

# Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**  
 Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization ADVENTIST DEVELOPMENT & RELIEF AGENCY INTERNATIONAL		<b>D</b> Employer identification number 52-1314847
	Doing business as ADRA INTERNATIONAL		<b>E</b> 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		<b>G</b> Gross receipts \$ 108,840,511.
City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20904		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: MICHAEL KRUGER SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? Yes No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
<b>J</b> Website: WWW.ADRA.ORG		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>L</b> Year of formation: 1956	<b>M</b> State of legal domicile: DC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: DEVELOPMENT AND DISASTER RELIEF TO COMMUNITIES IN NEED.		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	44
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	37
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	152
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	213
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	119,924,877.	94,022,168.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	187,859.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	858,422.	1,899,482.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	359,882.	253,420.
		121,143,181.	96,362,929.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	80,604,062.	66,972,102.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,649,425.	21,238,812.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	516,596.	1,001,410.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	3,553,060.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,221,533.	13,769,033.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	111,991,616.	102,981,357.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	9,151,565.	-6,618,428.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	94,577,476.	82,869,553.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	25,877,643.	15,483,176.
	68,699,833.	67,386,377.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	CHARNE RENO, TREASURER/VP OF FINANCE Type or print name and title		07/31/24		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	BRANDY L. MIKULA, CPA	Brandy Mikula, CPA	07/31/24	<input type="checkbox"/>	P00645694
<b>Preparer Use Only</b>	Firm's name	Firm's EIN	38-2157642		
	Firm's address 2425 E. GRAND RIVER, SUITE 1 LANSING, MI 48912-3291	Phone no. 517-323-7500			

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 \$ 48,513,625. including grants of \$ 48,513,625. ) (Revenue \$ ) GOVERNMENT GRANTS: ADRA INTERNATIONAL HAS MORE THAN 29 GRANTS AND COOPERATIVE AGREEMENTS IN OVER 16 COUNTRIES. THE AWARDS ARE COMPRISED MAINLY OF FOOD SECURITY, HEALTH AND NUTRITION, WASH (WATER, SANITATION & HYGIENE), 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 ADDICTION. HEALTH PROJECTS ARE A GUIDING FACTOR ENABLING HEALTHIER LIFESTYLE CHOICES. NUTRITION INTERVENTIONS FOCUS ON IMPROVING THE NUTRITION STATUS OF CHILDREN UNDER FIVE AND THEIR CARETAKERS, AND WASH ACTIVITIES AIM TO IMPROVE ACCESS TO SAFE WATER AND THE SANITATION

4b (Code: ) (Expenses \$ 12,947,358. including grants of \$ 12,947,358. ) (Revenue \$ ) DEVELOPMENT AND RELIEF PROJECTS, DISASTER ASSISTANT FUNDING AND GRANT MATCH: ADRA INTERNATIONAL SUPPORTED PROJECTS IN OVER 74 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, HYGIENE, HEALTH, NUTRITION, AGRICULTURE, LIVELIHOODS AND ECONOMIC GROWTH. THESE NEEDS ARE ADDRESSED WITH AGRICULTURAL PROJECTS AND TRAINING THE RECIPIENTS IN VARIOUS SKILLS. ADRA SUPPORTS BASIC EDUCATION IN VARIOUS SKILLS. ADRA SUPPORTS BASIC EDUCATION, FOR BOTH CHILDREN AND ADULTS IN LITERACY AND VOCATIONAL

4c (Code: ) (Expenses \$ 3,391,369. including grants of \$ 3,391,369. ) (Revenue \$ ) DONATED MATERIALS: ADRA SUPPLIED FIFTEEN (15) SHIPMENTS OF DONATED MATERIALS CONTAINING FOOD WORTH OVER \$1.2 MILLION IN ONE (1) COUNTRY IN 2023. IN ADDITION, IT SUPPLIED 1,973 NET METRIC TONS OF CORN-SOY BLEND, RICE, RICE-SOY PACKS AND VEGETABLE OIL WORTH OVER \$2.1 MILLION TO MADAGASCAR WHICH INCLUDES FREIGHT COST OF \$38 THOUSAND.

4d Other program services (Describe on Schedule O.) (Expenses \$ 18,180,834. including grants of \$ 2,119,750. ) (Revenue \$ 436,358. )

4e Total program service expenses 83,033,186.

