b>X</b>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b> 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? .....	<b>2c</b>	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	<b>3a</b>	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>	<b>X</b>	



ADVENTIST DEVELOPMENT & RELIEF AGENCY

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	72,564,798.	61,710,345.	77,061,459.	57,379,631.	51,644,802.	320,361,035.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	72,564,798.	61,710,345.	77,061,459.	57,379,631.	51,644,802.	320,361,035.
<b>5</b> 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) .....						8,891.
<b>6 Public support.</b> Subtract line 5 from line 4.						320,352,144.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	72,564,798.	61,710,345.	77,061,459.	57,379,631.	51,644,802.	320,361,035.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	459,132.	504,857.	538,673.	394,922.	737,181.	2,634,765.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	16,740.	68,907.	24,929.	37,325.	13,137.	161,038.
<b>11 Total support.</b> Add lines 7 through 10						323,156,838.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,956,050.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.13 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	99.20 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**ADVENTIST DEVELOPMENT & RELIEF AGENCY**

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME FROM OTHER EXEMPT ACTIVITIES

2010 AMOUNT: \$ 16,740.

2011 AMOUNT: \$ 68,907.

2012 AMOUNT: \$ 24,929.

2013 AMOUNT: \$ 37,325.

2014 AMOUNT: \$ 13,137.

**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

ADVENTIST DEVELOPMENT & RELIEF AGENCY  
INTERNATIONAL

Employer identification number

52-1314847

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution.** An organization that 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 its Form 990-PF, Part I, line 2, 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) (2014)

<b>Name of organization</b> ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL	<b>Employer identification number</b> 52-1314847
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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	_____ _____ _____	\$ 18,887,137.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 6,754,282.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 3,921,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 2,674,041.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,178,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,398,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL	<b>Employer identification number</b> 52-1314847
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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
7		\$ 3,338,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>ADVENTIST DEVELOPMENT &amp; RELIEF AGENCY INTERNATIONAL</b>	Employer identification number <b>52-1314847</b>
--	---

**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
2	EDUCATIONAL BOOKS <hr/> <hr/> <hr/>	\$ 6,754,282.	12/31/14
3	SHOES & BOOTS <hr/> <hr/> <hr/>	\$ 3,606,440.	12/31/14
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

<b>Name of organization</b> ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL	<b>Employer identification number</b> 52-1314847
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization <b>ADVENTIST DEVELOPMENT &amp; RELIEF AGENCY INTERNATIONAL</b>	Employer identification number <b>52-1314847</b>
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**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) 2014

**ADVENTIST DEVELOPMENT & RELIEF AGENCY**

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**ADVENTIST DEVELOPMENT & RELIEF AGENCY**

**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		3,840.
<b>j</b> Total. Add lines 1c through 1i .....			3,840.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

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

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

LOBBYING ACTIVITIES WERE CONDUCTED BY ELLEN LEVINSON ON BEHALF OF THE AGFS (ALLIANCE FOR GLOBAL FOOD SECURITY) AND INTERACTION OF WHICH ADRA IS A MEMBER. ACTIVITIES CONTINUED THROUGHOUT THE FISCAL YEAR, AND WERE AIMED AT INFLUENCING LEGISLATION HAVING TO DO WITH FOOD AID. THIS TARGETED BOTH THE FARM BILL, THE GLOBAL FOOD SECURITY ACT, THE FOOD



**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.**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization** **ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL** **Employer identification number** **52-1314847**

**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 .....	0	1
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....	39,053.	22,795.
4 Aggregate value at end of year .....		94,154.
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 checked="" 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 checked="" 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 a 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" 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 XIII, 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....





**ADVENTIST DEVELOPMENT & RELIEF AGENCY  
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**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

**ADVENTIST DEVELOPMENT & RELIEF AGENCY  
INTERNATIONAL**

Schedule D (Form 990) 2014

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**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	55,393,543.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	7,021.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,954,047.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	37,360.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,998,428.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	52,395,115.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	52,395,115.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	56,141,273.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	2,954,047.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,954,047.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	53,187,226.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	53,187,226.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE PRIMARY PURPOSE OF THE ENDOWMENT FUND IS FOR THE EDUCATION AND/OR SUPPORT OF ORPHANS.

