## Form **990**

### **Return of Organization Exempt From Income Tax**

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

**2016** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service			► Do not en ► Information	<ul> <li>▶ Do not enter social security numbers on this form as it may be made public.</li> <li>▶ Information about Form 990 and its instructions is at www.irs.gov/form990.</li> </ul> Open to Published Inspection								
Α	For the	2016 calenda	r year, or tax year begin	ning , 2016,	and ending		<del></del> ,					
В	Check if a	pplicable: C				D Employer	r identifi	ication number				
	Addre	ess change L	AUSANNE COMMITT	EE FOR WORLD		33-0	9012	290				
	Name		VANGELIZATION			E Telephone	e numbe	er				
	Initial			RD, SUITE 201-358		407-	826-	2748				
	Final r	return/terminated	RLANDO, FL 3283	2								
	Amer	nded return				<b>G</b> Gross rec	eipts \$	1,595,				
	Appli	ication pending F	Name and address of principal	I officer:	` '	Is this a group return		'c3	X No			
			AME AS C ABOVE		H(b)	Are all subordinates in If 'No,' attach a list. (s	ncluded? see instr	? Yes	No			
<u> </u>	Tax-exe	empt status X	501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1) or	527	,		•				
J	Webs	//////	LAUSANNE.ORG		H(c)	Group exemption num	ıber ►					
K	Form of		Corporation Trust	Association Other ► L Y	ear of formation:	2000 <b>M</b> Sta	ate of leg	gal domicile: CA				
Pa		Summary										
	1 B	riefly describe	the organization's missi	on or most significant activities:TO	ENCOURAGE	<u> AND STIMU</u>	LATE	THE				
e				IONS, CHURCHES, MINISTR					<u>OF</u>			
าลท				<u> DUGH REGIONAL &amp; INTERNAT</u> HE CHURCH AND PUBLISHING								
Governance	_	heck this box		n discontinued its operations or dispo								
Go				rning body (Part VI, line 1a)			3	.0.0.	11			
જ				s of the governing body (Part VI, line			4		11			
iţie				n calendar year 2016 (Part V, line 2a)			5		0			
Activities			•	necessary)			6		30			
Ă				Part VIII, column (C), line 12			7a 7b		0.			
	D 14	et uniterated bi	dalliess taxable income	1101111 01111 990-1, line 94		Prior Year	75	Current Ye	0.			
	8 C	ontributions ar	nd grants (Part VIII, line	1h)		1,730,69	16	1,086,				
Jue			•	2g)		136,94			840.			
Revenue		-	•	A), lines 3, 4, and 7d)		200,5			0 10 1			
æ				nes 5, 6d, 8c, 9c, 10c, and 11e)								
				(must equal Part VIII, column (A), lir		1,867,64	10.	1,595,	848.			
			•	X, column (A), lines 1-3)	L							
		•	•	K, column (A), line 4)								
Ş				e benefits (Part IX, column (A), lines	· -							
Expenses	<b>16a</b> Pi	rofessional fur	ndraising fees (Part IX, c	column (A), line 11e)								
кре	<b>b</b> To	otal fundraisin	g expenses (Part IX, col	umn (D), line 25) ► 10	7,424.							
Ш	<b>17</b> O	ther expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24e)		1,127,18	33.	2,153,	796.			
	<b>18</b> To	otal expenses.	Add lines 13-17 (must 6	equal Part IX, column (A), line 25)		1,127,18	33.	2,153,	796.			
		evenue less ex	xpenses. Subtract line 18	8 from line 12		740,45	57.	-557,	948.			
or ICes						eginning of Current		End of Yea	ar			
ot Assets or nd Balances	<b>20</b> To	•	-			1,279,25			123.			
at As	<b>21</b> To		•		<del></del>	4,04	17.	28,	864.			
Net				ne 21 from line 20		1,275,20	)7.	717,	259.			
Pa	rt II	Signature	Block									
Unde	r penalties olete. Decla	s of perjury, I decla aration of preparer	re that I have examined this retu (other than officer) is based on a	ırn, including accompanying schedules and staten all information of which preparer has any knowled	nents, and to the be lge.	est of my knowledge a	nd belief	f, it is true, correct,	and			
		T.										
Sig	ın	Signature of	of officer			Date						
He	re	T.ARRV	RUSSELL		C	00						
			nt name and title			00						
		Print/Type prep	arer's name	Preparer's signature	Date	Check X	if F	PTIN				
Pai	id	WILLIAM	A. CLEARY	WILLIAM A. CLEARY		self-employed		200044387				
	parer	Firm's name	► BYEMAN & CLEA		1							
	e Only			NAY, SUITE 206		Firm's EIN ►	95-	4146931				
	_			91204-1297		•		247-3223				
May	the IRS	S discuss this	,	shown above? (see instructions)				X Yes	No			