**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> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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> See instructions	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
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 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
<b>27</b> 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> 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)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (44); 1b Enter the number of voting members included on line 1a, above, who are independent (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); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 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 on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY
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. [X] Own website [X] Another's website [X] 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
CHARNE RENO - (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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JOSUE ORELLANA GUEVARA DIR. OF HEALTH, NUTRITION, & WASH	38.00				X		223,979.	0.	28,532.	
(2) AKINTAYO ODEYEMI DIRECTOR FOR UN RELATIONS	38.00				X		162,355.	0.	38,627.	
(3) FLEUR HENRISSE HERINJANAHARY ASSOCIATE DIR. PROGRAM FINANCE MGT	38.00				X		161,974.	0.	38,239.	
(4) ALEX BALINT SENIOR DIR. CORPORATE/SOCIAL PARTNER	38.00				X		170,938.	0.	25,970.	
(5) JAIR PARADA-CABEZAS SENIOR DIRECTOR FOR FINANCE	38.00				X		154,176.	0.	40,656.	
(6) KOREY DOWLING VP FOR PEOPLE & CULTURE	38.00 0.00				X		163,496.	0.	27,253.	
(7) MICHAEL KRUGER BOARD SECRETARY/PRESIDENT	38.00 0.00	X		X			139,053.	0.	41,095.	
(8) MATT SILIGA VP FOR STRATEGIC OPS & GROWTH	38.00 0.00				X		151,401.	0.	27,253.	
(9) PETER LANDLESS BOARD MEMBER	1.00 38.00	X					0.	58,060.	120,076.	
(10) OLIVIER GUTH TREASURER/VP FOR FINANCE	38.00 0.00			X			128,448.	0.	47,747.	
(11) PAUL DOUGLAS BOARD MEMBER/FIN. COMMITTEE CHAIR	1.00 38.00	X					0.	88,247.	68,411.	
(12) ERTON C. KOHLER BOARD MEMBER	1.00 38.00	X					0.	66,314.	78,056.	
(13) GARY KRAUSE BOARD MEMBER	1.00 38.00	X					0.	64,935.	75,140.	
(14) GEOFFREY MBWANA BOARD CHAIR	1.00 38.00	X					0.	46,388.	90,760.	
(15) AUDREY ANDERSSON BOARD MEMBER	1.00 38.00	X					0.	71,547.	55,479.	
(16) TED WILSON BOARD MEMBER	1.00 38.00	X					0.	61,437.	62,572.	
(17) DWAYNE LESLIE BOARD MEMBER	1.00 38.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) G ALEXANDER BRYANT BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) RENEE BATTLE-BROOKS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) DERRICK LEA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) ZENAIDA DELICA-WILLISON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) SYLVANA GITTENS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) RICHARD HART BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) ELIE HENRY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) STANLEY ARCO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) NENAD JEPURANOVIC BOARD MEMBER	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,455,820.	456,928.	865,866.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,455,820.	456,928.	865,866.

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 80

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MASTERWORKS, INC., 19462 POWDER HILL PL NE, STE 200, POULSBO, WA 98370	DIRECT MAIL & DONOR RELATIONSHIPS	1,678,709.
HOUSE OF PRINTING, INC., 15401 OLD COLUMBIA PIKE, BURTONSVILLE, MD 20866	PRINTING	511,414.
MISSIONARY EXPEDITERS, INC., 5620 TCHOUPITOULAS ST, NEW ORLEANS, LA 70115	HUMANITARIAN AID & SHIPPING	486,549.
PROLIST, INC., 4510 BUCKEYSTOWN PIKE, STE M, FREDERICK, MD 21704	MARKETING AND ADVERTISING	412,081.
GLOBAL PEO SERVICES, LLC, 5295 S COMMERCE DR., STE 440, SALT LAKE CITY, UT 84107	GLOBAL HIRING SERVICES	351,946.

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 26

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) MIKHAIL F. KAMINSKIY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(28) EZRAS LAKRA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(29) FRED MANCHUR BOARD MEMBER (ENDED 9/2023)	1.00 0.00	X						0.	0.	0.
(30) RICHARD MCEDWARD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(31) HOPEKINGS NGOMBA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(32) BRENDA PEREYRA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(33) SCOTT REINER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(34) BLASIOUS M. RUGURI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(35) TIM PAUL SCHROEDER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(36) SARAH SEREM BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(37) MICHAEL SIKURI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(38) JOHN THOMAS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(39) GARY THURBER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(40) JOEL TOMPKINS BOARD MEMBER (ENDED 12/2023)	1.00 0.00	X						0.	0.	0.
(41) FILIBERTO VERDUZCO BOARD MEMBER (ENDED 9/2023)	1.00 0.00	X						0.	0.	0.
(42) GERALD WINSLOW BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(43) NORBERT ZENS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(44) PAUL EDWARDS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(45) BARNA MAGYAROSI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(46) YO HAN KIM BOARD MEMBER	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**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	<b>1 a</b>	Federated campaigns	15,980.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events					
	<b>1 d</b>	Related organizations	3,758,885.				
	<b>1 e</b>	Government grants (contributions)	62,617,898.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	27,629,405.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 1,465,697.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f	94,022,168.				
	Program Service Revenue	<b>2 a</b>	SUMMITS/CONFERENCES	900099	187,859.	187,859.	
<b>2 b</b>							
<b>2 c</b>							
<b>2 d</b>							
<b>2 e</b>							
<b>2 f</b>		All other program service revenue					
<b>2 g</b>		<b>Total.</b> Add lines 2a-2f		187,859.			
Other Revenue		<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		1,449,713.		1,449,713.
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties		4,921.		4,921.	
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>6 d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	12,927,351.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses	12,477,582.				
	<b>7 c</b>	Gain or (loss)	449,769.				
	<b>7 d</b>	Net gain or (loss)		449,769.		449,769.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
<b>8 b</b>	Less: direct expenses						
<b>8 c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>9 c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>10 c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	OTHER INCOME	900099	248,499.	248,499.		
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d		248,499.			
<b>12</b>	<b>Total revenue.</b> See instructions		96,362,929.	436,358.	0.	1,904,403.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	86,877.	86,877.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	66,885,225.	66,885,225.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	718,221.	14,838.	703,383.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	12,100,590.	7,076,889.	4,601,778.	421,923.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,320,681.	1,838,717.	1,364,289.	117,675.
<b>9</b> Other employee benefits	3,782,909.	1,863,434.	1,801,602.	117,873.
<b>10</b> Payroll taxes	1,316,411.	728,671.	541,275.	46,465.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	282,587.	24,511.	234,089.	23,987.
<b>b</b> Legal	252,889.	128,704.	124,185.	
<b>c</b> Accounting	243,477.	123,914.	119,563.	
<b>d</b> Lobbying	10,244.		10,244.	
<b>e</b> Professional fundraising services. See Part IV, line 17	1,001,410.			1,001,410.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,068,301.	1,486,884.	2,339,899.	241,518.
<b>12</b> Advertising and promotion	782,066.	4,129.	186,977.	590,960.
<b>13</b> Office expenses	1,182,463.	143,039.	139,578.	899,846.
<b>14</b> Information technology	1,467,785.	721,236.	731,677.	14,872.
<b>15</b> Royalties				
<b>16</b> Occupancy	626,740.	217,263.	387,901.	21,576.
<b>17</b> Travel	1,794,101.	991,899.	751,268.	50,934.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	647,707.	279,339.	368,368.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	118,701.	61,308.	56,758.	635.
<b>23</b> Insurance	114,920.	58,487.	56,433.	
<b>24</b> 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.)				
<b>a</b> OTHER EXPENSES	2,177,052.	297,822.	1,875,844.	3,386.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	102,981,357.	83,033,186.	16,395,111.	3,553,060.
<b>26</b> 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 <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,667,556.	<b>1</b>	1,987,392.
	<b>2</b> Savings and temporary cash investments .....	16,248,368.	<b>2</b>	3,912,840.
	<b>3</b> Pledges and grants receivable, net .....	5,609,294.	<b>3</b>	6,299,035.
	<b>4</b> Accounts receivable, net .....	5,687,969.	<b>4</b>	1,510,463.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	375,192.	<b>7</b>	479,630.
	<b>8</b> Inventories for sale or use .....	2,364,531.	<b>8</b>	440,642.
	<b>9</b> Prepaid expenses and deferred charges .....	588,371.	<b>9</b>	824,783.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,384,028.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,122,570.	354,270.	<b>10c</b> 261,458.
	<b>11</b> Investments - publicly traded securities .....	57,775,137.	<b>11</b>	65,351,798.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	258,733.	<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,648,055.	<b>15</b>	1,801,512.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	94,577,476.	<b>16</b>	82,869,553.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	12,841,697.	<b>17</b>	7,933,896.
	<b>18</b> Grants payable .....	10,387,911.	<b>18</b>	5,747,768.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,648,035.	<b>25</b>	1,801,512.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	25,877,643.	<b>26</b>	15,483,176.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	42,530,440.	<b>27</b>	44,998,959.
	<b>28</b> Net assets with donor restrictions .....	26,169,393.	<b>28</b>	22,387,418.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	68,699,833.	<b>32</b>	67,386,377.
<b>33</b> Total liabilities and net assets/fund balances .....	94,577,476.	<b>33</b>	82,869,553.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	96,362,929.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	102,981,357.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-6,618,428.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	68,699,833.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,072,562.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	232,410.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	67,386,377.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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>b</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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2023)



