

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning and ending																										
B Check if applicable: Address change Name change Initial return Final return/terminated <input checked="" type="checkbox"/> Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL</td> <td>D Employer identification number 52-1314847</td> </tr> <tr> <td colspan="2">Doing business as ADRA INTERNATIONAL</td> <td rowspan="2">E Telephone number (301) 680-6380</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">12501 OLD COLUMBIA PIKE</td> <td rowspan="2">G Gross receipts \$ 126,694,801.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20904</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: MICHAEL KRUGER SAME AS C ABOVE</td> <td> H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527</td> </tr> <tr> <td colspan="3">J Website: ▶ WWW.ADRA.ORG</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td>L Year of formation: 1956 M State of legal domicile: DC</td> </tr> </table>	C Name of organization ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL		D Employer identification number 52-1314847	Doing business as ADRA INTERNATIONAL		E Telephone number (301) 680-6380	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	12501 OLD COLUMBIA PIKE		G Gross receipts \$ 126,694,801.	City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20904		F Name and address of principal officer: MICHAEL KRUGER SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number ▶	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			J Website: ▶ WWW.ADRA.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1956 M State of legal domicile: DC
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Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>DEVELOPMENT AND DISASTER RELIEF TO COMMUNITIES IN NEED.</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a) 3 43
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 37
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 131
	6	Total number of volunteers (estimate if necessary) 6 37
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
	Revenue	8
9		Program service revenue (Part VIII, line 2g) 0. 0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,796,531. -179,770.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 374,002. 112,146.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 86,510,622. 120,902,466.
Expenses		13
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15,419,599. 16,390,800.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 115,465.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,783,372.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,678,136. 7,450,803.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 83,872,401. 121,264,397.
	19	Revenue less expenses. Subtract line 18 from line 12 2,638,221. -361,931.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) Beginning of Current Year 71,939,454. End of Year 84,584,097.
	21	Total liabilities (Part X, line 26) 16,802,864. 29,935,739.
	22	Net assets or fund balances. Subtract line 21 from line 20 55,136,590. 54,648,358.

Part II Signature Block

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

Sign Here	Signature of officer OLIVIER GUTH, TREASURER/VP FOR FINANCE Type or print name and title	Date June 1, 2022
Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature
	Firm's name ▶ RSM US LLP	Date 06/01/22
	Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102	Check if self-employed <input type="checkbox"/> PTIN P01249785
		Firm's EIN ▶ 42-0714325 Phone no. 703-336-6400

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 71,126,556. including grants of \$ 71,126,556.) (Revenue \$) ADRA INTERNATIONAL HAS MORE THAN 25 GRANTS AND COOPERATIVE AGREEMENTS IN OVER 14 COUNTRIES. THE AWARDS ARE COMPRISED MAINLY OF FOOD SECURITY, HEALTH AND MULTI-SECTOR EMERGENCY RESPONSE PROJECTS. FOOD SECURITY GRANTS ADDRESS THE CAUSES 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 \$ 11,179,535. including grants of \$ 11,179,535.) (Revenue \$) DEVELOPMENT AND RELIEF PROJECTS, DISASTER ASSISTANT FUNDING AND GRANT MATCH: ADRA INTERNATIONAL SUPPORTED PROJECTS IN OVER 102 COUNTRIES. PROJECTS INCLUDED EMERGENCY MANAGEMENT OF DISASTER RELIEF AND LONG TERM RECOVERY. ECONOMIC DEVELOPMENT PROJECTS ARE AIMED TO IMPROVE THE QUALITY OF LIFE FOR RECIPIENTS (BOTH MEN AND WOMEN). FOOD SECURITY PROJECTS INCLUDE FAMINE RELIEF AND SHORT TERM NEEDS FROM DISPLACEMENT. LONG TERM PROJECTS INCLUDE THE SECTORS OF WATER, SANITATION, HYGINE, HEALTH, NUTRITION, AGRICULTURE, LIVELIHOODS AND ECONOMIC GROWTH. THIS NEEDS ARE ADDRESSED WITH AGRICULTURAL PROJECTS AND TRAINING THE RECIPIENTS IN VARIOUS SKILLS.

4c (Code:) (Expenses \$ 8,427,958. including grants of \$ 8,427,958.) (Revenue \$) DONATED MATERIALS: ADRA SUPPLIED THIRTY (30) CONTAINERS OF DONATED MATERIALS CONTAINING FOOD AND MEDICAL SUPPLIES WORTH OVER \$8.3 MILLION IN THIRTEEN (13) COUNTRIES IN 2020.

4d Other program services (Describe on Schedule O.) (Expenses \$ 19,044,608. including grants of \$ 6,573,280.) (Revenue \$)

4e Total program service expenses 109,778,657.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

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

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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 131		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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 on 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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	43	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	37	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," 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?		
16b			

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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 **▶**
 OLIVIER GUTH - 301-680-6380
 12501 OLD COLUMBIA PIKE, SILVER SPRING, MD 20904

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. See instructions for the order in which to list the persons above.