Par	t III	Statement of Program S								
	D : 4	Check if Schedule O contains		e to any line in this P	art III					X
1		describe the organization's mis	ssion:							
	SEE_	SCHEDULE O								· — — –
2	Did th	e organization undertake any signi	ificant program serv	ices during the year wh	nich were not listed on th	ne prior				
_								Yes	X	No
		s,' describe these new services					· . Ш	. 03	21	
3		e organization cease conducting		ant changes in how if	t conducts, any progra	m services?	П	Yes	X	No
		s,' describe these changes on S	-	3	, , , ,		Ш		لخشا	
4	Descr	ibe the organization's program s	service accomplish	ments for each of its	three largest program	services, as r	neasure	d by e	xpens	ses.
	Section	on 501(c)(ǯ) and 501(c)(4) organ evenue, if any, for each progran	nizations are requi	red to report the amo	ount of grants and alloc	cations to othe	rs, the to	otal ex	pens	es,
	and n	evenue, il any, for each program	ii service reported.							
<i>1</i> a	(Code	: ) (Expenses \$	1 020 000	including grants of	Ś	) (Revenue	Ś	500	Ω Ω /	40.)
74		SCHEDULE O	1, 320,000.	molading grants of	T		T	50.	, 0-	10.
	<u> 2111</u>	SCHEDOLE O								
4 b	(Code	:) (Expenses \$		including grants of	\$	_) (Revenue	\$			)
										. — — –
4.0	· (Code	:) (Expenses \$		including grants of	Ś	) (Revenue	Ś			
	(0000	, ( <u></u> )		morauming grante of			·—			—′
					<b></b>					
4 d		program services (Describe in				- <b>Ċ</b>				
	(Expe				) (Revenue	e \$			)	
4 e	rotal	program service expenses	1,920	, ४४४.						

# Form 990 (2016) LAUSANNE COMMITTEE FOR WORLD Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ı	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
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		Х
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		Х
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		Х

# Form 990 (2016) LAUSANNE COMMITTEE FOR WORLD Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	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? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
	a 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		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
C	1 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		X
k	s 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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		X
	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		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
k	olf '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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
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	Х	

### Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				. 🔲
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?.	eportable gaming	1.	Х	
_		······	1 c	Λ	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 0			
b	If at least one is reported on line 2a, did the organization file all required federal employmen	l l	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	structions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year		3 a		X
b	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>		3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4 a		Х
b	of 'Yes,' enter the name of the foreign country:	A (ED A D)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	· · ·			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	•	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt. If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 b 5 c		Λ
	·		36		
	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?		6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	partly for goods and	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?		7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file las required?		7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	• •			
۵	organization have excess business holdings at any time during the year?		8		
	Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per		9 b		<u> </u>
	Section 501(c)(7) organizations. Enter:		2.5		
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders.	11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or	i i	12 a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedu	le O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
	Enter the amount of reserves on hand	13c	14		v
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
ΔΛ	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule U	14b	990	2016)

BETH SISSON 10524 MOSS PARK ROAD,

Form 990 (2016) LAUSANNE COMMITTEE FOR WORLD 33-0901290 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. . O. . . . . . 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE .Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

