Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

A	For the	2018 calend	lar year, or tax year beginning	, 20	18, and endi	ng		, 20
В	Check if	applicable: C	Name of organization Life For	Relief and Develor	ment, I	nc.	D Employe	er identification number
	Address		Doing business as				95-44	402149
\Box	Name ch		Number and street (or P.O. box if ma	il is not delivered to street address)	Room/s	uite		ne number
$\overline{\Box}$	Initial ret	·	17300 West Ten Mile	Road			(248)	424-7493
Ħ.			City or town, state or province, count				(210)	7 121 7193
\Box	Amende		Southfield, MI 4807	• •			C Cross E	eceipts \$ 19,688,584.
H			Name and address of principal office			enia a mi		subordinates? Yes No
ш	Applicati				J MT 400		-	·
_			HANY SAQR, 17300 W 10					s included? Yes No a list. (see instructions)
÷		mpt status:	★ 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1)	or 527	_		
J	Website		w.lifeusa.org				exemption	
-			Corporation Trust Associat	ion	L Year of forma	ation: 199	Z M State	of legal domicile: MI
P	art	Summar						
	1		cribe the organization's missi					
Governance		across	the globe by offering	ng humanitarian ser	vices su	ich as he	alth c	are
nar		and educ	cation. Cater to cas	sualities of social	and eco	onomic tu	rmoil,	Colonia (1) and the Colonia problem (1) the Colonia (2) and the Colonia (2) and the Colonia (3) and the Co
/er	2	Check this	box ▶ ☐ if the organization of	discontinued its operations of	or disposed	of more than	25% of	its net assets.
0	3	Number of	voting members of the gover	rning body (Part VI, line 1a),	a a a∈s		3	5
ංජ	4	Number of	independent voting member	s of the governing body (Par	t VI, line 1b)	4	5
98	5	Total numb	per of individuals employed in	calendar vear 2018 (Part V.	line 2a)		5	
Z	6		per of volunteers (estimate if r	-			0	4
Activities &	7a		ated business revenue from F				7a	6,343.
-	b		ted business taxable income				7b	0,545.
_		TVCL UIIICIAL	cu business taxable income	101111 01111 000 1, 11110 00	N 4 4	Prior Ye		Current Year
	8	Contributio	ons and grants (Part VIII, line	1b)		10,702		
97						10,70	2,940.	19,682,241.
Revenue	9	_	ervice revenue (Part VIII, line :				2 440	6.242
Re	10		income (Part VIII, column (A)	•			3,449.	6,343.
	11		nue (Part VIII, column (A), line					
_	12		ue-add lines 8 through 11 (m			10,70	6,389.	19,688,584.
	13		l similar amounts paid (Part I)					
	14		aid to or for members (Part IX					
co CO	15		her compensation, employee t			1,35	4,893.	1,470,259.
Expenses	16a		al fundraising fees (Part IX, c					
xpe	b	Total fundr	aising expenses (Part IX, colo	umn (D), line 25) ► 73	30,559.			Self Strain Control
iii	17	Other expe	enses (Part IX, column (A), line	es 11a-11d, 11f-24e)	1 1 1 1 1 1 1 1 1 1 1 1	8,71	3,711.	18,391,622.
	18	Total exper	nses. Add lines 13-17 (must	equal Part IX, column (A), lin	e 25)	10,06	8,604.	19,861,881.
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12		63	7,785.	-173,297.
70	n					Beginning of C	urrent Year	End of Year
ets (20	Total asset	ts (Part X, line 16)			7,76	9,502.	7,552,793.
Ass	21		ties (Part X, line 26)					
Net Assets or	22		or fund balances. Subtract I	ine 21 from line 20		7,76	9,502.	7,552,793.
-	art II		re Block				,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			, I declare that I have examined this i	return including accompanying sche	edules and stat	tements and to	the hest of	my knowledge and helief it is
			e. Declaration of preparer wher than					my wie wie age and belief, it is
-			Hany Sagr	/		1	07/15/2	2010
Si	gn	Signatu	ure of process of the				ate	2019
	ere ere			1			ate	
1 10	51 6		Y SAOR, CEO					
_			or print name and title	Droporou's cignot-ma		Doto	-	ETIM
Pa	aid		e preparer's name	Preparer's signature		Date	Check	
_	repare	SAM T	SADAPS	SAM T SADAPS		07/15/201	9 self-em	P00182134
	se On	V Firm's nar		ELL AND SADAPS CPA				38-3056592
		Firm's add	dress ▶ 5322 Fifteen Mile			MI 48310 Ph	one no. (5	586) 604-9357
Ma	ay the II	RS discuss	this return with the preparer	shown above? (see instruction	ons)			X Yes No
						TO / OF MOUSE OF THE		C 000 (0040)

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Alleviate Human suffering regardless of race, color, religion, or cultural background and provide assistance to people
	across the globe by offering humanitarian services such as health care
	and education. Cater to casualities of social and economic turmoil,
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	0 \ \(\text{Devenue } \)
4a	(Code:) (Expenses \$ 858,398. including grants of \$ 0.) (Revenue \$ 415,959.)
	Emergency Disaster Relief Expenditures: Emergency humanitarian
	program included earthquake relief and other emergency disaster relief, providing food, water, clothing, tents,
	and other. The countries served under this program as follows: Siera Leone,
	Ghana, Egypt, Ethiopia, Kenya, Somalia, Sudan and Morocco.
,	
	0 \ /Paragua \$ 202 029 \
4b	(Code:) (Expenses \$ 4,591,506. including grants of \$ 0.) (Revenue \$ 802,029.) Educational Expenditures: Education expenditures include
	educational text book distribution, school supplies,
	community educational development and scholarships.
	The countries served under this program as follows: Af
	THE COUNTELLION BOLLYON CONTRACTOR OF THE CONTRA
	12 1 1/2 1 200 004 including grants of \$ 0 \/Payonue \$ 97.702 \
4c	
	HEALTH AND SAFETY PROGRAM
	4
40	
-	(Expenses \$ 5,311,611, including grants of \$ 0.) (Revenue \$ 5,425,496.) See Statement
4e	Total program service expenses ► 18,144,419.