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		X			0.	116,743.	79,806.	
(2) ELLA SIMMONS VICE CHAIR/AUDIT COMMITTEE CHAIR	1.00 38.00	X		X			0.	110,601.	80,930.	
(3) JUAN PRESTOL TREASURER/FINANCE COMMITTEE CHAIR	1.00 38.00	X		X			0.	112,318.	79,595.	
(4) GT NG BOARD MEMBER	1.00 38.00	X					0.	116,743.	79,806.	
(5) TED WILSON BOARD MEMBER	1.00 38.00	X					0.	109,748.	64,687.	
(6) G ALEXANDAR BRYANT BOARD MEMBER (BEGAN 09/29/2020)	1.00	X					0.	0.	0.	
(7) BONITA SHIELDS BOARD MEMBER (BEGAN 04/08/2020)	1.00	X					0.	0.	0.	
(8) PETRAS BAHADUE BOARD MEMBER	1.00	X					0.	0.	0.	
(9) AHO BALIKI BOARD MEMBER	1.00	X					0.	0.	0.	
(10) RENEE BATTLE-BROOKS BOARD MEMBER	1.00	X					0.	0.	0.	
(11) DEBRA BRILL BOARD MEMBER (ENDING 05/05/20)	1.00	X					0.	0.	0.	
(12) MARIO BRITO BOARD MEMBER	1.00	X					0.	0.	0.	
(13) ZENAIDA DELICA-WILLISON BOARD MEMBER	1.00	X					0.	0.	0.	
(14) SYLVANA GITTENS BOARD MEMBER	1.00	X					0.	0.	0.	
(15) RICHARD HART BOARD MEMBER	1.00	X					0.	0.	0.	
(16) ELIE HENRY BOARD MEMBER	1.00	X					0.	0.	0.	
(17) DANIEL JACKSON BOARD MEMBER (ENDING 09/29/20)	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (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) NENAD JEPURANOVIC BOARD MEMBER	1.00	X						0.	0.	0.
(19) RAAFAT KAMAL BOARD MEMBER	1.00	X						0.	0.	0.
(20) MIKHAIL KAMINSKIY BOARD MEMBER	1.00	X						0.	0.	0.
(21) ERTON KOHLER BOARD MEMBER	1.00	X						0.	0.	0.
(22) MARGUERITE KOUTOUAN BOARD MEMBER	1.00	X						0.	0.	0.
(23) SUNG KWON BOARD MEMBER	1.00	X						0.	0.	0.
(24) EZRAS LARKA BOARD MEMBER	1.00	X						0.	0.	0.
(25) GEIR OLAVE LISLE BOARD MEMBER	1.00	X						0.	0.	0.
(26) SAMUEL LUMWE BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								0.	566,153.	384,824.
c Total from continuation sheets to Part VII, Section A								1,446,468.	0.	248,031.
d Total (add lines 1b and 1c)								1,446,468.	566,153.	632,855.

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 **38**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
PROLIST, INC, 8341 BEEHCRAFT AVENUE, GAITHERSBURG, MD 20879	MAILING SERVICE	595,809.
HOUSE OF PRINTING, 15401 OLD COLUMBIA PIKE, BURTONSVILLE, MD 20866	MAILING SERVICE	587,974.
PRICewaterHOUSECOOPERS, LLP PO BOX 7247-8001, PHILADELPHIA, PA 19170	AUDIT SERVICE	496,358.
D&W SOURCEALL, INC, 2224 SE CHARLESTON DR, PORT SAINT LUCIE, FL 34952	WHOLESALE PRODUCTS	384,345.
INTEGRAM 22695 COMMERCE CENTER CT., DULLES, VA 20166	DATA BREACH NOTIFICATION	335,102.

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 **10**

SEE PART VII, SECTION A CONTINUATION SHEETS

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) FRED MANCHUR BOARD MEMBER	1.00	X						0.	0.	0.
(28) SOLOMON MAPHOSA BOARD MEMBER	1.00	X						0.	0.	0.
(29) RICK MCEDWARD BOARD MEMBER	1.00	X						0.	0.	0.
(30) HOPEKINGS NGOMBA BOARD MEMBER	1.00	X						0.	0.	0.
(31) BRENDA PEREYRA BOARD MEMBER	1.00	X						0.	0.	0.
(32) SCOTT REINER BOARD MEMBER	1.00	X						0.	0.	0.
(33) BLASIOUS RUGURI BOARD MEMBER	1.00	X						0.	0.	0.
(34) SAMUEL SAW BOARD MEMBER	1.00	X						0.	0.	0.
(35) TIM SCHROEDER BOARD MEMBER	1.00	X						0.	0.	0.
(36) SARAH SEREM BOARD MEMBER	1.00	X						0.	0.	0.
(37) LIONEL SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(38) DAVID TAYLOR BOARD MEMBER (ENDING 09/29/20)	1.00	X						0.	0.	0.
(39) JOHN THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
(40) GARY THURBER BOARD MEMBER	1.00	X						0.	0.	0.
(41) JOEL TOMPKINS BOARD MEMBER	1.00	X						0.	0.	0.
(42) FILIBERTO VERDUZCO BOARD MEMBER	1.00	X						0.	0.	0.
(43) ELIE WEICK-DIDO BOARD MEMBER	1.00	X						0.	0.	0.
(44) GERALD WINSLOW BOARD MEMBER	1.00	X						0.	0.	0.
(45) NORBERT ZENS BOARD MEMBER	1.00	X						0.	0.	0.
(46) MICHAEL KRUGER BOARD SECRETARY /PRESIDENT	38.00	X		X				159,460.	0.	31,973.
Total to Part VII, Section A, line 1c										