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	84,340,089.	120,970,090.	132,789,030.	119,924,877.	94,022,168.	552,046,254.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	84,340,089.	120,970,090.	132,789,030.	119,924,877.	94,022,168.	552,046,254.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						552,046,254.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	84,340,089.	120,970,090.	132,789,030.	119,924,877.	94,022,168.	552,046,254.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	925,148.	612,565.	572,442.	856,845.	1,454,634.	4,421,634.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	374,002.	112,146.	170,396.	359,882.	248,499.	1,264,925.
<b>11 Total support.</b> Add lines 7 through 10						557,732,813.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	187,859.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.98 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	99.03 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990) 2023



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>b</b> Did the activities described on 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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

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

Schedule A (Form 990) 2023

**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	<b>Total annual distributions.</b> 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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**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

2019 AMOUNT: \$ 374,002.

2020 AMOUNT: \$ 112,146.

2021 AMOUNT: \$ 170,396.

2022 AMOUNT: \$ 359,882.

2023 AMOUNT: \$ 248,499.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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), 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), 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).

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

Schedule B (Form 990) (2023)

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

**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	_____ _____ _____	\$ 62,617,898.	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 3,758,885.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 2,288,586.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)



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

**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	FREIGHT OF \$38,157 AND FOOD SUPPLIES OF CORN-SOY BLEND, RICE, AND VEGETABLE OIL.  _____ _____ _____	\$ 152,609.	12/31/23
_____ _____ _____	_____ _____ _____	\$ _____	_____
_____ _____ _____	_____ _____ _____	\$ _____	_____
_____ _____ _____	_____ _____ _____	\$ _____	_____
_____ _____ _____	_____ _____ _____	\$ _____	_____
_____ _____ _____	_____ _____ _____	\$ _____	_____
_____ _____ _____	_____ _____ _____	\$ _____	_____

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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

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](http://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-.

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

Schedule C (Form 990) 2023

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

**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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		10,244.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			10,244.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political 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."**

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING ACTIVITIES WERE CONDUCTED BY THE CENTER FOR U.S. GLOBAL

LEADERSHIP, 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 U.S. GOVERNMENT

FOREIGN ASSISTANCE APPROPRIATION BUDGET AND PRIORITIES. THIS TARGETED

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

BOTH ACTIONS BY BOTH HOUSES OF CONGRESS. ACTIVITIES INCLUDED DIRECT

CONTACT WITH ALL RELEVANT LEGISLATORS AND THEIR STAFFERS, AS WELL AS

CONGRESSIONAL COMMITTEE MEMBERS IT ALSO INCLUDED WRITTEN LETTERS ON

BEHALF OF THE COALITION/ALLIANCE AND STAFFERS.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		2
2 Aggregate value of contributions to (during year)		0.
3 Aggregate value of grants from (during year)		15,800.
4 Aggregate value at end of year		25,546.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

b Assets included in Form 990, Part X \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**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 in 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	74,365.	74,296.	74,278.	75,197.	95,515.
b Contributions					
c Net investment earnings, gains, and losses	714.	69.	18.	-919.	-20,318.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	75,079.	74,365.	74,296.	74,278.	75,197.