Part I				age 3
Part I	Checkist of Required Schedules	1	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
	outipioto concadio / f f f f f f f f f f f f f f f f f f	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		×
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? If			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	×	~
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		×
	complete Schedule D, Part III	0		×
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? If "Yes," complete Schedule D, Part IV.	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Complete ochedule Di Turc VIII.	11a	×	
b	of its total according of the first and the	11b		×
C	of its total accord reported in that it is a series of the	11c		×
d	Tepolica III ali X, III o To II Too, Sompiete Series III - I III - III	11d	×	
е	Did the organization report an arround for other habitude in a devil in the organization report and arround for other habitude in the organization report and arround for other habitude in the organization report and arround for other habitude in the organization report and arround for other habitude in the	11e		×
f	tile organization o natinity for anothern text position of the first	11f	×	
	Scriedule D, Faits XI and XII	12a	×	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	×	×
13 14a		14a	×	1
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	14b	×	
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? If "Yes," complete Schedule F, Parts II and IV	15		×
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? If "Yes," complete Schedule F, Parts III and IV.	16		×
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? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	1	20a		×
20 a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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? Ite Weso'll complete Schedule I, Parts I and II	21	~~	×
		For	m 99	0 (2018

Part i	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	×	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	×	×
29	Did the organization receive more than \$25,000 in non-cash contributions? It res, complete schedule William Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		37	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	43 00	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-	168	1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		1 1 N	-
-	reportable gaming (gambling) winnings to prize winners?	10	×	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	00018		6
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	OL-	EXCEL	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .	2b	×	
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	^	×
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	×	
b	If "Yes," enter the name of the foreign country: See Statement See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Eyd.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		10 0	100
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	2.00		
-	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		~
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		×
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1	2 3	
	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.		-	12 1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	1 20		100
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	P.A.		165
11	Section 501(c)(12) organizations. Enter:	The second		A STATE
а	Gross income from members or shareholders			100
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	100		1000
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.		1700	1000
h	Enter the amount of reserves the organization is required to maintain by the states in which	ΞN	1207	1000
D	the organization is licensed to issue qualified health plans	15	1.31	Circle
C	Enter the amount of reserves on hand	1991	1100	1000
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	13		(MICHENNA)
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		- Construction
10	If "Yes," complete Form 4720, Schedule O.			
		For	m 99	0 (2018)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? × 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 X 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint X Are any governance decisions of the organization reserved to (or subject to approval by) members, **7**b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 X 13 14 × Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement × If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed See Part VI, Line 17 stmt 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) ☐ Upon request Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records > 20

AMR MOHAMED, 17300 West Ten Mile Road, Southfield, MI 48075 (248)424-7493

	(A) Name and title	(B) Average hours per week (list any	box, office	ot ch unles r and	s per d a d	ition more rson irecto	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	n	(F) Estimated amount of other	
		hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Keý employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		ompensati from the organizatio and relate organizatio	on d
15)							· ·						
16)													
17)													
18)													
19)													
20)													
21)													
(22)											-		
(23)					ļ.								
(24)													
(25)													
1b c d	Sub-total	rt VII, Sectio		120	·				276,950. 276,950.).		0.
2	Total number of individuals (including to reportable compensation from the organization)	out not limite											
3	Did the organization list any former employee on line 1a? If "Yes," complete							em	ployee, or hig	hest compens	ated	Yes	s No
4	For any individual listed on line 1a, is organization and related organization	the sum of re	eporta	able	cor	mpe	nsati	on a	and other com	pensation from hedule J for	the such	4	
5	individual	 e or accrue c on? <i>If "Yes,"</i>	 compo	ensa olete	tion	n fro hea	 m an lule J	y uı <i>for</i>	nrelated organi such person	ization or indiv		5	×
Section	on B. Independent Contractors										4		
1	Complete this table for your five higher compensation from the organization. Fixed year.	st compensa Report comp	ited ir ensat	ion	for 1	dent the	t cont calen	rac dar	tors that receiv year ending w	ved more than ith or within the	\$100,00 e organ)0 of ization's	tax
	(A) Name and business	address							(B) Description of	services	Cor	(C) mpensatio	n
						-							

Part	VIII	Statement of Revenue		D (17/11)		
		Check if Schedule O contains a response or note	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512–514
Gifts, Grants ilar Amounts	1a	Federated campaigns 1a		Filler Re	ALL STATES	
	b	Membership dues 1b		THE BUILD		
S, E	C	Fundraising events 1c	A STATE OF THE STATE OF			
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d				
É, E	е	Government grants (contributions) 1e				
Contributions, and Other Sim	f	All other contributions, gifts, grants,				
₹ E		and similar amounts not included above 1f 19, 682, 241				
<u>a</u>	g	Noncash contributions included in lines 1a–1f: $$12,054,594$				
	h	Total. Add lines 1a–1f	19,682,241.			
Program Service Revenue		Business Code			THE RESERVE OF THE PARTY OF THE	
eve	2a					
9	b					
rvic	C				-	
Se	d					
гап	е	All all our man are the second				
rog	f	All other program service revenue . Total Add lines 2a–2f				
<u>n</u>	<u>g</u>	Total. Add lines 2a–2f				
	3	and other similar amounts)		0.	6,343.	0
	4	Income from investment of tax-exempt bond proceeds ▶	0,545.	0.	0,343.	
	4	KO.				
	5	Royalties	ALCOHOLD BOOK		120 July 198	
	0-		- Bit less			
	6a	Gross rents				
	b	Less: rental expenses	PART INSULANT			
	C	Rental income or (loss) Net rental income or (loss)		N X AX IN CESSES		BOOK PRINCES
	d	(2) Others	CONTRACTOR DE			72-12-17-18
	7a	Gross amount from sales of assets other than inventory				
	la la		STEP TO BYELL			
	b	Less: cost or other basis and sales expenses .	12 Dec 1 6 80			
	С	Gain or (loss)			THE STATE OF	
	d	Net gain or (loss)	• (
	u	Net gain or (loss)		E TO THE PERSON NAMED IN	- 91 - 53	18" 18 TO 18
ne C	8a	Gross income from fundraising	STATE OF STA			THE PARTY
en	-	events (not including \$	SHALL SHALL	0.3 50 10 12 1	TO A STREET	
Sev.		of contributions reported on line 1c).		A CONTRACTOR		
<u></u>		See Part IV, line 18 a			The State of the S	
Other Revenue	b	Less: direct expenses b				
0		Net income or (loss) from fundraising events . >	>			
		Gross income from gaming activities.	O CHARLETTERS			WWW PERMITE
		See Part IV, line 19 a				1 4 4 5
	b	Less: direct expenses b	100 ES 100			
	_	Net income or (loss) from gaming activities	>			
		Gross sales of inventory, less				FATEUR PAR
		returns and allowances a		The state of the s	SHIP MAN TO	
	b	Less: cost of goods sold b		Barry Burling	SAVIN FIRM	Salar Salar
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Cod	e Mariana			My Box 1885
	11a					
	b					
	C					
	d	All other revenue				
	е	Total. Add lines 11a-11d		1 000 010 000		SOUTH TO SERVE THE SERVE T
	140	Total revenue See instructions	19 688 584	0	6.343	