ADVENTIST DEVELOPMENT & RELIEF AGENCY
INTERNATIONAL

Form 990

52-1314847

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			
(47) ANNETTA GIBSON TREASURER / VP FOR FINANCE	38.00			X				11,634.	0.	28,335.
(48) IMAD MADANAT VP FOR PROGRAMS	38.00			X				122,601.	0.	30,164.
(49) KOREY DOWLING VP FOR PEOPLE AND CULTURE	38.00			X				187,224.	0.	23,662.
(50) MATTHEW SILIGA VP FOR MARKETING & DEVELOPMENT	38.00			X				169,243.	0.	23,662.
(51) PETER DELHOVE DIRECTOR OF SOCIAL ENTERPRISE	38.00					X		183,924.	0.	19,259.
(52) NESTOR MOGOLLON DIRECTOR OF MONITORING AND EVALUATIO	38.00					X		158,198.	0.	29,656.
(53) MARIO LOPES DE OLIVEIRA DIRECTOR OF EMERGENCY MANAGEMENT	38.00					X		157,445.	0.	19,633.
(54) DAVID ACKAH DIRECTOR OF SUNPLUS	38.00					X		154,180.	0.	19,259.
(55) MARK LE ROUX NETWORK TECHNICAL FUTURIST	38.00					X		142,559.	0.	22,428.
Total to Part VII, Section A, line 1c								1,446,468.		248,031.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	47,930.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	2,494,700.				
	e Government grants (contributions)	1e	82,760,401.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	35,667,059.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 8,750,965.				
	h Total. Add lines 1a-1f			120,970,090.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		612,565.			612,565.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	5,000,000.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	5,792,335.				
	c Gain or (loss)	7c	-792,335.				
d Net gain or (loss)			-792,335.		-792,335.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	112,146.		112,146.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			112,146.			
12 Total revenue. See instructions			120,902,466.	0.	0.	-67,624.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,740,362.	2,740,362.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	94,566,967.	94,566,967.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,026,029.	109,419.	916,610.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,917,453.	6,520,668.	3,001,491.	395,294.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,451,794.	560,066.	857,733.	33,995.
9 Other employee benefits	3,048,667.	1,872,993.	1,007,148.	168,526.
10 Payroll taxes	946,857.	544,757.	369,223.	32,877.
11 Fees for services (nonemployees):				
a Management				
b Legal	121,643.	62,319.	59,324.	
c Accounting	456,829.	234,038.	222,791.	
d Lobbying	8,700.	4,457.	4,243.	
e Professional fundraising services. See Part IV, line 17	115,465.			115,465.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,912,686.	829,898.	790,015.	292,773.
12 Advertising and promotion	233,396.			233,396.
13 Office expenses	1,710,964.	192,283.	183,042.	1,335,639.
14 Information technology	974,991.	437,364.	416,345.	121,282.
15 Royalties				
16 Occupancy	651,569.	329,514.	296,679.	25,376.
17 Travel	418,260.	284,198.	125,811.	8,251.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	104,040.	53,301.	50,739.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	130,511.	73,604.	56,145.	762.
23 Insurance	104,689.	53,633.	51,056.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	622,525.	308,816.	293,973.	19,736.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	121,264,397.	109,778,657.	8,702,368.	2,783,372.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,708,747.	1	1,810,275.
	2 Savings and temporary cash investments	8,804,836.	2	24,643,584.
	3 Pledges and grants receivable, net	4,642,613.	3	6,015,984.
	4 Accounts receivable, net	7,750,986.	4	8,859,568.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	478,657.	7	455,595.
	8 Inventories for sale or use	199,701.	8	220,987.
	9 Prepaid expenses and deferred charges	275,052.	9	164,284.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,292,209.		
	b Less: accumulated depreciation	10b 828,796.		
	11 Investments - publicly traded securities	46,467,739.	11	40,652,021.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,066,407.	15	1,298,386.
16 Total assets. Add lines 1 through 15 (must equal line 33)	71,939,454.	16	84,584,097.	
Liabilities	17 Accounts payable and accrued expenses	10,617,819.	17	12,245,491.
	18 Grants payable	5,118,638.	18	14,414,162.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,066,407.	25	3,276,086.
	26 Total liabilities. Add lines 17 through 25	16,802,864.	26	29,935,739.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	35,091,171.	27	35,875,582.
	28 Net assets with donor restrictions	20,045,419.	28	18,772,776.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	55,136,590.	32	54,648,358.
33 Total liabilities and net assets/fund balances	71,939,454.	33	84,584,097.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	120,902,466.
2	Total expenses (must equal Part IX, column (A), line 25)	2	121,264,397.
3	Revenue less expenses. Subtract line 2 from line 1	3	-361,931.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	55,136,590.
5	Net unrealized gains (losses) on investments	5	-520,128.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	393,827.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	54,648,358.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis Consolidated basis Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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 on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization ADVENTIST DEVELOPMENT & RELIEF AGENCY
INTERNATIONAL

Employer identification number
52-1314847

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55,016,285.	53,890,714.	62,461,901.	84,340,089.	120,970,090.	376,679,079.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	55,016,285.	53,890,714.	62,461,901.	84,340,089.	120,970,090.	376,679,079.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						376,679,079.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	55,016,285.	53,890,714.	62,461,901.	84,340,089.	120,970,090.	376,679,079.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	696,102.	664,094.	997,887.	925,148.	612,565.	3,895,796.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22,206.	27,913.	98,869.	374,002.	112,146.	635,136.
11 Total support. Add lines 7 through 10						381,210,011.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	98.81	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.53	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶ <input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			▶
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
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).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Part VI

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

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

OTHER INCOME FROM OTHER EXEMPT ACTIVITIES

2016 AMOUNT: \$ 22,206.

2017 AMOUNT: \$ 27,913.

2018 AMOUNT: \$ 98,869.

2019 AMOUNT: \$ 374,002.

2020 AMOUNT: \$ 112,146.

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

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL	Employer identification number 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	_____ _____ _____	\$ 79,117,092.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 8,027,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 2,494,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 7,678,749.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL	Employer identification number 52-1314847
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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
1	COMMODITIES & OCEAN/INLAND FREIGHT _____ _____ _____	\$ 697,406.	12/31/20
2	DONATED TENTS. _____ _____ _____	\$ 13,297.	07/01/20
4	CLOTHES AND MEDICAL SUPPLIES _____ _____ _____	\$ 7,678,749.	07/01/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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

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

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

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

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

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

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

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

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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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-.

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		8,700.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			8,700.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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 INTERACTION OF WHICH ADRA IS A MEMBER, AND MR. JAMES STANDISH. ACTIVITIES CONTINUED THROUGHOUT THE FISCAL YEAR, AND WERE AIMED AT INFLUENCING LEGISLATION HAVING TO DO WITH US GOVERNMENT FOREIGN ASSISTANCE APPROPRIATION BUDGET AND PRIORITIES. THIS TARGETED BOTH ACTIONS BY BOTH HOUSES OF CONGRESS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about conservation easement purposes, reporting requirements (2a-2d), and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about reporting art and historical treasures (1a, 1b) and their financial gain (2a, 2b).

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	75,197.	95,515.	94,179.	98,147.	97,520.
b Contributions					
c Net investment earnings, gains, and losses	-919.	-20,318.	1,336.	-3,968.	627.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	74,278.	75,197.	95,515.	94,179.	98,147.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment 100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,292,209.	828,796.	463,413.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				463,413.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	1,298,386.
(3) PPP LOAN	1,977,700.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,276,086.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	123,460,421.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-520,128.	
b	Donated services and use of facilities	2b	2,824,469.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	253,614.	
e	Add lines 2a through 2d		2e	2,557,955.
3	Subtract line 2e from line 1		3	120,902,466.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	120,902,466.

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

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

1	Total expenses and losses per audited financial statements		1	123,948,653.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,824,469.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-140,213.	
e	Add lines 2a through 2d		2e	2,684,256.
3	Subtract line 2e from line 1		3	121,264,397.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	121,264,397.