- 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? |     |    |
- 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		1,384,028.	1,122,570.	261,458.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				261,458.



**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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	1,801,512.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,801,512.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	104,046,548.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 5,072,562.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 2,378,647.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 232,410.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	7,683,619.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	96,362,929.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	96,362,929.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	105,360,004.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 2,378,647.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	2,378,647.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	102,981,357.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	102,981,357.

**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 XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 232,410.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	BASIC EDUCATION, BASIC HEALTH, DISASTER RELIEF & ASSISTANCE, FOOD SECURITY & FOOD AID,	5,037,756.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES, GRANTS	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT, BASIC EDUCATION, BASIC HEALTH, COMMODITY &	2,969,819.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES, GRANTS	BASIC EDUCATION, BASIC HEALTH, DISASTER RELIEF & ASSISTANCE, EDUCATION, INFORMATION, &	858,132.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES, GRANTS	BASIC EDUCATION, BASIC HEALTH, COMMODITY & FREIGHT, DISASTER RELIEF & ASSISTANCE, EDUCATION,	20,914,251.
NORTH AMERICA	0	0	PROGRAM SERVICES, GRANTS	BASIC HEALTH, DISASTER RELIEF & ASSISTANCE, INSTITUTION STRENGTHENING &	342,538.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES, GRANTS	BASIC EDUCATION, DISASTER RELIEF & ASSISTANCE, FOOD SECURITY & FOOD AID,	716,285.
SOUTH AMERICA	0	2	PROGRAM SERVICES, GRANTS	BASIC HEALTH, DISASTER RELIEF & ASSISTANCE, FOOD SECURITY & FOOD AID, HIV/AIDS &	12,172,506.
SOUTH ASIA	0	0	PROGRAM SERVICES, GRANTS	BASIC HEALTH, DISASTER RELIEF & ASSISTANCE, FOOD SECURITY & FOOD AID, HIV/AIDS &	1,136,924.
<b>3 a Subtotal</b> .....	0	3			44,148,211.
<b>b Total from continuation sheets to Part I</b> .....	0	8			32,917,075.
<b>c Totals</b> (add lines 3a and 3b) .....	0	11			77,065,286.

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

Schedule F (Form 990) 2023

SEE PART V FOR COLUMN (E) DESCRIPTIONS

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	8	PROGRAM SERVICES, GRANTS	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT, BASIC EDUCATION, BASIC HEALTH, COMMODITY &	32,825,888.
EAST ASIA AND THE PACIFIC	0	0	PROFESSIONAL FUNDRAISING, COPYWRITING SERVICE		78,150.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENT IN SUBSIDIARY		13,037.
<b>Totals</b> .....		8			32,917,075.

**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	BASIC EDUCATION	100,952.	EFT, WIRE, CHECK	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC HEALTH	74,572.	EFT, WIRE, CHECK	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RELIEF & ASSISTANCE	178,095.	EFT, WIRE, CHECK	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RELIEF & ASSISTANCE	122,519.	EFT, WIRE, CHECK	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RELIEF & ASSISTANCE	10,000.	EFT, WIRE, CHECK	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RELIEF & ASSISTANCE	10,000.	EFT, WIRE, CHECK	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RELIEF & ASSISTANCE	13,963.	EFT, WIRE, CHECK	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RELIEF & ASSISTANCE	6,500.	EFT, WIRE, CHECK	0.		FMV

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 ..... 93

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

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	FOOD SECURITY & FOOD AID	10,000.	EFT, WIRE, CHECK	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	FOOD SECURITY & FOOD AID	4,398,579.	EFT, WIRE, CHECK	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HIV/AIDS & INFECTIOUS DISEASES	80,952.	EFT, WIRE, CHECK	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	INSTITUTION STRENGTHENING & DEVELOPMENT	24,985.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT	90,000.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	BASIC HEALTH	45,350.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	COMMODITY & FREIGHT	1,843,130.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF & ASSISTANCE	40,343.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF & ASSISTANCE	10,000.	EFT, WIRE, CHECK	0.		FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF & ASSISTANCE	33,994.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF & ASSISTANCE	46,213.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF & ASSISTANCE	146,813.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF & ASSISTANCE	184,359.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF & ASSISTANCE	37,817.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	FOOD SECURITY & FOOD AID	7,500.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	FOOD SECURITY & FOOD AID	150,000.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	FOOD SECURITY & FOOD AID	21,071.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	INSTITUTION STRENGTHENING & DEVELOPMENT	178,727.	EFT, WIRE, CHECK	0.		FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	INSTITUTION STRENGTHENING & DEVELOPMENT	46,443.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	INSTITUTION STRENGTHENING & DEVELOPMENT	15,096.	EFT, WIRE, CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	WATER & SANITATION	72,783.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	BASIC EDUCATION	29,970.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	BASIC EDUCATION	20,000.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	BASIC HEALTH	30,000.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	BASIC HEALTH	30,011.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF & ASSISTANCE	20,000.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF & ASSISTANCE	50,000.	EFT, WIRE, CHECK	0.		FMV