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).							
Occuor	Check if Schedule O contains a response						
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						
	Grants and other assistance to domestic individuals. See Part IV, line 22						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		-				
7 8	Other salaries and wages	1,100,087.	523,469.	201,407.	375,211.		
9 10 11	Other employee benefits	280,494. 89,678.	0.	280,494. 89,678.	0.		
a b c d	Management Legal Accounting Lobbying	19,434. 49,110.	0.	19,434. 49,110.	0.		
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)						
12 13 14	Advertising and promotion	68,675.	0.	68,675.	0.		
15 16 17	Royalties	16,122.	0.	16,122.	0.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19 20 21	Conferences, conventions, and meetings Interest						
22	Depreciation, depletion, and amortization . Insurance	30,136. 18,913.	0.	30,136. 18,913.	0.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
a b	REPAIRS & MAINTENANCE EXPENDITURES FUNDRAISING EXPENDITURE	18,819. 355,348.	0.	18,819.	0. 355,348.		
c d	INTERNAL CONTROL AUDIT FEES BANK CHARGES & CC CHARGES	3,959. 105,769.	0.	3,959.	0.		
e	All other expenses	17,705,337.	17,620,950.	84,387.	0.		
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	19,861,881.	18,144,419.		730,559.		

All Other Expenses

Form 990 Part IX, Line 24e

Name

Life For Relief and Development, Inc.

Employer Identification No. 95-4402149

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
ducation Program Expenditures	4,591,506.	4,591,506.	0.	0.
mergency Disaster Program Expenditures	858,398.	858,398.	0	0.
ealth and Safety Program Expenditure	7,382,904.	7,382,904.	0.	0.
easonal Program Expenditures	1,152,648.	1,152,648.	0.	0.
OCIAL PROGRAM EXPENDITURES	1,596,130.	1,596,130.	0.	0.
akat Program Expenditures	219,079.	219,079.	0.	0.
ater and Sanitation Program	147,014.	147,014.	0.	0.
ndirect Program Expenditures	1,632,168.	1,632,168.	0.	0.
UMAN DEVELOPMENT PROGRAM	41,103.	41,103.	0.	0,
oard of Directors Expenditure	1,227.	0.	1,227.	0.
PAYROLL SERVICE FEES	2,811.	0.	2,811.	0.
JTILITIES	14,308.	0.	14,308.	0.
TELEPHONE EXPENSES	23,098.	0.	23,098.	0.
SECURITY EXPENSES	1,133.	0.	1,133.	0.
LICENSE AND DOCUMENTS DUES	17,984.	0.	17,984.	0.
INTERNET SERVICES	4,449.	0.	4,449.	0.
DELIVERY CHARGES	779.	0.	779.	0
SUPPLIES	18,598.	0.	18,598.	0.
Total to Form 990, Part IX, line 24e	17,705,337.	17,620,950.	84,387.	0