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 NOT-FOR-PROFIT 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:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS

253,614.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REFUND OF PRIOR YEARS' GRANTS -140,213.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL	Employer identification number 52-1314847
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES/GRANTS	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT, BASIC EDUCATION, DISASTER RELIEF &	2,218,898.
EAST ASIA AND THE PACIFIC	0	4	PROGRAM SERVICES/GRANTS	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT, BASIC EDUCATION, DISASTER RELIEF &	2,156,829.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	PROGRAM SERVICES/GRANTS	DISASTER RELIEF & ASSISTANCE, ENVIRONMENT CONSERVATION, ECOLOGY & NATURAL RESOURCES, FOOD	1,431,098.
MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAM SERVICES/GRANTS	BASIC EDUCATION, BASIC HEALTH, DISASTER RELIEF & ASSISTANCE, EDUCATION - VOCATIONAL AND	32,883,956.
NORTH AMERICA	0	1	PROGRAM SERVICES/GRANTS	BASIC EDUCATION, BASIC HEALTH, FOOD SECURITY & FOOD AID, HIV/AIDS & INFECTIOUS DISEASES	420,000.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES/GRANTS	BASIC HEALTH, DISASTER RELIEF & ASSISTANCE, FOOD SECURITY & FOOD AID, HIV/AIDS &	1,486,384.
SOUTH AMERICA	0	1	PROGRAM SERVICES/GRANTS	BASIC HEALTH, DISASTER RELIEF & ASSISTANCE, FOOD SECURITY & FOOD AID, HIV/AIDS &	14,766,821.
SOUTH ASIA	0	0	PROGRAM SERVICES/GRANTS	BASIC HEALTH, DISASTER RELIEF & ASSISTANCE, FOOD SECURITY & FOOD AID, HIV/AIDS &	463,304.
3 a Subtotal	0	10			55,827,290.
b Total from continuation sheets to Part I	0	1			31,291,093.
c Totals (add lines 3a and 3b)	0	11			87,118,383.

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

Schedule F (Form 990) 2020

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT	96,869.	EFT, WIRE, CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION	832,210.	EFT, WIRE, CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RELIEF & ASSISTANCE	438,807.	EFT, WIRE, CHECK	0.	DISASTER MATERIALS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	FOOD SECURITY & FOOD AID	761,015.		0.	FOOD	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HIV/AIDS & INFECTIOUS DISEASES	25,000.	EFT, WIRE, CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	INSTITUTION STRENGTHENING & DEVELOPMENT	17,012.	EFT, WIRE, CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	WATER & SANITATION	47,985.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT	598,471.	EFT, WIRE, CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► 60

3 Enter total number of other organizations or entities ► 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION	344,227.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF & ASSISTANCE	345,044.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	FOOD SECURITY & FOOD AID	151,612.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	HIV/AIDS & INFECTIOUS DISEASES	54,296.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	INFRASTRUCTURE	280,547.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	INSTITUTION STRENGTHENING & DEVELOPMENT	246,061.	EFT, WIRE, CHECK	0.		
		EAST ASIA AND THE PACIFIC	WATER & SANITATION	136,569.	EFT, WIRE, CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF & ASSISTANCE	107,697.	EFT, WIRE, CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ENVIRONMENT CONSERVATION, ECOLOGY & NATURAL RESOURCES	45,000.	EFT, WIRE, CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	FOOD SECURITY & FOOD AID	994,687.	EFT, WIRE, CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HIV/AIDS & INFECTIOUS DISEASES	125,000.	EFT, WIRE, CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	INSTITUTION STRENGTHENING & DEVELOPMENT	120,000.	EFT, WIRE, CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	WATER & SANITATION	38,714.	EFT, WIRE, CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	BASIC EDUCATION	10,639.	EFT, WIRE, CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	BASIC HEALTH	299,550.	EFT, WIRE, CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	DISASTER RELIEF & ASSISTANCE	8,270,645.	EFT, WIRE, CHECK	1,016,555.		
		MIDDLE EAST AND NORTH AFRICA	EDUCATION -VOCATIONAL AND LITERACY	50,000.	EFT, WIRE, CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	FOOD SECURITY & FOOD AID	17,336,689.	EFT, WIRE, CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	HIV/AIDS & INFECTIOUS DISEASES	45,000.	EFT, WIRE, CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	INSTITUTION STRENGTHENING & DEVELOPMENT	41,590.	EFT, WIRE, CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	REFUGEE ASSISTANCE - RESETTLEMENT	2,403,161.	EFT, WIRE, CHECK	0.	FOOD	FMV
		MIDDLE EAST AND NORTH AFRICA	WATER & SANITATION	1,898,068.	EFT, WIRE, CHECK	0.		
		NORTH AMERICA	BASIC EDUCATION	176,344.	EFT, WIRE, CHECK	0.		
		NORTH AMERICA	BASIC HEALTH	176,344.	EFT, WIRE, CHECK	0.		
		NORTH AMERICA	FOOD SECURITY & FOOD AID	23,226.	EFT, WIRE, CHECK	0.		
		NORTH AMERICA	HIV/AIDS & INFECTIOUS DISEASES	44,086.	EFT, WIRE, CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	BASIC HEALTH	30,000.	EFT, WIRE, CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	DISASTER RELIEF & ASSISTANCE	10,000.	EFT, WIRE, CHECK	801,544.		
		RUSSIA AND NEIGHBORING STATES	FOOD SECURITY & FOOD AID	524,840.	EFT, WIRE, CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	HIV/AIDS & INFECTIOUS DISEASES	50,000.	EFT, WIRE, CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	INSTITUTION STRENGTHENING & DEVELOPMENT	55,000.	EFT, WIRE, CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	WATER & SANITATION	15,000.	EFT, WIRE, CHECK	0.		
		SOUTH AMERICA	BASIC HEALTH	3,048,748.	EFT, WIRE, CHECK	0.		
		SOUTH AMERICA	DISASTER RELIEF & ASSISTANCE	911,576.	EFT, WIRE, CHECK	34,047.		
		SOUTH AMERICA	FOOD SECURITY & FOOD AID	5,199,132.	EFT, WIRE, CHECK	0.		
		SOUTH AMERICA	HIV/AIDS & INFECTIOUS DISEASES	95,000.	EFT, WIRE, CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	REFUGEE ASSISTANCE - RESETTLEMENT	2,597,755.	EFT, WIRE, CHECK	0.		
		SOUTH AMERICA	WATER & SANITATION	2,880,563.	EFT, WIRE, CHECK	0.		
		SOUTH ASIA	BASIC HEALTH	258,085.	EFT, WIRE, CHECK	0.		
		SOUTH ASIA	DISASTER RELIEF & ASSISTANCE	46,510.	EFT, WIRE, CHECK	0.		
		SOUTH ASIA	FOOD SECURITY & FOOD AID	108,451.	EFT, WIRE, CHECK	0.		
		SOUTH ASIA	HIV/AIDS & INFECTIOUS DISEASES	5,000.	EFT, WIRE, CHECK	0.		
		SOUTH ASIA	INSTITUTION STRENGTHENING & DEVELOPMENT	45,257.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION	403,345.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	BASIC HEALTH	824,042.	EFT, WIRE, CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COMMODITY & FREIGHT	0.	EFT, WIRE, CHECK	638,557.		
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOPMENT	98,629.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	DISASTER RELIEF & ASSISTANCE	1,198,819.	EFT, WIRE, CHECK	3,676,804.		
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	20,534,810.	EFT, WIRE, CHECK	497,552.		
		SUB-SAHARAN AFRICA	HIV/AIDS & INFECTIOUS DISEASES	99,849.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	INSTITUTION STRENGTHENING & DEVELOPMENT	474,248.	EFT, WIRE, CHECK	0.		
		SUB-SAHARAN AFRICA	WATER & SANITATION	1,332,379.	EFT, WIRE, CHECK	0.		