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF & ASSISTANCE	14,091.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF & ASSISTANCE	20,000.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF & ASSISTANCE	10,000.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF & ASSISTANCE	45,000.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF & ASSISTANCE	15,598.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF & ASSISTANCE	183,642.	EFT, WIRE, CHECK	20,999.	DISASTER MATERIALS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION, INFORMATION, & COMMUNICATION	200,000.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	FOOD SECURITY & FOOD AID	13,297.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	INSTITUTION STRENGTHENING & DEVELOPMENT	142,710.	EFT, WIRE, CHECK	0.		FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	INSTITUTION STRENGTHENING & DEVELOPMENT	15,477.	EFT, WIRE, CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	INSTITUTION STRENGTHENING & DEVELOPMENT	14,027.	EFT, WIRE, CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	BASIC EDUCATION	72,446.	EFT, WIRE, CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	BASIC HEALTH	7,000.	EFT, WIRE, CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	COMMODITY & FREIGHT	13,563,744.	EFT, WIRE, CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	DISASTER RELIEF & ASSISTANCE	277,510.	EFT, WIRE, CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	DISASTER RELIEF & ASSISTANCE	29,877.	EFT, WIRE, CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	DISASTER RELIEF & ASSISTANCE	927,574.	EFT, WIRE, CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	DISASTER RELIEF & ASSISTANCE	3,606,363.	EFT, WIRE, CHECK	0.		FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	EDUCATION, INFORMATION, & COMMUNICATION	64,338.	EFT, WIRE, CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	FOOD SECURITY & FOOD AID	10,000.	EFT, WIRE, CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	FOOD SECURITY & FOOD AID	197,932.	EFT, WIRE, CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	HIV/AIDS & INFECTIOUS DISEASES	10,000.	EFT, WIRE, CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	NUTRITION	41,309.	EFT, WIRE, CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	WATER & SANITATION	30,671.	EFT, WIRE, CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	WATER & SANITATION	828,919.	EFT, WIRE, CHECK	0.		FMV
		NORTH AMERICA	BASIC HEALTH	164,003.	EFT, WIRE, CHECK	0.		FMV
		NORTH AMERICA	DISASTER RELIEF & ASSISTANCE	55,248.	EFT, WIRE, CHECK	0.		FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	DISASTER RELIEF & ASSISTANCE	101,090.	EFT, WIRE, CHECK	0.		FMV
		NORTH AMERICA	INSTITUTION STRENGTHENING & DEVELOPMENT	17,903.	EFT, WIRE, CHECK	0.		FMV
		RUSSIA AND NEIGHBORING STATES	DISASTER RELIEF & ASSISTANCE	17,770.	EFT, WIRE, CHECK	0.		FMV
		RUSSIA AND NEIGHBORING STATES	DISASTER RELIEF & ASSISTANCE	10,000.	EFT, WIRE, CHECK	0.		FMV
		RUSSIA AND NEIGHBORING STATES	DISASTER RELIEF & ASSISTANCE	425,099.	EFT, WIRE, CHECK	0.		FMV
		RUSSIA AND NEIGHBORING STATES	DISASTER RELIEF & ASSISTANCE	18,568.	EFT, WIRE, CHECK	0.		FMV
		RUSSIA AND NEIGHBORING STATES	FOOD SECURITY & FOOD AID	15,013.	EFT, WIRE, CHECK	0.		FMV
		RUSSIA AND NEIGHBORING STATES	FOOD SECURITY & FOOD AID	24,996.	EFT, WIRE, CHECK	0.		FMV
		RUSSIA AND NEIGHBORING STATES	INSTITUTION STRENGTHENING & DEVELOPMENT	195,300.	EFT, WIRE, CHECK	0.		FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	BASIC HEALTH	10,000.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	DISASTER RELIEF & ASSISTANCE	54,771.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	DISASTER RELIEF & ASSISTANCE	300,000.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	DISASTER RELIEF & ASSISTANCE	426,740.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	DISASTER RELIEF & ASSISTANCE	53,725.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	DISASTER RELIEF & ASSISTANCE	454,663.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	FOOD SECURITY & FOOD AID	3,691,434.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	FOOD SECURITY & FOOD AID	10,000.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	FOOD SECURITY & FOOD AID	300,000.	EFT, WIRE, CHECK	0.		FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	FOOD SECURITY & FOOD AID	10,000.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	FOOD SECURITY & FOOD AID	2,711,289.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	HIV/AIDS & INFECTIOUS DISEASES	25,296.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	INSTITUTION STRENGTHENING & DEVELOPMENT	57,254.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	INSTITUTION STRENGTHENING & DEVELOPMENT	30,921.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	WATER & SANITATION	40,000.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	WATER & SANITATION	9,910.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	WATER & SANITATION	10,000.	EFT, WIRE, CHECK	0.		FMV
		SOUTH AMERICA	WATER & SANITATION	2,747,809.	EFT, WIRE, CHECK	0.		FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	BASIC HEALTH	730,596.	EFT, WIRE, CHECK	0.		FMV
		SOUTH ASIA	BASIC HEALTH	7,302.	EFT, WIRE, CHECK	0.		FMV
		SOUTH ASIA	DISASTER RELIEF & ASSISTANCE	10,000.	EFT, WIRE, CHECK	0.		FMV
		SOUTH ASIA	DISASTER RELIEF & ASSISTANCE	68,628.	EFT, WIRE, CHECK	0.		FMV
		SOUTH ASIA	DISASTER RELIEF & ASSISTANCE	65,856.	EFT, WIRE, CHECK	0.		FMV
		SOUTH ASIA	DISASTER RELIEF & ASSISTANCE	188,708.	EFT, WIRE, CHECK	0.		FMV
		SOUTH ASIA	FOOD SECURITY & FOOD AID	10,000.	EFT, WIRE, CHECK	0.		FMV
		SOUTH ASIA	FOOD SECURITY & FOOD AID	21,072.	EFT, WIRE, CHECK	0.		FMV
		SOUTH ASIA	HIV/AIDS & INFECTIOUS DISEASES	15,900.	EFT, WIRE, CHECK	0.		FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	INSTITUTION STRENGTHENING & DEVELOPMENT	16,021.	EFT, WIRE, CHECK	0.		FMV
		SOUTH ASIA	WATER & SANITATION	10,000.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT	10,000.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT	9,916.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	AGRICULTURE - CROP & LIVESTOCK DEVELOPMENT	100,000.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	BASIC HEALTH	6,887.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	BASIC HEALTH	294,577.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	BASIC HEALTH	90,000.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	BASIC HEALTH	58,500.	EFT, WIRE, CHECK	0.		FMV