Part X Balance Sheet

Cash—non-interest-bearing			Check if Schedule O contains a response or note to any line in this Par	t X		
2 Savings and temporary cash investments 2 3 3 4 Accounts receivable, net 4 4 4 4 4 4 4 4 4						
2 Savings and temporary cash investments 2 3		1	Cash—non-interest-bearing	7,145,655.	1	6,945,470.
Place and grants receivable, net Accounts receivable, net Loars and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. Loars and other receivables from other disqualified persons (as defined under section 4988(ft)), persons described in 4988(ft), persons described in 4988(ft)), persons described in 4988(ft)), persons described in 4988(ft), persons described in 4988(ft)), persons described in 4988(ft)), persons described in 4988(ft), persons described in 4988(ft)), persons described in 4988(ft), persons described in 4988(ft)), persons described in 4988(ft), persons described in 4988(2			-2	
Total Basels. Add lines 1 through 15 (must equal line 34). Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. Loans and other receivables from other disqualfied persons (as defined under section 4858(FII), person described in section 4858(FII), person described in section 4858(FII), person described in section 4858(FIII), person described in section 4858(FIIII), person described in section 501(-), person described in the filter of the filter and the		3			3	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loars and other receivables from other disqualified persons (as defined under section 4958(f)(f)), persons described in section 4958(f)(g), and contributing employers and sponsoring organizations of section 501(g)(g) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 637, 460. 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—other securities. See Part IV, line 11 14 Intangible assests 15 Cher assets. See Part IV, line 11 16 Total assests. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Gratis payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Cara-exempt bond liabilities 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities (including federal income tax, payables to related third parties 27 Organizations that follow SFAS 117 (ASC 958), check here Imporating restricted net assets 28 Temporarily restricted net assets 29 Organizations that follow SFAS 117 (ASC 958), check here Imporations that follow SFAS 117 (ASC 958), check here Imporations and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Organizations that follow sFAS 117 (ASC 958), check here Imporations 30 Capital stock or trust principal, or current funds 31 Total Investments—organizations that follow services and complete lines 27 (asset) and complete lines 27 (asset) and complete lines 27 (a		4	Accounts receivable, net		4	
Complete Part II of Schedule L		5	Loans and other receivables from current and former officers, directors,	AND THE PARTY OF T	= Heli	
Loars and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3)(8), and contributing employers and sponsoring organizations of section 501(6)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L					43	210 L Ruly 32
## 4958(f)(1), persons described in section 4958(s)(8)(8), and contributing employers and sponsoring organizations of section 501(c)(8) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			Complete Part II of Schedule L		5	
7 Notes and loans receivable, net 8 Inventories for saile or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 96,714. 9 119,723.	co.	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	San Natharia	6	
9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D b Less: accumulated depreciation	set	7			7	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 1,122,596. b Less: accumulated depreciation 10b 637,460. 514,123. 10c 485,136. 11 Investments—publicly traded securities 11. 12 Investments—program-related. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13. 14 Intangible assets 14. 15 Other assets. See Part IV, line 11 13,010. 15 2,464. 16 Total assets. Add lines 1 through 15 (must equal line 34) . 7,769,502. 16 7,552,793. 17 Accounts payable and accrued expenses 17 18 Grants payable . 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 24 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ △ 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ △ 28 Temporarily restricted net assets 29 29 Permanentry restricted net assets 29 29 Permanentry restricted net assets 29 29 Permanentry restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ △ 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 31 33 Total net assets or fund balances 77,769,502 34 7,552,793. 34 Total liabilities and net assets/fund balances 77,769,502 34 7,552,793.	As				8	
to the basis. Complete Part VI of Schedule D b Less: accumulated depreciation		9	Prepaid expenses and deferred charges	96,714.	9	119,723.
b Less: accumulated depreciation 10b 637,460. 514,123. 10c 485,136. 11		10a				ALCOHOLD STREET
11			other basis. Complete Part VI of Schedule D 1,122,596.			
12 Investments – other securities. See Part IV, line 11 12 13 Investments – program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 13 13 10 15 2,464 16 Total assets. Add lines 1 through 15 (must equal line 34) 7,769,502 16 7,552,793 17 17 18 Grants payable and accrued expenses 17 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 Organizations that follow SFAS 117 (ASC 958), check here		b	Less: accumulated depreciation 10b 637, 460.	514,123.		485,136.
13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 15 15 15 16 16 16		11	Investments—publicly traded securities			
14 Intangible assets 14 13,010 15 2,464 16 Total assets. See Part IV, line 11 13,010 15 2,464 17,769,502 16 7,552,793 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and other liabilities included on lines 17-24). Complete Part X of Schedule D 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here		12	Investments—other securities. See Part IV, line 1.1			
15 Other assets. See Part IV, line 11		13				
Total assets. Add lines 1 through 15 (must equal line 34)		14				
17 Accounts payable and accrued expenses		15				
18 Grants payable 18 19 Deferred revenue 19 19 20 17 20 21 20 21 22 23 24 25 25 26 27 24 27 27 28 28 29 26 27 27 27 28 28 29 29 29 29 29 29		16		7,769,502.	-	7,552,793.
Deferred revenue Tax-exempt bond liabilities Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations		17				
Tax-exempt bond liabilities						
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					-	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			·		_	
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			- 1	BI WALL TO SELECT	21	
Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25	9	22			100	PRATEGORIE
Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25	Ë				22	
Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25	10	-00				
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parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25						
of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25				
Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that despect of the second of th					25	
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25		26	
Complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets			Organizations that follow SFAS 117 (ASC 958), check here > X and			
34 Total liabilities and net assets/fund balances	S O					
34 Total liabilities and net assets/fund balances	ano	27	Unrestricted net assets	7,769,502.	27	7,552,793.
Total liabilities and net assets/fund balances	Bal	28	Temporarily restricted net assets		28	
34 Total liabilities and net assets/fund balances	둳	29			29	
34 Total liabilities and net assets/fund balances	or Fur					
34 Total liabilities and net assets/fund balances	ts (30	Capital stock or trust principal, or current funds			
34 Total liabilities and net assets/fund balances	88	31			_	
34 Total liabilities and net assets/fund balances	A	32				
34 Total liabilities and net assets/fund balances	Ne	33				
		34	Total liabilities and net assets/fund balances	7,769,502.	34	7,552,793. Form 990 (2018)

Part					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,68	8,58	4.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,86	1,88	1.
3	Revenue less expenses. Subtract line 2 from line 1	3	-17	3,29	7.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,76	9,50	2.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	7,59	6,20)5.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			-	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		17/12		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in	8	Sign	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or		Telling of	
	reviewed on a separate basis, consolidated basis, or both:			1000	
				adVis	SIL.
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		Val.	
	separate basis, consolidated basis, or both:		200	2 F3 H	
			Part .	175	-8
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight		1	
	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain in	NEO!	The state of the s	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao the			
, ,	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits.	3b		
	7.5		Farm	. 000	(0.0.1.0

Form 990: Return of Organization Exempt from Income Tax

Part III: Line 4d (continued)

(Code:) (Expenses \$219,079 including grants of \$0) (Revenue \$1,148,342)
Zakat: Zakat al-mal for local and indigent in the united
states through local community centers.
Zakat-Tithing
v ·
5 401 (7 4014 045)
(Code:) (Expenses \$1,152,648 including grants of \$0) (Revenue \$914,245)
Seasonal Food Program
(Code:) (Expenses \$1,596,130 including grants of \$0) (Revenue \$3,115,696)
Social Program (Orphan Sponsorship)
(Code:) (Expenses \$147,014 including grants of \$0) (Revenue \$246,838)
Water and Sanitation Program
(Code:) (Expenses \$2,155,637 including grants of \$0) (Revenue \$0)
INDIRECT AND GENERAL PROGRAM EXPENDITURES
FIELD OFFICES, FUNDRAISING AWARE, OVERSEAS GENERAL EXPENSES
(Code:) (Expenses \$41,103 including grants of \$0) (Revenue \$375)
HUMAN DEVELOPMENT PROGRAM
·

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Part V, Line 4b (continued)

Continuation Statement

Foreign Country				
IZ				
JO				
IS				
GH				
SY				
AE				
SL				
AF				

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

States Where Copy of Return is Required				
MI				
CA				
PA				
OR				
CO				
KY				
FL				
IA				
IL				
IN				
LA				
MD				
ОН				
OK				
TX				
AL				
AZ				
AR				
CT				
DE				
GA				
ID				
KS				
ME				
MA				
MN				

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

	States Where Copy of Return is Required
MS	
MO	
MT	
NE	
NV	
NH	
NJ	
NM	
NC	
ND	
ОН	
RI	
SC	· ·
SD	
TN	
UT	
VT	
VA	
WA	
WV	
WI	
WY	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2018