ORLANDO FL 32832 407-826-2748

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

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

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours	Pos thar is	Position (do not check mo nan one box, unless pers is both an officer and a director/trustee)					(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ROBERT DOLL	2.5									
TREASURER	0	Χ		Χ				0.	0.	0.
(2) MICHAEL OH	_ 50 _									
CEO	0	Χ		Χ				0.	0.	0.
_(3) MENCHIT_WONG	<u>2.5</u>									
DIRECTOR	0	Χ						0.	0.	0.
_(4)_ JONI_EARECKSON-TADA	1							_		
DIRECTOR	0	Χ						0.	0.	0.
_(5) REV. ELKE WERNER	3	ļ								
DIRECTOR	0	Χ						0.	0.	0.
(6) DR. PHILIP RYKEN	1	ļ								_
DIRECTOR	0	Χ						0.	0.	0.
	1	.,						•	•	•
DIRECTOR	0	Χ						0.	0.	0.
(8) GRACE SAMSON-SONG	2.5							0	0	0
DIRECTOR	0	Χ						0.	0.	0.
(9) FEMI ADELEYE	1	v						0	0	0
DIRECTOR (10) DR. JERRY WHITE	3	Х						0.	0.	0.
DIRECTOR	3 -	Х						0.	0.	0.
(11) RAM GIDOOMAL	3	Λ						0.	0.	0.
CHAIRMAN	5 -	Х		Χ				0.	0.	0.
(12) LARRY RUSSELL	40	21		21				· ·	· ·	<u>.</u>
COO	0-	•		Χ				0.	0.	0.
(13)	Ť							0.	0.	0.
		1								
(14)										
	<del>_</del>									

Part VII   Section A. Officers, Directors, I	(B)	ney	EII	•		es,	and	a riignest Corr	ipensated Emp	loyees	<b>S</b> (cont	inuea)
	, ,	Position		<b>(D)</b>	<b>(E)</b>		<b>(</b> E\					
<b>(A)</b> Name and title	Average hours per	box	, unle	ess pe	erson	than is both or/trus	h an	<b>(D)</b> Reportable	<b>(E)</b> Reportable	E	<b>(F)</b> stimate	:d
	week (list any	<b>L</b>	1					compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con	unt of one of the second of th	tion
	hours for	Individual or director	stitut	Officer	ey en	ghesi nploy	Former	(W-2/1099-WIGC)	(W-2/1039-WIGC)	org	ganizati id relate	on
	related organiza - tions	ctor tr	onal	_	Key employee	ee (com	Υ.			org	anizatio	ns
	below dotted	individual trustee or director	institutional trustee		66	Highest compensated employee						
	line)		66			ated						
(15)												
(16)												
(17)												
		•										
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)	-											
(25)												
1 b Sub-total							<b>•</b>	0.	0.	Į.		0.
c Total from continuation sheets to Part VII, Se							<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)							vod.	0.	0.	oncatio	n	0.
from the organization • 0	eu to those i	isteu	abo	ve) \	WHO	recen	veu	more than \$100,00	o or reportable comp	Jensalio	11	
											Yes	No
3 Did the organization list any former officer, dir	ector, or tru	ıstee,	, key	y en	nplo	yee,	or h	ighest compensa	ted employee			
on line 1a? If 'Yes,' complete Schedule J for s										. 3		X
4 For any individual listed on line 1a, is the sum the organization and related organizations gre such individual	ater than \$1	50,0	00?	If '	Yes,	' com	ıple	te Schedule J for		4		X
5 Did any person listed on line 1a receive or acc for services rendered to the organization? If ')	rue comper	nsatio	n fr	om	anv	unre	late	d organization or	individual	5		X
Section B. Independent Contractors											I	1 21
Complete this table for your five highest comp compensation from the organization. Report comp	ensated ind	epen	dent alen	t coi dar	ntrad vear	ctors endii	tha	t received more the	nan \$100,000 of	r.		
(A) Name and business a			<u> </u>		<i>y</i> ou.	0		(B)		(	C)	
Name and business a	ddress							Description of	of services	Compe	eńsati	on
2 Total number of independent contractors (includin	~	ited to	o the	ose Ī	liste	d abo	ve)	who received more	than			
\$100,000 of compensation from the organizati	on <b>-</b> 0											

Forn	1 990 (2016) LAUSANNE COMMITTEE FOR WORLD			33-0901290	Page 9
Par	t VIII Statement of Revenue				
	Check if Schedule O contains a response or note to any	y line in this Part VI	IL		
		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants Program Service Revenue and Other Similar Amounts	Business Code	1,086,008. 496,636. 13,204.	496,636. 13,204.		
Tau	f All other program service revenue				
ĕ	g Total. Add lines 2a-2f	509,840.			
Other Revenue	Investment income (including dividends, interest and other similar amounts).  Income from investment of tax-exempt bond proceeds  Royalties				
	9 a Gross income from gaming activities. See Part IV, line 19				
	b				
	d All other revenue				
	e Total. Add lines 11a-11d				

1,595,848.