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COMMODITY & FREIGHT	0.	EFT, WIRE, CHECK	2,137,799.	USAID PL480 DISTRIBUTED COMMODITIES AND FREIGHT	FMV
		SUB-SAHARAN AFRICA	DISASTER RELIEF & ASSISTANCE	53,926.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	DISASTER RELIEF & ASSISTANCE	141,184.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	DISASTER RELIEF & ASSISTANCE	17,745.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	DISASTER RELIEF & ASSISTANCE	5,128,283.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	DISASTER RELIEF & ASSISTANCE	33,167.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	DISASTER RELIEF & ASSISTANCE	142,540.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	DISASTER RELIEF & ASSISTANCE	10,000.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	DISASTER RELIEF & ASSISTANCE	49,185.	EFT, WIRE, CHECK	0.		FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DISASTER RELIEF & ASSISTANCE	59,807.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	DISASTER RELIEF & ASSISTANCE	1,925,055.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	28,964.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	4,908,877.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	378,893.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	10,000.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	10,203,578.	EFT, WIRE, CHECK	1,232,571.	FOOD	FMV
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	25,000.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	41,960.	EFT, WIRE, CHECK	0.		FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	410,500.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	22,500.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	82,000.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	52,168.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	329,651.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	FOOD SECURITY & FOOD AID	1,186,749.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	HIV/AIDS & INFECTIOUS DISEASES	23,810.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	HIV/AIDS & INFECTIOUS DISEASES	33,000.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	HIV/AIDS & INFECTIOUS DISEASES	9,615.	EFT, WIRE, CHECK	0.		FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INSTITUTION STRENGTHENING & DEVELOPMENT	206,443.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	INSTITUTION STRENGTHENING & DEVELOPMENT	26,443.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	INSTITUTION STRENGTHENING & DEVELOPMENT	106,443.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	WATER & SANITATION	20,000.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	WATER & SANITATION	57,463.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	WATER & SANITATION	6,028.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	WATER & SANITATION	81,500.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	WATER & SANITATION	92,729.	EFT, WIRE, CHECK	0.		FMV
		SUB-SAHARAN AFRICA	WATER & SANITATION	1,732,755.	EFT, WIRE, CHECK	0.		FMV

Schedule F (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	WATER & SANITATION	10,000.	EFT, WIRE, CHECK	0.		FMV

**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 the 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 the 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 the 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 the 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 the 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 the 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: BASIC EDUCATION, BASIC HEALTH,

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, BASIC HEALTH, COMMODITY & FREIGHT, DISASTER

RELIEF & ASSISTANCE, EDUCATION, INFORMATION, & COMMUNICATION, FOOD

SECURITY & FOOD AID, INSTITUTION STRENGTHENING & DEVELOPMENT, WATER &

SANITATION.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

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

DISASTER RELIEF & ASSISTANCE, EDUCATION, INFORMATION, & COMMUNICATION,

ENVIRONMENT CONSERVATION, ECOLOGY & NATURAL RESOURCES, FOOD SECURITY &

FOOD AID, INSTITUTION STRENGTHENING & DEVELOPMENT.

REGION: MIDDLE EAST AND NORTH AFRICA

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

COMMODITY & FREIGHT, DISASTER RELIEF & ASSISTANCE, EDUCATION,

INFORMATION, & COMMUNICATION, FOOD SECURITY & FOOD AID, HIV/AIDS &

INFECTIOUS DISEASES, INSTITUTION STRENGTHENING & DEVELOPMENT, NUTRITION,

WATER & SANITATION.

REGION: NORTH AMERICA

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

& ASSISTANCE, INSTITUTION STRENGTHENING & DEVELOPMENT.

REGION: RUSSIA AND NEIGHBORING STATES

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

**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.

RELIEF & ASSISTANCE, FOOD SECURITY & FOOD AID, INSTITUTION STRENGTHENING

& DEVELOPMENT.

REGION: SOUTH AMERICA

(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 ASIA

(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: SUB-SAHARAN AFRICA

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

DEVELOPMENT, BASIC EDUCATION, BASIC HEALTH, COMMODITY & FREIGHT, 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.

**SCHEDULE G  
(Form 990)**

**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.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://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 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			
MASTERWORKS - 19462 POWDER HILL PL NE, POULSBO, WA	PRINT, MAILING, EMAIL, AND INTERNET SOLICITATION		X	2,788,217.	1,756,889.	1,031,328.
QCSS - 21925 W. FIELD PKWY, SUITE 210, DEER PARK, IL	TELEMARKETING		X	27,511.	159,408.	-131,897.
CARRIE PURKEYPILE - 7019 ZEELAND DR., CITRUS HEIGHTS,	COPYWRITING, RESEARCH, INTERVIEWS		X	0.	42,000.	-42,000.
KRISTINA BANFIELD JOHNSON - 4606 E 34TH LN, SPOKANE, WA	DESIGN SERVICE, PRINT PRODUCTIONS, MAILING		X	0.	34,171.	-34,171.
MICHELE JOSEPH CREATIVE SOLUTIONS - 2390 STATE STREET	RESEARCH, COPYWRITING, PROJECT MANAGEMENT DATA		X	0.	38,445.	-38,445.
THE INKWELL GROUP - 2 EROS ST, MODBURY HEIGHTS, SA,	COPYWRITING SERVICE		X	0.	78,150.	-78,150.
THE DESIGN GARDEN - WINTER GARDEN, 416 COURTEA OAKS	DESIGN AND PRINT SERVICES		X	0.	43,769.	-43,769.
CORPORATE COMMUNICATIONS GROUP A DCG ONE COMPANY - 800	DIGITAL MARKETING SERVICES		X	0.	46,378.	-46,378.
<b>Total</b>				<b>2,815,728.</b>	<b>2,199,210.</b>	<b>616,518.</b>