**PART X, LINE 2:**

ADRA IS A NONPROFIT CORPORATION WHOSE REVENUE IS DERIVED FROM CONTRIBUTIONS AND OTHER FUNDRAISING ACTIVITIES, AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

FOREIGN CURRENCY EXCHANGE GAIN/LOSS

-3,333.



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

**2014**

▶ Attach to Form 990.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
**ADVENTIST DEVELOPMENT & RELIEF AGENCY  
INTERNATIONAL**

Employer identification number  
**52-1314847**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	0	0	PROGRAM SERVICES/GRANTS	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT; BASIC EDUCATION; BASIC HEALTH; COMMUNITY	637,640.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES/GRANTS	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT; BASIC EDUCATION; BASIC HEALTH; COMMUNITY	2,005,950.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES/GRANTS	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT; BASIC EDUCATION; BASIC HEALTH; DISASTER RELIEF	445,242.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES/GRANTS	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT; DISASTER RELIEF & ASSISTANCE; INSTITUTION	146,507.
NORTH AMERICA	0	0	PROGRAM SERVICES/GRANTS	DISASTER RELIEF & ASSISTANCE; FOOD SECURITY & FOOD AID; INSTITUTION	41,547.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES/GRANTS	BASIC EDUCATION; BASIC HEALTH; DISASTER RELIEF & ASSISTANCE; EDUCATION - VOCATIONAL AND	1,323,555.
SOUTH AMERICA	0	0	PROGRAM SERVICES/GRANTS	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT; BASIC EDUCATION; BASIC HEALTH; DISASTER RELIEF	1,335,142.
SOUTH ASIA	0	0	PROGRAM SERVICES/GRANTS	BASIC EDUCATION; BASIC HEALTH; COMMUNITY DEVELOPMENT; DISASTER RELIEF & ASSISTANCE;	1,537,274.
<b>3 a</b> Sub-total .....	0	1			7,472,857.
<b>b</b> Total from continuation sheets to Part I .....	0	1			32,885,167.
<b>c Totals</b> (add lines 3a and 3b) .....	0	2			40,358,024.

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

Schedule F (Form 990) 2014

SEE PART V FOR COLUMN (E) DESCRIPTIONS



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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT	62,225.	EFT, WIRE, CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC HEALTH	14,449.	EFT, WIRE, CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	COMMUNITY DEVELOPMENT	52,136.	EFT, WIRE, CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RELIEF & ASSISTANCE	441,589.	EFT, WIRE, CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	FOOD SECURITY & FOOD AID	50,692.	EFT, WIRE, CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	INSTITUTION STRENGTHENING & DEVELOPMENT	11,550.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT	5,051.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION	27,172.	EFT, WIRE, CHECK	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 64

**3** Enter total number of other organizations or entities 0

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Schedule F (Form 990)

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

<b>1</b> (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	BASIC HEALTH	142,295.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	COMMUNITY DEVELOPMENT	11,495.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF & ASSISTANCE	1,132,866.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	FOOD SECURITY & FOOD AID	19,870.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	INSTITUTION STRENGTHENING & DEVELOPMENT	561,860.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	REFUGEE ASSISTANCE - RESETTLEMENT	8,104.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	WATER & SANITATION	93,338.	EFT, WIRE, CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT	10,252.	EFT, WIRE, CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BASIC EDUCATION	19,187.	EFT, WIRE, CHECK	0.		

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Schedule F (Form 990)

**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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	BASIC HEALTH	44,470.	EFT, WIRE, CHECK	185,280.	HOUSEHOLD MATERIALS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF & ASSISTANCE	52,395.	EFT, WIRE, CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION - VOCATIONAL AND LITERACY	50,000.	EFT, WIRE, CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	FOOD SECURITY & FOOD AID	19,716.	EFT, WIRE, CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	INSTITUTION STRENGTHENING & DEVELOPMENT	56,060.	EFT, WIRE, CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PRIVATE ENTERPRISE	7,882.	EFT, WIRE, CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT	61,764.	EFT, WIRE, CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	DISASTER RELIEF & ASSISTANCE	49,980.	EFT, WIRE, CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INSTITUTION STRENGTHENING & DEVELOPMENT	34,763.	EFT, WIRE, CHECK	0.		