Open to Public Inspection

Employer identification number

Name of the organization Employer identification number						
Life For Relief and Develop					95-4402149	
Part I Reason for Public Char						ns.
The organization is not a private foundat						
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2 A school described in section						
3 A hospital or a cooperative hos						
4 A medical research organization hospital's name, city, and state	3				·	
5 An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university of	owned or	operated	d by a governmenta	I unit described in
6 A federal, state, or local govern						
7 An organization that normally redescribed in section 170(b)(1)(ort from	a govern	mental unit or from	the general public
8 A community trust described in	section 170(b)((1)(A)(vi). (Complete P	art II.)			
9 An agricultural research organizer or university or a non-land-granuniversity:	nt college of agric	culture (see instruction	ns). Entei	the nam	e, city, and state of	the college or
10 An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and unre	nctions—subject to ce elated business taxab	ertain exc de incom	eptions, a e (less se	and (2) no more than ection 511 tax) from t	1 331/3% of its
11 An organization organized and	operated exclus	ively to test for public	safety. S	See secti	on 509(a)(4).	
12 An organization organized and	operated exclusi	ively for the benefit of	, to perfo	rm the fu	nctions of, or to carr	y out the purposes
of one or more publicly suppo Check the box in lines 12a thro	rted organizatior ugh 12d that des	ns described in section cribes the type of sup	on 509(a) porting o	(1) or se rganizatio	ction 509(a)(2). See on and complete lines	s section 509(a)(3). s 12e, 12f, and 12g.
a Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or el	ect a ma	s suppor jority of tl	ted organization(s), the directors or truste	typically by giving ees of the
b Type II. A supporting organ control or management of to organization(s). You must organization	the supporting o	rganization vested in t	the same	with its s persons	upported organization that control or mana	on(s), by having age the supported
c Type III functionally integrits supported organization(rated. A support s) (see instruction	ting organization oper ns). You must compl	ated in co	onnection IV, Secti	with, and functiona ons A, D, and E.	lly integrated with,
d Type III non-functionally i that is not functionally integ requirement (see instruction	grated. The organ	nization generally mus	st satisfy	a distribu	ition requirement and	rted organization(s) d an attentiveness
e Check this box if the organ functionally integrated, or l	ization received	a written determination	on from the	ne IRS tha organizati	at it is a Type I, Type ion.	II, Type III
f Enter the number of supported of						
g Provide the following information	n about the supp	orted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
T. 1. 1	ZALE DE LE DE LE DENIE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Part							
	(Complete only if you checked the						alify under
0 1	Part III. If the organization fails to	quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 2014	(b) 201E	(a) 2016	(4) 2017	(a) 2019	(f) Total
Calend	dar year (or fiscal year beginning in) Figure Gifts, grants, contributions, and	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(i) Iolai
'	Gifts, grants, contributions, and membership fees received. (Do not						
		51 415 342	51.486.093	14.231.628	10.702.940	19.682.241.	147,518,244.
2	Tax revenues levied for the	31/113/312	01/100/055.	11/231/020.	10//02/5101	13/002/0120	111/010/1111
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	51,415,342.	51,486,093.	14,231,628.	10,702,940.	19,682,241.	147,518,244.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						147,518,244.
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	51,415,342.	51,486,093.	14,231,628.	10,702,940.	19,682,241.	147,518,244.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	220,374.		1,690.			222,064.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				TO THE STANCE		147,740,308.
12	Gross receipts from related activities, etc.				g gray a	12	504(-)(0)
13	First five years. If the Form 990 is for toganization, check this box and stop he	ere					
	ion C. Computation of Public Support			11 column (A)		14	99.85%
14 15	Public support percentage from 2017 Science Public support percentage from 2017 Science Public support percentage from 2017 Science Public support percentage from 2018 (line					15	99.86 %
16a	33 ¹ / ₃ % support test—2018. If the organ box and stop here. The organization qu	nization did no alifies as a pub	t check the bo olicly supported	ox on line 13, a d organization	and line 14 is 3	33 ¹ /3% or more	e, check this
b	331/3% support test—2017. If the organization	n qualifies as a	publicly supp	orted organiza	ition		> 🗆
17a	10% or more, and if the organization means the organization meets the organization	neets the "fact "facts-and-cir	s-and-circums cumstances" 1	tances" test, otest. The organ	check this box nization qualific	and stop her es as a publicl	e. Explain in y supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organize Explain in Part VI how the organization supported organization	zation meets t meets the "fa	he "facts-and cts-and-circun	-circumstance nstances" test	s" test, check The organiza	this box and tion qualifies a	stop here. as a publicly
18	Private foundation. If the organization	did not check a	a box on line 1	3, 16a, 16b, 17	7a, or 17b, che	ck this box an	d see

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	on A. Public Support				-		
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				E.		
3	Gross receipts from activities that are not an						-
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				×		
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		7				
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1	4	4.5.5017	() 0040	(0 T) I
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			1			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he						on 501(c)(3)
Sect	ion C. Computation of Public Suppo						
15	Public support percentage for 2018 (line			13, column (f))	. 15	%
16	Public support percentage from 2017 Sc						%
	ion D. Computation of Investment Ir	come Perc	entage				
17	Investment income percentage for 2018	(line 10c, colu	ımn (f), divided	by line 13, col	umn (f))	. 17	%
18	Investment income percentage from 201	7 Schedule A	, Part III, line 1	7 "		. 18	%
19a	331/3% support tests-2018. If the organ	nization did no	ot check the bo	ox on line 14,	and line 15 is	more than 331/3	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2017. If the organi	zation did not	check a box or	n line 14 or line	19a, and line 1	6 is more than	33 ¹ / ₃ %, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization of	lid not check	a box on line 1	4, 19a, or 19b,	check this box	x and see instr	uctions 🕨 📙