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

GRANT FUNDS SENT TO FOREIGN IMPLEMENTING AFFILIATES AND PARTNERS ARE MONITORED BY THE VARIOUS PROGRAMS UNITS TO ENSURE COMPLIANCE WITH THE GRANT AGREEMENT AND APPLICABLE DONOR REGULATIONS. THE FOREIGN IMPLEMENTING AFFILIATES OR PARTNERS ARE REQUIRED TO SEND PERIODIC FINANCIAL AND PROGRAMMATIC PROGRESS REPORTS TO SUBSTANTIATE DRAWDOWN REQUEST FOR FUNDS AND MONITOR EXPENDITURE AND PROGRAM IMPLEMENTATION PROGRESS. PROGRAMMATIC IMPLEMENTATION IS MONITORED ON A PERIODIC BASIS BY THE PROGRAM MANAGERS AND TECHNICAL ADVISORS THROUGH REPORTS, EMAILS, CONFERENCE CALLS AND FIELD VISITS WHEN FEASIBLE. THE TECHNICAL SUPPORT UNITS, INCLUDING THE MONITORING AND EVALUATION UNIT, PERFORM TECHNICAL ASSESSMENTS OF THE VARIOUS PROGRAMS TO ENSURE PROGRAMMATIC COMPLIANCE TO THE GRANT AND IMPLEMENTATION AGREEMENTS AND CARRIES OUT AN ANNUAL REVIEW OF OUR 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 UNIFORM GUIDANCE.

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, DISASTER RELIEF & ASSISTANCE, 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. See instructions.

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGRICULTURE - CROP & LIVESTOCK

DEVELOPMENT, BASIC EDUCATION, DISASTER RELIEF & ASSISTANCE, FOOD SECURITY

& FOOD AID, HIV/AIDS & INFECTIOUS DISEASES, INFRASTRUCTURE, INSTITUTION

STRENGTHENING & DEVELOPMENT, WATER SANITATION

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: DISASTER RELIEF & ASSISTANCE,

ENVIRONMENT CONSERVATION, ECOLOGY & NATURAL RESOURCES, FOOD SECURITY &

FOOD AID, HIV/AIDS & INFECTIOUS DISEASES, INSTITUTION STRENGTHENING &

DEVELOPMENT, WATER & SANITATION

REGION: MIDDLE EAST AND NORTH AFRICA

(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, REFUGEE ASSISTANCE - RESETTLEMENT, WATER &

SANITATION

REGION: RUSSIA AND NEIGHBORING STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: BASIC HEALTH, DISASTER RELIEF

& ASSISTANCE, FOOD SECURITY & FOOD AID, HIV/AIDS & INFECTIOUS DISEASES,

INSTITUTION STRENGTHENING & DEVELOPMENT, WATER & SANITATION

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: BASIC HEALTH, DISASTER RELIEF

Part V Supplemental Information

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

& ASSISTANCE, FOOD SECURITY & FOOD AID, HIV/AIDS & INFECTIOUS DISEASES,

REFUGEE ASSISTANCE - RESETTLEMENT, WATER & SANITATION

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: BASIC HEALTH, DISASTER RELIEF

& ASSISTANCE, FOOD SECURITY & FOOD AID, HIV/AIDS & INFECTIOUS DISEASES,

INSTITUTION STRENGTHENING & DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: BASIC EDUCATION, BASIC HEALTH,

COMMODITY & FREIGHT, COMMUNITY DEVELOPMENT, DISASTER RELIEF & ASSISTANCE,

FOOD SECURITY & FOOD AID, HIV/AIDS & INFECTIOUS DISEASES, INSTITUTION

STRENGTHENING & DEVELOPMENT, 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 G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PUBLIC INTEREST COMMUNICATIONS, INC. - 7700	TELEMARKETING		X	0.	50,000.	-50,000.
MICHELE JOSEPH CREATIVE SOLUTIONS - 1886-C EAST	TELEMARKETING		X	0.	26,950.	-26,950.
QCSS - 21925 W. FIELD PARKWAY STE 210, DEER PARK, IL 60010	TELEMARKETING		X	0.	19,389.	-19,389.
BILL CONNORS CFRE - 584 CASTRO STREET #320, SAN	CONSULTANT		X	0.	12,833.	-12,833.
EVERYACTION - 1445 NEW YORK AVE. SUITE 200, WASHINGTON,	AUDIENCE SEGMENTATION		X	0.	6,293.	-6,293.
Total					115,465.	-115,465.

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: PUBLIC INTEREST COMMUNICATIONS, INC.