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Schedule F (Form 990)

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

<b>1</b> (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)
		NORTH AMERICA	DISASTER RELIEF & ASSISTANCE	7,729.	EFT, WIRE, CHECK	0.		
		NORTH AMERICA	FOOD SECURITY & FOOD AID	30,000.	EFT, WIRE, CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	BASIC EDUCATION	18,310.	EFT, WIRE, CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	BASIC HEALTH	23,195.	EFT, WIRE, CHECK	632,840.	HOUSEHOLD MATERIALS	FMV
		RUSSIA AND NEIGHBORING STATES	DISASTER RELIEF & ASSISTANCE	556,147.	EFT, WIRE, CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	FOOD SECURITY & FOOD AID	34,374.	EFT, WIRE, CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	WATER & SANITATION	49,950.	EFT, WIRE, CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	BASIC EDUCATION	14,096.	EFT, WIRE, CHECK	0.		
		SOUTH AMERICA	BASIC HEALTH	56,849.	EFT, WIRE, CHECK	14,315.	HOUSEHOLD MATERIALS	FMV

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

<b>1</b> (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	DISASTER RELIEF & ASSISTANCE	948,287.	EFT, WIRE, CHECK	0.		
		SOUTH AMERICA	EDUCATION - VOCATIONAL AND LITERACY	50,001.	EFT, WIRE, CHECK	0.		
		SOUTH AMERICA	ENVIRONMENT CONSERVATION, ECOLOGY & NATURAL RESOURCES	27,151.	EFT, WIRE, CHECK	0.		
		SOUTH AMERICA	FOOD SECURITY & FOOD AID	40,000.	EFT, WIRE, CHECK	0.		
		SOUTH AMERICA	INSTITUTION STRENGTHENING & DEVELOPMENT	97,340.	EFT, WIRE, CHECK	0.		
		SOUTH AMERICA	NUTRITION	6,930.	EFT, WIRE, CHECK	0.		
		SOUTH AMERICA	REFUGEE ASSISTANCE - RESETTLEMENT	5,383.	EFT, WIRE, CHECK	0.		
		SOUTH AMERICA	WATER & SANITATION	68,689.	EFT, WIRE, CHECK	0.		
		SOUTH ASIA	BASIC EDUCATION	15,678.	EFT, WIRE, CHECK	0.		

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**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	BASIC HEALTH	527,559.	EFT, WIRE, CHECK	0.		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	64,646.	EFT, WIRE, CHECK	0.		
		SOUTH ASIA	DISASTER RELIEF & ASSISTANCE	484,787.	EFT, WIRE, CHECK	0.		
		SOUTH ASIA	FAMILY PLANNING	185,897.	EFT, WIRE, CHECK	0.		
		SOUTH ASIA	FOOD SECURITY & FOOD AID	20,000.	EFT, WIRE, CHECK	0.		
		SOUTH ASIA	REFUGEE ASSISTANCE - RESETTLEMENT	157,418.	EFT, WIRE, CHECK	0.		
		SOUTH ASIA	WATER & SANITATION	75,306.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT	72,372.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION	202,740.	EFT, WIRE, CHECK	6,754,282.	FOOD & HOUSEHOLD MATERIALS	FMV

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Schedule F (Form 990)

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

<b>1</b> (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	BASIC HEALTH	2,553,756.	EFT, WIRE, CHECK	3,049,387.	FOOD & HOUSEHOLD MATERIALS	FMV
		SUB-SAHARAN AFRICA	CHILD SURVIVAL	145,198.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	COMMODITY & FREIGHT	839,102.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOPMENT	27,453.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	DISASTER RELIEF & ASSISTANCE	2,091,890.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	12,964,078.	EFT, WIRE, CHECK	1,057,431.	FOOD & HOUSEHOLD MATERIALS	FMV
		SUB-SAHARAN AFRICA	HIV/AIDS & INFECTIOUS DISEASES	65,857.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	INSTITUTION STRENGTHENING & DEVELOPMENT	1,048,550.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	NUTRITION	115,932.	EFT, WIRE, CHECK	0.		