- 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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. 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: MASTERWORKS

(I) ADDRESS OF FUNDRAISER: 19462 POWDER HILL PL NE, POULSBO, WA 98370

(I) NAME OF FUNDRAISER: QCSS

(I) ADDRESS OF FUNDRAISER:

21925 W. FIELD PKWY, SUITE 210, DEER PARK, IL 60010

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: CARRIE PURKEYPILE

(I) ADDRESS OF FUNDRAISER: 7019 ZEELAND DR., CITRUS HEIGHTS, CA 95621

(I) NAME OF FUNDRAISER: KRISTINA BANFIELD JOHNSON

(I) ADDRESS OF FUNDRAISER: 4606 E 34TH LN, SPOKANE, WA 99223

(II) ACTIVITY: DESIGN SERVICE, PRINT PRODUCTIONS, MAILING SERVICES

(I) NAME OF FUNDRAISER: MICHELE JOSEPH CREATIVE SOLUTIONS

(I) ADDRESS OF FUNDRAISER: 2390 STATE STREET L1E, HAMDEN, CT 06517

(II) ACTIVITY: RESEARCH, COPYWRITING, PROJECT MANAGEMENT DATA MANAGEMENT

(I) NAME OF FUNDRAISER: THE INKWELL GROUP

(I) ADDRESS OF FUNDRAISER: 2 EROS ST, MODBURY HEIGHTS, SA, AUSTRALIA 5092

(I) NAME OF FUNDRAISER: THE DESIGN GARDEN

(I) ADDRESS OF FUNDRAISER: WINTER GARDEN, 416 COURTEA OAKS BLVD, FL 34787

(I) NAME OF FUNDRAISER: CORPORATE COMMUNICATIONS GROUP A DCG ONE COMPANY

(I) ADDRESS OF FUNDRAISER: 800 COMMERCE DRIVE, UPPER MARLBORO, MD 20774

PART I, LINE 2B, COLUMN (V):

TOTAL FEES PAID TO THE FUNDRAISERS INCLUDE EXPENSES FOR PRINTING, MAILING

AND POSTAGE AMOUNTING TO \$570,989. TOTAL FEES OF \$430,421 WERE PAID TO

THE FUNDRAISERS, WHICH INCLUDED SERVICES FOR OTHER FUNCTIONAL AREAS OF

SUPPORT INCLUDING PUBLIC RELATIONS AND GENERAL COMMUNICATIONS.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACS HAWAIIAN CONFERENCE 655 WAINE'E ST. LAHAINA, HI 96761	99-0082407	501(C)(3)	0.	58,065.	FMV	TENTS, TARPS, SHELTER TOOL KITS	HUMANITARIAN AID FOR THE LAHAINA, HAWAII FIRES
ADVENTIST HEALTH SYSTEM WEST 1 ADVENTIST HEALTH WAY ROSEVILLE, CA 95661	95-3484589	501(C)(3)	20,000.	0.			MAUI WILDFIRE RESPONSE

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

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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 checked="" 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 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

**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 and/or 1099-NEC 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) JOSUE ORELLANA GUEVARA DIR. OF HEALTH, NUTRITION, & WASH	(i)	223,979.	0.	0.	11,050.	17,482.	252,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AKINTAYO ODEYEMI DIRECTOR FOR UN RELATIONS	(i)	162,355.	0.	0.	21,446.	17,181.	200,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FLEUR HENRISSE HERINJANAHARY ASSOCIATE DIR. PROGRAM FINANCE MGT	(i)	161,974.	0.	0.	21,078.	17,161.	200,213.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALEX BALINT SENIOR DIR. CORPORATE/SOCIAL PARTNER	(i)	170,938.	0.	0.	8,789.	17,181.	196,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAIR PARADA-CABEZAS SENIOR DIRECTOR FOR FINANCE	(i)	154,176.	0.	0.	23,370.	17,286.	194,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KOREY DOWLING VP FOR PEOPLE & CULTURE	(i)	163,496.	0.	0.	9,876.	17,377.	190,749.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL KRUGER BOARD SECRETARY/PRESIDENT	(i)	139,053.	0.	0.	23,738.	17,357.	180,148.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MATT SILIGA VP FOR STRATEGIC OPS & GROWTH	(i)	151,401.	0.	0.	9,876.	17,377.	178,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PETER LANDLESS BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	58,060.	0.	0.	41,474.	78,602.	178,136.	0.
(10) OLIVIER GUTH TREASURER/VP FOR FINANCE	(i)	128,448.	0.	0.	22,334.	25,413.	176,195.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PAUL DOUGLAS BOARD MEMBER/FIN. COMMITTEE CHAIR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	88,247.	0.	0.	16,041.	52,370.	156,658.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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:

ON ONE OCCASION DUE TO TIGHT SCHEDULING AND SEAT AVAILABILITY, A FIRST

CLASS TICKET WAS PURCHASED. THEREFORE, ONE BOARD OFFICER RECEIVED AN

ALLOWANCE FOR FIRST CLASS TRAVEL DURING THE YEAR:

MICHAEL KRUGER: \$2,458 (NONTAXABLE)

TWO OFFICERS AND FOUR HIGHLY COMPENSATED EMPLOYEES RECEIVED A FAMILY

ALLOWANCE FOR TRAVEL DURING THE YEAR, TREATED AS TAXABLE INCOME ON FORM W2.