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7's If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part I	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			123
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44		1313
	below, the governing body of a supported organization?	11a 11b		-
	A SERV controlled antity of a person described in (a) above?	11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	TIC		
Secuo	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			in so
	tax year? 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 directors or trustees were allocated among the supported	W. B.		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1910	100
2	Did the organization operate for the benefit of any supported organization other than the supported		AS HE	
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			Miles
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or trustees of each of the organization's supported organization(s)? If No, describe in Fait Viriow control or management of the supporting organization was vested in the same persons that controlled or managed		0.6	A Fre
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	-		-
0004	on on our proteining or gardeness		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	FORE		OR.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	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?			1000
		1	Pa	The state of
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-	243	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	The same of	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		Light.	FEER
	significant voice in the organization's investment policies and in directing the use of the organization's		198	100
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	S - 3	FA.S	5353
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			\
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	ınstru	ctioi	1S).
a	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. 			
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	struc	tions).
2	Activities Test. Answer (a) and (b) below.			No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			NE.
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		E	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	123	100	TOP
	how the organization was responsive to those supported organizations, and how the organization determined			0 (5)
	that these activities constituted substantially all of its activities.	2a	-	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		100	9 15 8
	reasons for the organization's position that its supported organization(s) would have engaged in these			William .
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		1 2	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	SHE		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1000	A COST
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org				
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			tions A through E.	
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):		THE LINE STREET IS NOT		
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C—Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2	THE RESERVE	315)	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		7.3	
4 Enter greater of line 2 or line 3.	4] [2]	
5 Income tax imposed in prior year	5			
 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functional 	6			

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.		·	
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			May
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:		THE RESERVE OF THE PERSON OF T	
а	Excess from 2014			
b	Excess from 2015			TOPING DELL
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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.)
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

95-4402149 Life For Relief and Development, Inc. Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

lame of	the organization		Employer identification number
Life	For Relief and Development, Inc.		95-4402149
Pari		rised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		.1
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	fit of the donor or donor advisor, or f	or any other purpose
Part			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space	_	
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		
3	Number of conservation easements modified, trantax year ▶	nsferred, released, extinguished, or ten	minated by the organization during the
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	egarding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing	ng conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	Does each conservation easement reported on line	2(d) above eatisfy the requirements of	of section 170(h)(4)(B)(i)
8			· · · · · · · · · · · · · · · · · · ·
	In Part XIII, describe how the organization reports		
9	balance sheet, and include, if applicable, the text	of the footnote to the organization's fi	nancial statements that describes the
	organization's accounting for conservation easem		THE PORT OF THE COST OF THE
Dar	Organizations Maintaining Collection	ns of Art Historical Treasures o	r Other Similar Assets.
ral	Complete if the organization answered		
4	If the organization elected, as permitted under SI		
1a	works of art, historical treasures, or other similar	er assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements the	at describes these items.
la.	If the organization elected, as permitted under		
b	works of art, historical treasures, or other similar public service, provide the following amounts related to the service of t	ar assets held for public exhibition, e	education, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line	1 %	> \$
	(iii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of ar following amounts required to be reported under	rt, historical treasures, or other simila	ar assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		. 80 > \$

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection tems (check all that apply): a	Part					
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 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?	3		ssion, and other recor	ds, check any of the	following that are	a significant use of its
c	а	☐ Public exhibition	d	Loan or exchange	programs	
c Preservation for future generations 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 Oustodial Arrangements.	b	☐ Scholarly research	е [Other		the first that that the cours are now may were wish while the mile some way that the side of the side was some from more
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?	C					
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.	4	XIII.				
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?	5					
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? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	Part					
included on Form 990, Part X?		990, Part X, line 21.				
C Beginning balance	1a	included on Form 990, Part X?				
c Beginning balance . 1d Additions during the year . 1d	b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table:		
d Additions during the year e Distributions during the year f Ending balance . 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						Amount
Ending balance 1e 1f 1f 2a 1d 2a 2a 1d 2a 2a 2a 2a 2a 2a 2a 2	C					
Ending balance If.						
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.						ility? Ves No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 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 (c) form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization designed on the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 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 (b) Cost or other basis (c) Accumulated depreciation answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 14a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 14a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 14a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 14a. See Form 990, P						
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 bac	-		II. OHECK HEIE II THE CA	cpianation has been p	NOVIGOG OTT GIT ALL	
1a Beginning of year balance	1 air		wered "Yes" on For	m 990. Part IV. line	10.	
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 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 % 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: (i) unrelated organizations (ii) related organizations 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 57, 750. b Buildings 327, 250. c Leasehold improvements 456, 304.						back (e) Four years back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 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 % 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: (i) unrelated organizations (ii) related organizations 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 57,750. 57,750. 57,750. 6 Buildings 327,250. 6 Leasehold improvements 4 456,304.	1a	Beginning of year balance				
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment % Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (other) 1a Land 57,750 57,750 57,750 c Leasehold improvements 456,304 40 40 40 40 40 40 40 40 40 40 40 40 4						
e Other expenditures for facilities and programs . f Administrative expenses	C					
f Administrative expenses	d	Grants or scholarships				
g End of year balance	е	-				
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 Temporarily restricted endowment % 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: (i) unrelated organizations	f	Administrative expenses				
a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % 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: (i) unrelated organizations .	g					
b Permanent endowment % C Temporarily restricted endowment % 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: (i) unrelated organizations	2			e (line 1g, column (a))) held as:	
Temporarily restricted endowment ► % 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: (i) unrelated organizations	а		<u>,</u> %			
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: (i) unrelated organizations	b		0/			
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	C					
organization by: (i) unrelated organizations	-20			ization that are held a	and administered fo	or the
(i) unrelated organizations	અ		sacsaion of the organ	Zation that the hold t	aria dariminatoroa il	
(ii) related organizations						
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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 57,750. 57,750. 57,750. 57,750. 57,750. C Leasehold improvements 456,304. 456,304.		-				
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 57,750. 57,750. 57,750. 57,750. 57,750. C Leasehold improvements	b	If "Yes" on line 3a(ii), are the related organ	izations listed as requ	ired on Schedule R?		. 3b
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) 1a Land	4			owment funds.		
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 57,750. 57,750. b Buildings	Par					
1a Land 57,750. 57,750. b Buildings 327,250. 327,250. c Leasehold improvements 456,304. 456,304.			swered "Yes" on Fo			
b Buildings		Description of property		1	1 /	
c Leasehold improvements	1a	Land				
0.40,427	b					
d Equipment 240,437.	_	-				
10.055	d	Equipment				40,855.
					(C.)	