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Schedule F (Form 990)

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

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REFUGEE ASSISTANCE - RESETTLEMENT	283,131.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	WATER & SANITATION	356,992.	EFT, WIRE, CHECK	0.		



ADVENTIST DEVELOPMENT & RELIEF AGENCY  
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**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; do not file with Form 990)* .....  Yes  No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**PART I, LINE 2:**

GRANT FUNDS SENT TO FOREIGN IMPLEMENTING PARTNERS ARE MONITORED BY THE VARIOUS PROGRAMS UNITS TO ENSURE COMPLIANCE WITH THE GRANT AGREEMENT AND APPLICABLE DONOR REGULATIONS. THE FOREIGN IMPLEMENTING PARTNERS IS REQUIRED TO SEND PERIODIC FINANCIAL AND PROGRAMMATIC REPORTS IN ORDER TO SUBSTANTIATE DRAWDOWN REQUEST FOR FUNDS AND MONITOR EXPENDITURE AND PROGRAM IMPLEMENTATION PROGRESS. PROGRAMMATIC IMPLEMENTATION IS MONITORED ON A PERIODIC BASIS BY THE SENIOR MANAGERS AND TECHNICAL ADVISORS THROUGH EMAILS, CONFERENCE CALLS AND FIELD VISITS WHEN FEASIBLE. THE MONITORING AND EVALUATION UNIT PERFORMS EVALUATIONS OF THE VARIOUS PROGRAMS TO ENSURE PROGRAMMATIC COMPLIANCE TO THE GRANT AND IMPLEMENTATION AGREEMENTS AND THE CARRIES OUT AN ANNUAL REVIEW OF TITLE II PROJECTS TO IDENTIFY ANY NECESSARY CHANGES OR ADJUSTMENT TO IMPROVE PROJECT IMPLEMENTATION. IN ADDITION, A SELECTED SET OF PROGRAMS ARE AUDITED ON A YEARLY BASIS AS PART OF ADRA INTERNATIONAL AUDIT UNDER OMB CIRCULAR A-133.

**PART I, LINE 3:**

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.

**PART I, LINE 3, COLUMN (E):**

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT; BASIC EDUCATION; BASIC HEALTH; COMMUNITY DEVELOPMENT; DISASTER RELIEF & ASSISTANCE; FOOD SECURITY & FOOD AID; INSTITUTION STRENGTHENING & DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC



**Part V Supplemental Information**

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

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT; BASIC EDUCATION; BASIC HEALTH; COMMUNITY DEVELOPMENT; DISASTER RELIEF & ASSISTANCE; FOOD SECURITY & FOOD AID; INSTITUTION STRENGTHENING & DEVELOPMENT; MICROENTERPRISE; REFUGEE ASSISTANCE - RESETTLEMENT; WATER & SANITATION

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT; BASIC EDUCATION; BASIC HEALTH; DISASTER RELIEF & ASSISTANCE; EDUCATION - VOCATIONAL AND LITERACY; FOOD SECURITY & FOOD AID; INSTITUTION STRENGTHENING & DEVELOPMENT; PRIVATE ENTERPRISE

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT; DISASTER RELIEF & ASSISTANCE; INSTITUTION STRENGTHENING & DEVELOPMENT

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: DISASTER RELIEF & ASSISTANCE; FOOD SECURITY & FOOD AID; INSTITUTION STRENGTHENING & DEVELOPMENT

REGION: RUSSIA AND NEIGHBORING STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: BASIC EDUCATION; BASIC HEALTH; DISASTER RELIEF & ASSISTANCE; EDUCATION - VOCATIONAL AND LITERACY; FOOD SECURITY & FOOD AID; HIV/AIDS & INFECTIOUS DISEASES; INSTITUTION STRENGTHENING & DEVELOPMENT; WATER & SANITATION