TWO HIGHLY COMPENSATED EMPLOYEES RECEIVED A HOUSING ALLOWANCE, TREATED AS

TAXABLE INCOME ON FORM W2.

**SCHEDULE L**  
**(Form 990)**

**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.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://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 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 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
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> .....							\$						

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

**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
(1) JHANA E DOUGLAS	JHANA E DOUGLAS IS A	36,362.	EMPLOYEE		X
(2) JOSHUA MCEDWARD	JOSHUA MCEDWARD IS	42,030.	INDEPENDENT		X
(3) KELLY DOWLING	KELLY DOWLING IS MA	79,836.	EMPLOYEE		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**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: JHANA E DOUGLAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JHANA E DOUGLAS IS A FAMILY MEMBER OF PAUL DOUGLAS, TREASURER/FIN. CHAIR

(A) NAME OF PERSON: JOSHUA MCEDWARD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JOSHUA MCEDWARD IS A FAMILY MEMBER OF RICHARD MCEDWARD, BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR

(A) NAME OF PERSON: KELLY DOWLING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KELLY DOWLING IS MARRIED TO KOREY DOWLING, VP FOR PEOPLE AND CULTURE

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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](http://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 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		20,999.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	97,675.	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	15	1,232,571.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>COMMODITIES</u> )	X	1	114,452.	FMV
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

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

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS IN COLUMN B REPRESENTS THE NUMBER OF

DONORS.

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONDITIONS OF THE TARGET POPULATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SKILLS. ADRA PROMOTES PRIMARY HEALTH WITH ACCESS, AS WELL AS TRAINING

FOR COMMUNITY CARE.

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

SALARY EXPENSE

EXPENSES \$ 11,522,549. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23



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

OTHER ACTIVITIES, INCLUDING SUMMITS AND CONFERENCES

EXPENSES \$ 3,268,065. INCLUDING GRANTS OF \$ 0. REVENUE \$ 436,358.

OTHER GRANTS

EXPENSES \$ 2,119,750. INCLUDING GRANTS OF \$ 2,119,750. REVENUE \$ 0.

TRAVEL EXPENSE

EXPENSES \$ 991,899. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ALLOCATION OF OCCUPANCY AND DEPRECIATION

EXPENSES \$ 278,571. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE 990 IS REVIEWED INTERNALLY BY THE SENIOR DIRECTOR OF FINANCE AND THE CFO. THE FINANCE COMMITTEE, WHICH IS A SUBSET OF THE ADRA BOARD, REVIEWED 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 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.

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

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, SD, WY

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 XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	232,410.
--	----------

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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

**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
GOODONE GLOBAL, LLC - 88-4247783 12501 OLD COLUMBIA PIKE SILVER SPRINGS, MD 20904	HOLDING COMPANY	MARYLAND	76,451.	614,084.	ADRA INTERNATIONAL

**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 SPRINGS, MD 20904	CHURCH	DISTRICT OF COLUMBIA	501(C)(3)	LINE 1	N/A		X

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

Schedule R (Form 990) 2023

**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
GOODONE FOODS NZ LIMITED 26 CAPRIANA DRIVE KARAKA, PAPKURA, NEW ZEALAND 2113	FOOD WHOLESALING	NEW ZEALAND	GOODONE GLOBAL LLC	C CORP	-2,242.	148,631.	100%	X	

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

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

Multiple horizontal lines for providing supplemental information.

**2023 DEPRECIATION AND AMORTIZATION REPORT**

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE & EQUIPMENT	VARIOUS	200DE	7.00		HY16	1,384,028.				1,384,028.	1,003,870.		118,701.	1,122,571.
	* TOTAL 990 PAGE 10 DEPR						1,384,028.				1,384,028.	1,003,870.		118,701.	1,122,571.

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form 990-T header section containing organization name (ADVENTIST DEVELOPMENT & RELIEF AGENCY), address (12501 OLD COLUMBIA PIKE, SILVER SPRING, MD 20904), and identification numbers.

Form 990-T middle section containing organization type (501(c) corporation), filing status, and other organizational details.

Table for Part I: Total Unrelated Business Taxable Income. Rows include total income, deductions, and final taxable income.

Table for Part II: Tax Computation. Rows include tax on corporations, trusts, proxy tax, and other tax amounts.

Table for Part III: Tax and Payments. Rows include foreign tax credit, other credits, and total tax liability.

<b>Part III Tax and Payments</b> <i>(continued)</i>				
<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>		
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>	929.	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>		
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>		
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>		
<b>j</b>	Other (see instructions) .....	<b>6j</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>		929.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		929.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <span style="float: right;"><b>Refunded</b></span> .....	<b>11</b>		929.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <u>NEW ZEALAND</u>	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ..... If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ _____		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.				
	 Signature of officer	07/31/24 Date	TREASURER/VP OF FINANCE Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	BRANDY L. MIKULA, CPA	<i>Brandy Mikula, CPA</i>	07/31/24	<input type="checkbox"/>	P00645694
	Firm's name	Firm's address		Firm's EIN	
MANER COSTERISAN PC	2425 E. GRAND RIVER, SUITE 1 LANSING, MI 48912-3291		38-2157642		
			Phone no. 517-323-7500		