(I) ADDRESS OF FUNDRAISER:

7700 LEESBURG PIKE, SUITE 416 SOUTH, FALLS CHURCH, VA 22043

(I) NAME OF FUNDRAISER: MICHELE JOSEPH CREATIVE SOLUTIONS

(I) ADDRESS OF FUNDRAISER:

1886-C EAST MARKET STREET, PMB 152, HARRISBURG, VA 22801

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: BILL CONNORS CFRE

(I) ADDRESS OF FUNDRAISER: 584 CASTRO STREET #320, SAN FRANCISCO, CA 94114

(I) NAME OF FUNDRAISER: EVERYACTION

(I) ADDRESS OF FUNDRAISER:

1445 NEW YORK AVE. SUITE 200, WASHINGTON, DC 20005

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACS ALLEGHENY EAST CONFERENCE OF SEVENTH-DAY ADVENTIST - 767 DOUGLASS DR. - DOUGLASSVILLE, PA 19518	23-6000040	501C(3)	0.	6,970.	FMV	MEDICAL SUPPLIES	MEDICAL SUPPLIES (NITRILE GLOVES) DONATION IN RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK
TEXAS CONFERENCE OF SEVENTH-DAY ADVENTIST - 1211 US-67 - ALVARADO, TX 76009	75-0939961	501C(3)	0.	519,119.	FMV	MEDICAL SUPPLIES	MEDICAL SUPPLIES DONATION IN RESPONSE TO THE COVID-19 PANDEMIC. THIS INCLUDE, GOWNS,
ADRA - PUERTO RICO P.O. BOX 3269 MAYAGUEZ, PR 00681-3269	66-0558432	501C(3)	3,933.	20,789.	FMV	BLANKETS AND TENT	STORAGE FOR TARPS FOR DISASTER PREPAREDNESS. BLANKETS AND TENT DONATIONS FOR THE PURPOSE
ADVENTIST COMMUNITY SERVICES NORTH AMERICA INC - 9705 PATUXENT WOODS DRIVE - COLUMBIA, MD 21046	20-3519054	501C(3)	150,000.	0.			TO IMPLEMENT FOOD PANTRIES IN THE UNITED STATES, AND TO SUPPORT ADVENTIST MEDICAL
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD, ST. HELENA, CA 94574	20-1384250	501C(3)	50,000.	0.			EMERGENCY ASSISTANCE TO APPROXIMATE 20,000 NAPA COUNTY RESIDENTS DISPOLACED BY THE GLASS
NEW JERSEY CONFERENCE OF SDA 233 BRUNSWICK AVE. LAWRENCE TOWNSHIP, NJ 08648	21-0672757	501C(3)	0.	17,478.	FMV	MEDICAL SUPPLIES	MEDICAL SUPPLIES (EXAM AND SURGICAL GLOVES) DONATION IN RESPONSE TO THE COVID-19 PANDEMIC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **14.**

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.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CENTRAL CONFERENCE OF SDA 715 YOUNGS LN. NASHVILLE, TN 37207	62-6001383	501C(3)	0.	16,978.	FMV	MEDICAL SUPPLIES	MEDICAL SUPPLIES (EXAM AND SURGICAL GLOVES) DONATION IN RESPONSE TO THE COVID-19 PANDEMIC
IOWA-MISSOURI CONFERENCE OF SDA 1005 GRAND AVE. WEST DES MOINES, IA 50265	42-0801837	501C(3)	0.	6,316.	FMV	MEDICAL SUPPLIES	MEDICAL SUPPLIES (EXAM GLOVES) DONATION IN RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK
MICHIGAN CONFERENCE 5801 W MICHIGAN AVE LANSING, MI 48917	38-1467642	501C(3)	0.	6,316.	FMV	MEDICAL SUPPLIES	MEDICAL SUPPLIES (EXAM AND SURGICAL GLOVES) DONATION IN RESPONSE TO THE COVID-19 PANDEMIC
CHESAPEAKE CONFERENCE OF SDA 6600 MARTIN RD. COLUMBIA, MD 21044	52-0685419	501C(3)	0.	442,982.	FMV	MEDICAL SUPPLIES	MEDICAL SUPPLIES DONATION IN RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF COVID-19
SOUTHERN CALIFORNIA CONFERENCE OF SDA - 1535 E CHEVY CHASE DR. - GLENDALE, CA 91206	36-4651793	501C(3)	0.	435,213.	FMV	MEDICAL SUPPLIES	MEDICAL SUPPLIES DONATION IN RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF COVID-19
ALASKA CONFERENCE OF SDA 6100 OMALLEY RD. ANCHORAGE, AK 99507	92-0020506	501C(3)	0.	401,076.	FMV	MEDICAL SUPPLIES	MEDICAL SUPPLIES DONATION IN RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF COVID-19
GREATER NEW YORK CONFERENCE OF SDA 7 SHELTER ROCK RD. MANHASSET, NY 11030	13-3558616	501C(3)	0.	475,849.	FMV	MEDICAL SUPPLIES	MEDICAL SUPPLIES DONATION IN RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF COVID-19
LOMA LINDA UNIVERSITY HOSPITAL 125 E CLUB CENTER DRIVE SAN BERNARDINO, CA 92408	95-3522679	501C(3)	0.	45,470.	FMV	MEDICAL SUPPLIES	MEDICAL SUPPLIES DONATION IN RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF COVID-19

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

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

Part IV Supplemental Information

VISITS, CONFERENCE CALLS AND DOCUMENT VERIFICATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ACS ALLEGHENY EAST CONFERENCE OF SEVENTH-DAY ADVENTIST

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL SUPPLIES (NITRILE GLOVES)

DONATION IN RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF COVID-19

SEVERE PPE SHORTAGES DURING THEIR FOOD PANTRY OPERATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

TEXAS CONFERENCE OF SEVENTH-DAY ADVENTIST

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL SUPPLIES DONATION IN

RESPONSE TO THE COVID-19 PANDEMIC. THIS INCLUDE, GOWNS, FACEMASKS, EXAM

GLOVES, SPECULUMS, BLOOD PRESSURE CUFFS, BANDAGES AND MANY OTHER MEDICAL

ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ADRA - PUERTO RICO

(H) PURPOSE OF GRANT OR ASSISTANCE: STORAGE FOR TARPS FOR DISASTER

PREPAREDNESS. BLANKETS AND TENT DONATIONS FOR THE PURPOSE OF

DISTRIBUTING TO THE VICTIMS OF THE EARTHQUAKE IN PUERTO RICO.