**Part V Supplemental Information**

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

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT; BASIC EDUCATION; BASIC HEALTH; DISASTER RELIEF & ASSISTANCE; EDUCATION - VOCATIONAL AND LITERACY; ENVIRONMENT CONSERVATION, ECOLOGY & NATURAL RESOURCES; FOOD SECURITY & FOOD AID; INSTITUTION STRENGTHENING & DEVELOPMENT; NUTRITION; PRIVATE ENTERPRISE; REFUGEE ASSISTANCE - RESETTLEMENT; WATER & SANITATION

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: BASIC EDUCATION; BASIC HEALTH; COMMUNITY DEVELOPMENT; DISASTER RELIEF & ASSISTANCE; FAMILY PLANNING; FOOD SECURITY & FOOD AID; INSTITUTION STRENGTHENING & DEVELOPMENT; NUTRITION; REFUGEE ASSISTANCE - RESETTLEMENT; WATER & SANITATION

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT; BASIC EDUCATION; BASIC HEALTH; CHILD SURVIVAL; COMMODITY & FREIGHT; COMMUNITY DEVELOPMENT; DISASTER RELIEF & ASSISTANCE; FOOD SECURITY & FOOD AID; HIV/AIDS & INFECTIOUS DISEASES; INSTITUTION STRENGTHENING & DEVELOPMENT; NUTRITION; REFUGEE ASSISTANCE - RESETTLEMENT; WATER & SANITATION

SCHEDULE F, PART IV, LINE 6:

THE ORGANIZATION HAS FILED FORM 5713 UNDER SEPARATE COVER TO THE IRS.

THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 990-T.

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization **ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL** Employer identification number **52-1314847**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVENTIST COMMUNITY SERVICES 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20905	20-3519054	501(C)(3)	38,954.	0.			PURCHASE OF CLEANING SUPPLIES

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2014)**

**ADVENTIST DEVELOPMENT & RELIEF AGENCY  
INTERNATIONAL**

**Part III** Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2:**

ADRA DOES NOT PROGRAM PUBLICLY FUNDED GRANTS IN THE US. ADRA WORKS WITH LOCAL ORGANIZATIONS AND CHURCHES TO IMPLEMENT PRIVATELY FUNDED PROGRAMS IN THE US. THESE PROGRAMS ADHERE TO STRINGENT EMERGENCY RESPONSE INTERNATIONAL STANDARDS, AND ARE IN COMPLIANCE WITH NATIONAL COORDINATION BODIES, SUCH AS FEMA. ADRA STAFF SUPPORT THE IMPLEMENTATION OF THE PROGRAMS AND PROVIDE TECHNICAL EXPERTISE DURING THE EMERGENCY RESPONSE. THE IDENTIFICATION OF BENEFICIARIES IS DONE THROUGH HOUSEHOLD SURVEYS AND INTERVIEWS.

PROGRAMMATIC IMPLEMENTATION AND COMPLIANCE ARE MONITORED THROUGH SITE



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization **ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL**

Employer identification number  
**52-1314847**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <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 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 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 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)									
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b> X									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b> X									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" 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 type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" 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 type="checkbox"/> Approval by the board or compensation committee				
<input checked="" 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 type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization? .....	<b>5a</b>	X								
<b>b</b> Any related organization? .....	<b>5b</b>	X								
If "Yes" to line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization? .....	<b>6a</b>	X								
<b>b</b> Any related organization? .....	<b>6b</b>	X								
If "Yes" to line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X								
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) 2014

**ADVENTIST DEVELOPMENT & RELIEF AGENCY  
INTERNATIONAL**

52-1314847

**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 and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GEOFFREY MBWANA BOARD CHAIR	(i)	0.	0.	0.	0.	0.	0.
	(ii)	91,020.	0.	5,689.	74,941.	171,650.	0.
(2) PHIDEE TAGALOG FIELD ACCT. SOFTWARE SPECIALIST	(i)	142,880.	0.	6,667.	9,829.	159,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) OLIVIER M GUTH DIRECTOR FOR PROGRAM FINANCE MANAGEMENT	(i)	133,996.	0.	6,667.	9,829.	150,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

ADVENTIST DEVELOPMENT & RELIEF AGENCY  
INTERNATIONAL

**Part III** Supplemental Information

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

PART I, LINE 1A:

THE FOLLOWING EMPLOYEES RECEIVED HOUSING ALLOWANCE WHICH IS TAXABLE:

MICHAEL KRUGER: \$25,000

THE FOLLOWING EMPLOYEES RECEIVED TRAVEL FOR COMPANIONS ALLOWANCE WHICH IS

TAXABLE:

JONATHAN DUFFY: \$2,220.