	Complete ii the organization	answered tes on	Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
	(a) Description of security or ca (including name of securi		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financia	Il derivatives	530 120	•	
Closely-	held equity interests			
Other				
(A)				
(B)				
(C) · (D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 1			
art VIII	Investments—Program Re			44 0 5 000 5 17 5 40
	· · · · · · · · · · · · · · · · · · ·			11c. See Form 990, Part X, line 13.
	(a) Description of investm	ent	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
4)				<u> </u>
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	41 - 1 - 15 - 000 D- 1V 1 /D\ K 1	101		NEW SERVICE OF THE SERVICE
otal. (Column	(b) must equal Form 990, Part X, col. (B) line	(3.) >		
	Other Assets.		Form 990 Part IV line	11d See Form 990 Part X line 15
otal. (Column	Other Assets.		Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
otal. (Column Part IX	Other Assets. Complete if the organization	n answered "Yes" on (a) Description	Form 990, Part IV, line	
otal. (Column Part IX (1) Secur	Other Assets. Complete if the organization	n answered "Yes" on (a) Description	Form 990, Part IV, line	(b) Book value
otal. (Column Part IX (1) Secur (2) Emplo	Other Assets. Complete if the organization	n answered "Yes" on (a) Description	Form 990, Part IV, line	(b) Book value
otal (Column Part IX (1) Secur (2) Emplo	Other Assets. Complete if the organization	n answered "Yes" on (a) Description	Form 990, Part IV, line	(b) Book value
otal (Column Part IX (1) Secur (2) Emplo (3) (4)	Other Assets. Complete if the organization	n answered "Yes" on (a) Description	Form 990, Part IV, line	(ь) Book value
(1) Secur (2) Emplo (3) (4) (6)	Other Assets. Complete if the organization	n answered "Yes" on (a) Description	Form 990, Part IV, line	(b) Book value
(1) Secur (2) Emplo (3) (4) (5)	Other Assets. Complete if the organization	n answered "Yes" on (a) Description	Form 990, Part IV, line	(b) Book value
(1) Secur (2) Emplo (3) (4) (5) (6) (7)	Other Assets. Complete if the organization	n answered "Yes" on (a) Description	Form 990, Part IV, line	(b) Book value
(1) Secur (2) Emplo (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization rity Deposit - BR Posta oyee Advances	n answered "Yes" on (a) Description ge		(b) Book value 964 1,500
(1) Secur (2) Emplo (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization city Deposit - BR Posta byee Advances	n answered "Yes" on (a) Description ge	Form 990, Part IV, line	(b) Book value 964 1,500
(1) Secur (2) Emplo (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization City Deposit - BR Posta Oyee Advances Fumn (b) must equal Form 990, Pal Other Liabilities.	n answered "Yes" on (a) Description ge		(b) Book value 964 1,500 ▶ 2,46
(1) Secur (2) Emplo (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization City Deposit - BR Posta Oyee Advances Fumn (b) must equal Form 990, Pal Other Liabilities.	n answered "Yes" on (a) Description ge		(b) Book value 964 1,500
(1) Secur (2) Emplo (3) (4) (5) (6) (7) (8) (9) Fotal. (Col	Other Assets. Complete if the organization city Deposit - BR Posta byee Advances fumn (b) must equal Form 990, Par Other Liabilities. Complete if the organization	n answered "Yes" on (a) Description ge	Form 990, Part IV, line	(b) Book value 964 1,500
(1) Secur (2) Emplo (3) (4) (5) (6) (7) (8) (9) Total. (Col	Other Assets. Complete if the organization city Deposit - BR Posta byee Advances fumn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.	n answered "Yes" on (a) Description ge rt X, col. (B) line 15.) n answered "Yes" on	Form 990, Part IV, line	(b) Book value 964 1,500
part IX Part IX (1) Secur (2) Emplo (3) (4) (5) (6) (7) (8) (9) Total (Col Part X	Other Assets. Complete if the organization city Deposit - BR Posta oyee Advances fumn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability	n answered "Yes" on (a) Description ge rt X, col. (B) line 15.) n answered "Yes" on	Form 990, Part IV, line	(b) Book value 96. 1,500
(1) Secur (2) Emplo (3) (4) (5) (6) (7) (8) (9) Fart X	Other Assets. Complete if the organization city Deposit - BR Posta oyee Advances fumn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability	n answered "Yes" on (a) Description ge rt X, col. (B) line 15.) n answered "Yes" on	Form 990, Part IV, line	(b) Book value 96 1,50
(1) Secur (2) Emplo (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X	Other Assets. Complete if the organization city Deposit - BR Posta oyee Advances fumn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability	n answered "Yes" on (a) Description ge rt X, col. (B) line 15.) n answered "Yes" on	Form 990, Part IV, line	(b) Book value 96. 1,500
(1) Secur (2) Emplo (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X	Other Assets. Complete if the organization city Deposit - BR Posta oyee Advances fumn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability	n answered "Yes" on (a) Description ge rt X, col. (B) line 15.) n answered "Yes" on	Form 990, Part IV, line	(b) Book value 96. 1,500
(1) Secur (2) Emplo (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	Other Assets. Complete if the organization city Deposit - BR Posta oyee Advances fumn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability	n answered "Yes" on (a) Description ge rt X, col. (B) line 15.) n answered "Yes" on	Form 990, Part IV, line	(b) Book value 96. 1,500
(1) Secur (2) Emplo (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X	Other Assets. Complete if the organization city Deposit - BR Posta oyee Advances fumn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability	n answered "Yes" on (a) Description ge rt X, col. (B) line 15.) n answered "Yes" on	Form 990, Part IV, line	(b) Book value 964 1,500
(1) Secur (2) Emplo (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X	Other Assets. Complete if the organization city Deposit - BR Posta oyee Advances fumn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability	n answered "Yes" on (a) Description ge rt X, col. (B) line 15.) n answered "Yes" on	Form 990, Part IV, line	(b) Book value 964 1,500
(1) Secur (2) Emplo (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X	Other Assets. Complete if the organization city Deposit - BR Posta oyee Advances fumn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability	n answered "Yes" on (a) Description ge rt X, col. (B) line 15.) n answered "Yes" on (b) Book va	Form 990, Part IV, line	(b) Book value 964 1,500

	XI Reconciliation of Revenue per Audited Financial Stateme		
	Complete if the organization answered "Yes" on Form 990, F		
1	Total revenue, gains, and other support per audited financial statements		1 19,682,240.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	ME
b	Donated services and use of facilities	2b	118
C	Recoveries of prior year grants	2c	3
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·		3 19,682,240.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5 19,682,240.
Part			Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1 19,831,743.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		(52)
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3 19,831,743.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	4-
C	/ tog in too he ditte to		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	9 10.)	5 19,831,743.
Part			
D	XIII Supplemental Information.	1 1. Dart IV lines 1h and 2h:	Part V line 4: Part X line
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provid 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provid 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provid 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.
Provide 2; Pai	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V, line 4; Part X, line ormation.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2018

OMB No. 1545-0047

Open to Public Inspection

30,000.