NAME OF ORGANIZATION OR GOVERNMENT:

ADVENTIST COMMUNITY SERVICES NORTH AMERICA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT FOOD PANTRIES IN THE

UNITED STATES, AND TO SUPPORT ADVENTIST MEDICAL FACILITIES, NURSING

HOMES, AND OTHER HEALTH CARE INSTITUTIONS AS THEY RESPOND TO COVID-19

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ST. HELENA HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY ASSISTANCE TO APPROXIMATE

20,000 NAPA COUNTY RESIDENTS DISPOLACED BY THE GLASS FIRE INCIDENT.

NAME OF ORGANIZATION OR GOVERNMENT: NEW JERSEY CONFERENCE OF SDA

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL SUPPLIES (EXAM AND SURGICAL

GLOVES) DONATION IN RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF

COVID-19 SEVERE PPE SHORTAGES DURING THEIR FOOD PANTRY OPERATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH CENTRAL CONFERENCE OF SDA

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL SUPPLIES (EXAM AND SURGICAL

GLOVES) DONATION IN RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF

COVID-19 SEVERE PPE SHORTAGES DURING THEIR FOOD PANTRY OPERATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: IOWA-MISSOURI CONFERENCE OF SDA

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL SUPPLIES (EXAM GLOVES)

DONATION IN RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF COVID-19

SEVERE PPE SHORTAGES.

NAME OF ORGANIZATION OR GOVERNMENT: MICHIGAN CONFERENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL SUPPLIES (EXAM AND SURGICAL

GLOVES) DONATION IN RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF

COVID-19 SEVERE PPE SHORTAGES DURING THEIR FOOD PANTRY OPERATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: CHESAPEAKE CONFERENCE OF SDA

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL SUPPLIES DONATION IN

RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF COVID-19 SEVERE PPE

SHORTAGES. THIS INCLUDE, GOWNS, FACEMASKS, EXAM GLOVES, SPECULUMS, BLOOD

Part IV Supplemental Information

PRESSURE CUFFS, BANDAGES AND MANY OTHER MEDICAL ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN CALIFORNIA CONFERENCE OF SDA

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL SUPPLIES DONATION IN

RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF COVID-19 SEVERE PPE

SHORTAGES. THIS INCLUDE, GOWNS, FACEMASKS, EXAM GLOVES, SPECULUMS, BLOOD

PRESSURE CUFFS, BANDAGES AND MANY OTHER MEDICAL ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: ALASKA CONFERENCE OF SDA

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL SUPPLIES DONATION IN

RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF COVID-19 SEVERE PPE

SHORTAGES. THIS INCLUDE, GOWNS, FACEMASKS, EXAM GLOVES, SPECULUMS, BLOOD

PRESSURE CUFFS, BANDAGES AND MANY OTHER MEDICAL ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER NEW YORK CONFERENCE OF SDA

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL SUPPLIES DONATION IN

RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF COVID-19 SEVERE PPE

SHORTAGES. THIS INCLUDE, GOWNS, FACEMASKS, EXAM GLOVES, SPECULUMS, BLOOD

PRESSURE CUFFS, BANDAGES AND MANY OTHER MEDICAL ITEMS.

NAME OF ORGANIZATION OR GOVERNMENT: LOMA LINDA UNIVERSITY HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL SUPPLIES DONATION IN

RESPONSE TO THE COVID-19 PANDEMIC DURING THE PEAK OF COVID-19 SEVERE PPE

SHORTAGES. THIS INCLUDE, GOWNS, FACEMASKS, EXAM GLOVES, SPECULUMS, BLOOD

PRESSURE CUFFS, BANDAGES AND MANY OTHER MEDICAL ITEMS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input 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 (such as maid, chauffeur, chef) |

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

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

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

- | | |
|---|--|
| <input 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 |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GEOFFREY MBWANA BOARD CHAIR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	36,937.	0.	79,806.	12,978.	66,828.	196,549.	0.
(2) ELLA SIMMONS VICE CHAIR/AUDIT COMMITTEE CHAIR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	29,672.	0.	80,929.	12,550.	68,380.	191,531.	0.
(3) JUAN PRESTOL TREASURER/FINANCE COMMITTEE CHAIR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	32,724.	0.	79,594.	12,515.	67,080.	191,913.	0.
(4) GT NG BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	36,937.	0.	79,806.	12,978.	66,828.	196,549.	0.
(5) TED WILSON BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	45,061.	0.	64,687.	33,607.	31,080.	174,435.	0.
(6) MICHAEL KRUGER BOARD SECRETARY /PRESIDENT	(i)	159,327.	0.	133.	20,263.	11,710.	191,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) IMAD MADANAT VP FOR PROGRAMS	(i)	122,514.	0.	87.	18,527.	11,637.	152,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KOREY DOWLING VP FOR PEOPLE AND CULTURE	(i)	187,166.	0.	58.	11,671.	11,991.	210,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MATTHEW SILIGA VP FOR MARKETING & DEVELOPMENT	(i)	169,185.	0.	58.	11,671.	11,991.	192,905.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PETER DELHOVE DIRECTOR OF SOCIAL ENTERPRISE	(i)	113,092.	0.	70,832.	7,739.	11,520.	203,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) NESTOR MOGOLLON DIRECTOR OF MONITORING AND EVALUATIO	(i)	157,950.	0.	248.	18,124.	11,532.	187,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARIO LOPES DE OLIVEIRA DIRECTOR OF EMERGENCY MANAGEMENT	(i)	157,311.	0.	134.	8,080.	11,553.	177,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DAVID ACKAH DIRECTOR OF SUNPLUS	(i)	154,047.	0.	133.	7,739.	11,520.	173,439.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MARK LE ROUX NETWORK TECHNICAL FUTURIST	(i)	142,501.	0.	58.	10,627.	11,801.	164,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE FOLLOWING EMPLOYEES RECEIVED HOUSING BENEFITS DURING THE YEAR:

PETER DELHOVE: \$38,000

THE FOLLOWING EMPLOYEE RECEIVED TRAVEL FOR COMPANIONS BENEFITS DURING THE
YEAR:

ANN GIBSON: \$1,144

MICHAEL KRUGER: \$2,085

IMAD T MADANAT: \$8,213

BOTH BENEFITS ARE TAXABLE BENEFITS FOR THE ABOVE EMPLOYEES.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

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

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

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

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
52-1314847

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HILDA MADANAT	SEE PART V	109,849.	SEE PART V		X
NADA MALAKA	SEE PART V	116,293.	SEE PART V		X
HEBA ANTWAN	SEE PART V	140,096.	SEE PART V		X
KELLY DOWLING	SEE PART V	61,297.	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: HILDA MADANAT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(C) AMOUNT OF TRANSACTION: \$109,849

(D) DESCRIPTION OF TRANSACTION: HILDA MADANAT WAS EMPLOYED AS SENIOR

MARKETING ANALYSIS SPECIALIST BY ADRA.