**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SILVIA OCHOA	SEE PART V	97,269.	SEE PART V		X
HILDA MADANAT	SEE PART V	35,018.	SEE PART V		X
NADA MALAKA	SEE PART V	61,682.	SEE PART V		X
HEBA ANTWAN	SEE PART V	105,645.	SEE PART V		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: SILVIA OCHOA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SILVIA OCHOA, ASSOCIATE DIRECTOR OF DONOR RELATIONS, DAUGHTER OF OFFICER MARIO OCHOA, VP FOR HR AND LEADERSHIP DEVELOPMENT.

(D) DESCRIPTION OF TRANSACTION: SILVIA OCHOA WAS EMPLOYED AS ASSOCIATE DIRECTOR OF DONOR RELATIONS.

(A) NAME OF PERSON: HILDA MADANAT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

HILDA MADANAT IS THE WIFE OF VICE PRESIDENT OF PROGRAMS, IMAD MADANAT.

(D) DESCRIPTION OF TRANSACTION: HILDA MADANAT WAS EMPLOYED BY ADRA.

(A) NAME OF PERSON: NADA MALAKA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NADA MALAKA, PROGRAM FINANCE SPECIALIST, SISTER-IN-LAW OF VICE PRESIDENT OF PROGRAMS, IMAD MADANAT

(D) DESCRIPTION OF TRANSACTION: NADA MALAKA WAS EMPLOYED AS PROGRAM FINANCE SPECIALIST.

**Part V Supplemental Information**

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

(A) NAME OF PERSON: HEBA ANTWAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

HEBA ANTWAN, CHIEF ACCOUNTANT, SISTER-IN-LAW OF VICE PRESIDENT OF PROGRAMS, IMAD MADANAT

(D) DESCRIPTION OF TRANSACTION: HEBA ANTWAN WAS EMPLOYED AS CHIEF ACCOUNTANT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL** Employer identification number **52-1314847**

**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	X		6,754,282.	FMV
5 Clothing and household goods	X		3,606,440.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	27,745.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	2	142,560.	FMV
20 Drugs and medical supplies	X	4	59,014.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>COMMODITIES</u> )	X	2	914,871.	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization <b>ADVENTIST DEVELOPMENT &amp; RELIEF AGENCY INTERNATIONAL</b>	Employer identification number <b>52-1314847</b>
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**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**COMMUNITIES, ORGANIZATIONS, AND GOVERNMENTS TO IMPROVE QUALITY OF LIFE  
BY PROVIDING ACCESS TO FOOD, CLEAN DRINKING WATER, AGRICULTURAL  
ASSISTANCE, BASIC HEALTH CARE AND DISEASE PREVENTION, EDUCATION,  
MICRO-CREDITS, VOCATIONAL TRAINING, AND EMERGENCY RELIEF. ADRA  
INITIATIVES DEVELOP HUMAN CAPACITY, INCREASE SELF-RELIANCE, MEET  
CHRONIC NEEDS, AND EMPOWER COMMUNITIES TO SURVIVE CRISIS. ADRA  
EMPHASIZES SUSTAINABLE, COMMUNITY-BASED PROGRAMS THAT IMPROVE ACCESS TO  
SERVICES FOR WOMEN AND CHILDREN AND INVOLVE LOCAL PARTICIPATION IN  
PLANNING IMPLEMENTATION, MONITORING AND EVALUATION.**

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

**COMMODITIES**

**EXPENSES \$ 914,871. INCLUDING GRANTS OF \$ 914,871. REVENUE \$ 0.**

**OCEAN AND INLAND FREIGHT**

**EXPENSES \$ 853,143. INCLUDING GRANTS OF \$ 853,143. REVENUE \$ 0.**

**ALLOCATION OF OCCUPANCY AND DEPRECIATION**

**EXPENSES \$ 41,170. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**OVERHEAD EXPENSES**

**EXPENSES \$ 3,909,229. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**SALARY EXPENSE**

**EXPENSES \$ 1,125,561. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

Name of the organization	ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL	Employer identification number	52-1314847
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## TRAVEL EXPENSE

EXPENSES \$ 131,456. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

## GRANTS OTHER

EXPENSES \$ 202,591. INCLUDING GRANTS OF \$ 202,591. REVENUE \$ 0.

## FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS REVIEWED INTERNALLY BY THE CONTROLLER AND THE CFO. THE FINANCE COMMITTEE WHICH IS A SUBSET OF THE ADRA BOARD, REVIEWS THE FORM 990 PRIOR TO FILING, PER THE TERMS OF REFERENCE APPROVED BY THE BOARD.

## FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST STATEMENTS ARE REQUIRED TO BE FILED ANNUALLY BY ALL EMPLOYEES AND BOARD MEMBERS, AND ANY NEW CONFLICTS MUST BE DISCLOSED ON A CONTINUING BASIS. THE STATEMENTS ARE REVIEWED AND DEALT WITH ON AN INDIVIDUAL BASIS TO BRING RESOLUTION TO ITEMS DISCLOSED. ADHERENCE IS REVIEWED BY THE GENERAL CONFERENCE AUDITING SERVICE AS A PART OF THE ANNUAL POLICY COMPLIANCE AUDIT.

## FORM 990, PART VI, SECTION B, LINE 15:

ADRA ADOPTS THE COMPENSATION RECOMMENDATION OF THE GREATER WASHINGTON REMUNERATION COMMITTEE, WHICH IS COMPRISED OF MEMBERS FROM MULTIPLE INSTITUTIONS, AND INDEPENDENT PERSONS. THIS RECOMMENDATION RELATES TO THE COMPENSATION FACTORS OF THE ESTABLISHED WAGE SCALE AND IS APPLICABLE FOR ALL EXEMPT POSITIONS. THERE IS NO SEPARATE PROCESS OR COMPENSATION PACKAGE FOR OFFICERS OR DIRECTORS. ADHERENCE TO COMPENSATION POLICY IS REVIEWED BY THE GENERAL CONFERENCE AUDITING SERVICE IN AN ANNUAL POLICY COMPLIANCE

Name of the organization ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL	Employer identification number 52-1314847
--	--

AUDIT.

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

AK,AL,AR,CA,CT,FL,HI,IL,KS,KY,MA,MD,MI,MS,MN,NC,NJ,NH,NM,NY,OK,OR,PA,RI,SC  
TN,UT,VA,WI,WV

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

ADRA DOES NOT MAKE AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENTS,  
CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY EXCHANGE GAIN/LOSS	-3,333.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	40,693.
TOTAL TO FORM 990, PART XI, LINE 9	37,360.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND  
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL  
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

Name of the organization **ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL**

Employer identification number  
**52-1314847**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE GENERAL CONFERENCE CORPORATION OF SEVENTH DAY ADVENTIST - 52-0643036, 12501 OLD COLUMBIA PIKE, SILVER SPRING, MD 20904	CHURCH	DISTRICT OF COLUMBIA	501(C)(3)	1	N/A		X

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

Schedule R (Form 990) 2014



**ADVENTIST DEVELOPMENT & RELIEF AGENCY  
INTERNATIONAL**

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

		Yes	No
<b>1</b>	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?		
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
<b>b</b>	Gift, grant, or capital contribution to related organization(s)		X
<b>c</b>	Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b>	Loans or loan guarantees to or for related organization(s)		X
<b>e</b>	Loans or loan guarantees by related organization(s)		X
<b>f</b>	Dividends from related organization(s)		X
<b>g</b>	Sale of assets to related organization(s)		X
<b>h</b>	Purchase of assets from related organization(s)		X
<b>i</b>	Exchange of assets with related organization(s)		X
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b>	Sharing of paid employees with related organization(s)		X
<b>p</b>	Reimbursement paid to related organization(s) for expenses		X
<b>q</b>	Reimbursement paid by related organization(s) for expenses	X	
<b>r</b>	Other transfer of cash or property to related organization(s)		X
<b>s</b>	Other transfer of cash or property from related organization(s)	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				