509,840

0.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4 <sub>)</sub>	) organizations mus	t complete all c	columns. All oti	her organizations	must complete	column (A)	).
Check if S	chedule O contain	s a response o	or note to any	/ line in this Part	t IX		

Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		57.por.ioso	gonoral oxponess	смроносс
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	trustees, and key employees	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
g	Investment management fees				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	674,497.	674,497.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0 / 1 <b>/</b> 1 5 / 1	37171371		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance				
а	CONTRACTED SERVICES	1,035,600.	804,806.	123,376.	107,418.
b	SCHOLARSHIPS & SUPPORT	244,271.	244,271.	·	
	OTHER_EXPENSE	56,266.	54,205.	2,061.	
	TECHNOLOGY	54,959.	54,959.		
	All other expenses	88,203.	88,150.	47.	6.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	2,153,796.	1,920,888.	125,484.	107,424.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any lir	ne in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			1,250,474.	1	722,226.
	2	Savings and temporary cash investments				2	·
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated en	officers	, directors,			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons 3)(B), ar (9) volu Part II	(as defined under nd contributing ntary employees' of Schedule L		6	
\$	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
1	l0a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	5 020			
	h	Less: accumulated depreciation		5,828. 5,828.		10 c	
-		Investments – publicly traded securities		,		11	
	12	Investments – other securities. See Part IV, line 11		_		12	
	13	Investments – program-related. See Part IV, line 11.		<u> </u>		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		<u> </u>	28,780.	15	23,897.
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line			1,279,254.	16	746,123.
	17	Accounts payable and accrued expenses			4,047.	17	28,864.
1	18	Grants payable	-/	18	20/0011		
1	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
S 2	21	Escrow or custodial account liability. Complete Part I	V of Sc	hedule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and	l disaua	alified persons.			
		Complete Part II of Schedule L		_		22	
	23	Secured mortgages and notes payable to unrelated th		_		23	
		Unsecured notes and loans payable to unrelated third				24	
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			4,047.	26	28,864.
တ္ဆ		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ►	X and complete			
[일]	27	Unrestricted net assets			906 705	27	260 220
	28	Temporarily restricted net assets		<u> </u>	806,795. 468,412.	28	260,228. 457,031.
	29	Permanently restricted net assets.			400,412.	29	437,031.
독 (		Organizations that do not follow SFAS 117 (ASC 958), ch		_		23	
프		and complete lines 30 through 34.	icck lici				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30		
8 3	31	Paid-in or capital surplus, or land, building, or equipm				31	
S d	32	Retained earnings, endowment, accumulated income,				32	
et	33	Total net assets or fund balances			1,275,207.	33	717,259.
Ž į	34	Total liabilities and net assets/fund balances		<u> </u>	1,279,254.	34	746,123.

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-	( ) MICCINITE CONTINUE CONTINUE I CIT WORLD	- 00 (	,,,,,,				9 -
Pa	art XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1	, 59	5,8	48.
2	2 Total expenses (must equal Part IX, column (A), line 25)		2	2	,15	3,7	96.
3	Revenue less expenses. Subtract line 2 from line 1		3		-55	7,9	48.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	1	, 27	5,2	07.
5	5 Net unrealized gains (losses) on investments		5				
6	5 Donated services and use of facilities		6				
7	7 Investment expenses		7				
8	Prior period adjustments		8				
9	Other changes in net assets or fund balances (explain in Schedule O)		9				0.
10							
	column (B))		10		71	7,2	59.
Pa	art XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					,	<b>Yes</b>	No
1	1 Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				2 a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled separate basis, consolidated basis, or both:    X   Separate basis	or reviewe	d on a				
ı	<b>b</b> Were the organization's financial statements audited by an independent accountant?				2 b		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited o basis, consolidated basis, or both:	n a separa	te				
	Separate basis Consolidated basis Both consolidated and separate basis						
•	<b>c</b> If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?	of the audit,			2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex in Schedule O.	•					
3	<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?				3 a		Χ
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits				3 b		