44,000.

3,312,887.

658,752.

239,882.

Department of the Treasury Internal Revenue Service Name of the organization

(3) Middle East

(4) Middle East

(5) Middle East

(6) Middle East

(10) Middle East

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

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

Employer identification number 95-4402149

FOOD DISTRIBUTION

FOOD DISTRIBUTION

Food Distribution, Water Sanitation

FOOD DISTRIBUTION

FOOD DIST, ORPHANS AND MEDICAL

EDUCATIONAL

Life For Relief and Development.

776	TOT RETTER GHG DC	CTODING!!	2110 .		30 2202	
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Con	nplete if the organization ar	nswered "Yes" or
1	For grantmakers. Does the other assistance, the grant award the grants or assistance.	tees' eligibility	for the grant	s or assistance, and the	selection criteria used to	☐ Yes X No
 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other as outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 					l other assistance	
3	(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	(f) Total expenditures for and investments in the region
(1)	South Asia	1	2	PROGRAM SERVICES	FOOD DIST AND ORPHAN SPONSORSHIP	294,799
(2)	Middle East	0	0	PROGRAM SERVICES	FOOD DISTRIBUTION	179,626

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O PROGRAM SERVICES

PROGRAM SERVICES

PROGRAM SERVICES

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1 PROGRAM SERVICES FOOD DIST, ORPHANS, CLINICS SCHOOLS 2,121,391. (9) Middle East 14 400,063.

FOOD DISTRIBUTION 4,600. (11) Europe 0 O PROGRAM SERVICES

(12) North America 30,500. FOOD DISTRIBUTION AND MEDICAL 0 0 PROGRAM SERVICES (13) Middle East

1,436,880. 1 PROGRAM SERVICES Food Distribution, Orphan Sponsorsh (14) Middle East

1 0 FUND RAISING MARKETING 68,103. (15) Middle East FOOD DISTRIBUTION 20,300. 0 O PROGRAM SERVICES (16) South Asia

0 O PROGRAM SERVICES FOOD DISTRIBUTION AND MEDICAL 983,070. (17) Middle East 9,949,047. Subtotal 5 33 Total from continuation

5,377,030. 2 3 sheets to Part I 15,326,077. c Totals (add lines 3a and 3b) 7 36

Schedule F (Form 990) 2018

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.

-	(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	(9) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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N 60	Enter total nuby the IRS, or Enter total nu	umber of recipien r for which the gi	Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has genter total number of other organizations or entities	Enter total number of reciplent organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	ognized as charitie n 501(c)(3) equivale	is by the foreign counincy letter	itry, recognized as ta		
								Sot	Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 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. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant REV 11/05/18 PRO (c) Number of reciplents (b) Region (a) Type of grant or assistance Part III BAA (18) (17) (10) (11) (12) (13) (14) (15) (16) Ξ 8 ල <u>4</u> <u>(2)</u> 9 \odot 8 6

Schedule F (Form 990) 2018

BAA

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

REV 11/05/18 PRO

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.
Pt I Li	ine 2: NO GRANTS

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Additional information from your Schedule F: Statement of Activities Outside U.S

Schedule F: Statement of Activities Outside U.S

Part I: General Information on Activities Outside the United States

Region	No. of Offices	No. of Employ	Act Conducted	Description	Total
Sub-Saharan Africa	1	1	PROGRAM SERVICES	FOOD DISTRIBUTIONS AND WATER SANITA	310,596.
Sub-Saharan Africa	0	0	PROGRAM SERVICES	FOOD DISTRIBUTIONS AND WATER SANITA	65,300.
Middle East	1	2	PROGRAM SERVICES	Food Distribution, Education & Medi	2,320,241.
Middle East	0	0	PROGRAM SERVICES	Food Distribution, Orphans & Educat	528,918.
Sub-Saharan Africa	0	0	PROGRAM SERVICES	Food Distribution, Water Sanitation	2,019,375.
Middle East	0	0	PROGRAM SERVICES	FOOD DISTRIBUTION	132,600.
Total	2	3			5,377,030.

SCHEDULE M (Form 990)

Noncash Contributions

004

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Name of the organization

Life For Relief and Development, Inc.

Employer identification number

95-4402149

Part	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	Method of	(d) determining ribution amounts
1	Art—Works of art					
2	Art—Historical treasures					
3	Art—Fractional interests					
4	Books and publications			^ ·		
	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities—Publicly traded					
10	Securities—Closely held stock .					
11	Securities—Partnership, LLC, or trust interests		×			
12	Securities-Miscellaneous			2		
13	Qualified conservation contribution—Historic					
	structures					
14	Qualified conservation contribution—Other					
15	Real estate-Residential					
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ()					
26	Other ()					
27	Other ()					
28	Other ► (1 I D		very for contributions for	1	
29	Number of Forms 8283 receive which the organization complete	d by the o	rganization during the tax	year for contributions for	29	
	which the organization complete	u Foiiii 020	33, Fait IV, Dollee Ackilowie	sagement	29	Yes No
30a	During the year, did the organiz 28, that it must hold for at least	three years	from the date of the initial	I contribution, and which is	sn't required	Tes No
	to be used for exempt purposes	for the ent	ire holding period?			30a ×
b	If "Yes," describe the arrangeme	ent in Part II	4			
31	Does the organization have a contributions?					31 ×
32a	9		rties or related organizatio			32a ×
33	If "Yes," describe in Part II. If the organization didn't report a	ın amount iı	n column (c) for a type of pr	roperty for which column (a) is checked,	
	describe in Part II.					

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.
Pt I Lir	ne 32b: In certain occasions Life has to assist in humanitarian releif
at locat	ions where Life does not have active offices.hence other organization
are used	d to expedite the releif.
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