(A) NAME OF PERSON: NADA MALAKA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(C) AMOUNT OF TRANSACTION: \$116,293

(D) DESCRIPTION OF TRANSACTION: NADA MALAKA WAS EMPLOYED AS JUNIOR

INTERNAL AUDITOR.

(A) NAME OF PERSON: HEBA ANTWAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(C) AMOUNT OF TRANSACTION: \$140,096

(D) DESCRIPTION OF TRANSACTION: HEBA ANTWAN WAS EMPLOYED AS ASSOCIATE

Part V Supplemental Information

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

DIRECTOR OF FINANCE.

(A) NAME OF PERSON: KELLY DOWLING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KELLY DOWLING, WIFE OF VP OF PEOPLE AND CULTURE, KOREY DOWLING

(C) AMOUNT OF TRANSACTION: \$61,297

(D) DESCRIPTION OF TRANSACTION: KELLY DOWLING WAS EMPLOYED AS

EMERGENCY MANAGEMENT PROGRAM ASSISTANT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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

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				
5 Clothing and household goods	X		18,793.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	384,993.	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	4	457,892.	FMV
20 Drugs and medical supplies	X	22	7,889,287.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
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 V, Donee Acknowledgement **29**

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

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.

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

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2020

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FORM 990, PART I, BOX B: AMENDED

2020 FORM 990 WAS AMENDED TO REFLECT THE REVISED NUMBERS ON FINALIZED

AUDITED FINANCIAL STATEMENTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ADVENTIST DEVELOPMENT AND RELIEF AGENCY (ADRA) INTERNATIONAL WORKS

IN MORE THAN 120 COUNTRIES WITH MILLIONS OF PEOPLE IN POVERTY AND

DISTRESS TO CREATE JUST AND POSITIVE CHANGE THROUGH EMPOWERING

PARTNERSHIPS AND RESPONSIBLE ACTION. ADRA COLLABORATES WITH

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 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ADRA SUPPORTS BASIC EDUCATION 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.

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

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

Schedule O (Form 990 or 990-EZ) 2020

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OTHER GRANTS.

EXPENSES \$ 6,421,348. INCLUDING GRANTS OF \$ 6,421,348. REVENUE \$ 0.

SALARY EXPENSE

EXPENSES \$ 9,607,902. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ALLOCATION OF OCCUPANCY AND DEPRECIATION

EXPENSES \$ 403,118. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRAVEL EXPENSE

EXPENSES \$ 284,198. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OCEAN AND INLAND FREIGHT

EXPENSES \$ 151,932. INCLUDING GRANTS OF \$ 151,932. REVENUE \$ 0.

OTHER EXPENSES

EXPENSES \$ 2,176,110. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE 990 IS REVIEWED INTERNALLY BY THE CONTROLLER AND THE CFO. THE FINANCE

COMMITTEE, WHICH IS A SUBCOMMITTEE OF THE ADRA BOARD, REVIEWS THE FORM

990 PRIOR TO FILING, PER THE TERMS OF REFERENCE APPROVED BY THE BOARD. A

COPY WILL BE PROVIDED TO ALL BOARD MEMBERS BEFORE FILING. ONLY THE FINANCE

COMMITTEE WILL BE TASKED WITH REVIEW AND APPROVAL.

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

CONFLICT OF INTEREST STATEMENTS ARE REQUIRED TO BE FILLED ANNUALLY BY ALL

EMPLOYEES AND BOARD MEMBERS, AND ANY NEW CONFLICTS MUST BE DISCLOSED ON A

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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
AUDIT.

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

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

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

ADRA DOES NOT MAKE AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENTS AND
CONFLICT OF INTEREST POLICY. FINANCIAL STATEMENTS ARE PROVIDED ON THE ADRA
WEBSITE.

FORM 990, PART X, LINE 18

IN CONNECTION WITH ITS ONGOING RELATIONSHIP WITH USAID AND THE
REGULATORY PROVISION FOR ITS NEGOTIATED INDIRECT COST RATE AGREEMENT
(NICRA), ADRA HAS BEEN INVOLVED IN A PROCESS TO FINALIZE PROVISIONAL

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RATES, SETTLE ANY RESULTING ADJUSTMENTS AS NEEDED AND CLOSE THOSE GRANTS AFFECTED. ADRA HAS FINALIZED RATES THROUGH 2019 AND HAS BEEN GIVEN NEW PROVISIONAL RATES FOR THE YEARS 2020 AND ONWARD UNTIL AMENDED. ADRA IS CURRENTLY REVIEWING THE CLOSING PROCESS FOR THE YEARS FINALIZED, AND IS ANALYZING THE SUBSEQUENT YEARS IN WHICH ONLY PRELIMINARY RATES EXIST. A NICRA PROVISION FOR A TOTAL OF \$10,100,000 WAS RECORDED FOR 2019 AND 2020 AS AN ESTIMATED LIABILITY FOR NICRA PENDING FINALIZED RATES. WHILE ADDITIONAL EXPENSE MAY RESULT AFTER FINAL ADJUSTMENTS, ADRA DOES NOT BELIEVE THE NET AMOUNT WILL BE MATERIAL BASED ON THE CURRENT ANALYSIS.

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	253,614.
REFUND OF PRIOR YEARS' GRANTS	140,213.
TOTAL TO FORM 990, PART XI, LINE 9	393,827.

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.

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

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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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

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

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

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

Table with 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.? (Yes/No); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Part VII Supplemental Information

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

Lined area for supplemental information, consisting of approximately 30 horizontal lines.