TEEA0112L 11/16/16

#### 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number LAUSANNE COMMITTEE FOR WORLD **EVANGELIZATION** 33-0901290 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 Χ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. C **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,252,637.	2,772,270.	1,347,161.	1,730,696.	1,086,008.	9,188,772.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,252,637.	2,772,270.	1,347,161.	1,730,696.	1,086,008.	9,188,772.
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)						3,025,851.
6	Public support. Subtract line 5 from line 4						6,162,921.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
7	Amounts from line 4	2,252,637.	2,772,270.	1,347,161.	1,730,696.	1,086,008.	9,188,772.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		36.				36.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	-2,525.	-572.	1,576.	3,327.	13,204.	15,010.
	Total support. Add lines 7 through 10						9,203,818.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						66.96%
15	Public support percentage from	2015 Schedule A,	Part II, line 14				73.48 %
16a	<b>33-1/3% support test—2016.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, an	d line 14 is 33-1/3	3% or more, check	this box
b	<b>33-1/3% support test—2015.</b> If the and <b>stop here.</b> The organization	ne organization did n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	VI how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

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.)

Sec	tion A. Public Support	ists listed below,	please complete i	art II.)			
	lar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2012	<b>(b)</b> 2013	(6) 2014	(d) 2013	(6) 2010	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						•
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		1				
	dar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	)
	tion C. Computation of Pul						
	Public support percentage for 20	•	•				%
	Public support percentage from 2					16	ું જ
	tion D. Computation of Inv					<u>, , , , , , , , , , , , , , , , , , , </u>	
	Investment income percentage for	•	• •	-			0\0
	Investment income percentage fi					<u> </u>	0/0
	<b>33-1/3% support tests—2016.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b> l	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organization	
	<b>33-1/3% support tests—2015.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box a	and <b>stop here.</b> Th	e organization qu	ualifies as a public	ly supported organ	ization ►
	a.c .ca.iaadom ii dio organiz			,, 150, (			

#### 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	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 <b>Part VI</b> how the organization determined that the supported organization was			
3a	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)	2		
	and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
<b>4</b> a	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>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9a 9b		
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 <b>Part VI</b> .	9c		
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.	10a		
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.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
11	∐ac :	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		erning body of a supported organization?	11a		
	<b>b</b> A far	mily member of a person described in (a) above?	11b		
	<b>c</b> A 35	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
	D: 1 11			Yes	No
1	or ele <b>Part</b> If the direc	he directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in 'VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. e organization had more than one supported organization, describe how the powers to appoint and/or remove ctors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, lied to such powers during the tax year.	1		
2	Did t that	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction	D. All Type III Supporting Organizations			
				Yes	No
1	orgai year,	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgai	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	eason of the relationship described in (2), did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played his regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
	ᆷ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	ᆷ	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see in	nstruc	tions).	
	• Ш	g			
2	Activ	vities Test. Answer (a) and (b) below.		Yes	No
i	suppo orga respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported inizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	the c	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the inization's involvement.	2b		
3	Pare	ent of Supported Organizations. Answer (a) and (b) below.			
i	<b>a</b> Did t each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</b> Did th supp	he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2016 LAUSANNE COMMITTEE FOR WORLD		33-09	01290 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	ust on No ions mus	ov. 20, 1970 (explain ir t complete Sections A	Part VI). <b>See</b> through E.
Sec	ction 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		
Sec	ction 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 shor tax year or assets held for part of year):	rt		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2016

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

10 Line 8 amount divided by Line 9 amount

	/ Endomme Committee for Monage	710
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D — Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
a			
b			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
<b>b</b> Excess from 2013			
c Excess from 2014			
<b>d</b> Excess from 2015			
e Excess from 2016			
PAA		Schodulo A (Fo	rm 990 or 990 E7) 2016

BAA

Schedule A (Form 990 or 990-EZ) 2016

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.)

#### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2016	2015	2014	2013	2012
MISCELLANEOUS INCOME				\$ <b>-</b> 572.	\$ <b>-2,525</b> .
ROYALTIES	\$ 13,204.	\$ 3,327.	\$ 1,576.		
TOTAL	\$ 13,204.	\$ 3,327.	\$ 1,576.	\$ -572.	\$ -2,525.

#### SCHEDULE D (Form 990)

**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.

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

m990. Open to Public Inspection

Employer identification number

LAUSANNE COMMITTEE FOR WORLD **EVANGELIZATION** 33-0901290 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

**b** Assets included in Form 990, Part X.....

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check at lith at apply):  a   Public exhibition   d   Loan or exchange programs    b   Schotaly research   c   Other    c   Preservation for future generations    c   Preservation for future generations    b   Schotaly research    c   Preservation for future generations    b   A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  b   Part XIII.    b   Part XIII.    1a is the organization and agent, studes, custodiant or other intermediary for contributions or other assets not included   Yes   No    b   If Yes, 'Spain the arrangement in Part XIII and complete the following table:  c   Beginning balance   1   C    c   Bolstributions during the year.   1    c   Bolstributions during the year.   1    c   Bolstributions during the year.   1    d   Distributions during the year.   1    b   If Yes, 'Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   Yes   No    b   If Yes, 'Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   Yes   No    b   If Yes, 'Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   Yes   No    b   If Yes, 'Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   Yes   No    b   If Yes, 'Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    part V   Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.    1 a Beginning of year balance.   (a) Durinet year   (b) Prior year   (c) Prior years back.   (d) Time years back.   (e) Four years back.    1 a Beginning of year balance.   (a) Durinet year   (b) Prior year   (a) Prior years back.   (e) Four years back.   (e) Four years back.   (e) Four years ba	Part III Organizations Maintaining Cont	ections of Art, misto	rical freasures, or	Other Sillillar ASS	iers (cc	niiiiu	eu)
b   Scholarly research   c   Other	items (check all that apply):		,	e a significant use of its	collection	1	
c   Preservation for thurse generations	a Public exhibition	<b>d</b> Loan o	or exchange programs				
4 Powins 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 for base funds rather than to be maintained as part of the organization collection?	<b>b</b> Scholarly research	e Other					
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?	c Preservation for future generations	_	•				
Test   Describe the set funds rather than to be maintained as part of the organization's collection?   Yes   No		tions and explain how they	further the organization's	exempt purpose in			
In a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X.  I a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. Inc.  I c	to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection?	) 			
on Form 990, Part X?.	Part IV   Escrow and Custodial Arranger   line 9, or reported an amount on	<b>nents.</b> Complete if to Form 990, Part X,	he organization ans line 21.	swered 'Yes' on Fo	ırm 990	), Pari	t IV,
c Beginning balance. d Additions during the year. e Distributions during the year. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or othe	er assets not included	Yes	Γ	No
c Beginning balance. d Additions during the year. e Distributions during the year. 1 e 1 f Ending balance. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	<b>b</b> If 'Yes,' explain the arrangement in Part XIII a	and complete the following	ng table:			<u> </u>	_
d Additions during the year.  e Distributions during the year.  f Ending balance.  1					Amount		
e Distributions during the year.  f Ending balance.  f Ending balance.  g and the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	c Beginning balance			1c			
e Distributions during the year.  f Ending balance.  f Ending balance.  g and the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	<b>d</b> Additions during the year			1 d			
1 Ending balance.   11   2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e Distributions during the year			1e			
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	9						
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.  1 a Beginning of year balance	9				Yes		No
1 a Beginning of year balance	_				ш	<u> </u>	]
1 a Beginning of year balance	Part V Endowment Funds. Complete if	the organization an	swered 'Yes' on Fo	rm 990. Part IV. lii	ne 10.		
1 a Beginning of year balance 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 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  Bermanent endowment  C Temporarily restricted endowment  The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a 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 3a(ii)     3a(ii)     3a(ii)     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 (b) Cost or other basis (other) depreciation (d) Book value depreciation buildings. c Leasehold improvements d Equipment c Cleasehold improvements d Equipment e Other 5,828 5,828 0.	·	T T				our years	s back
b Contributions		(2) (2)	(0) 1.110 }04.10 24011	(u) mee jeure zuen	(0).	ou. youre	
c Net investment earnings, gains, and losses. d Grants or scholarships					+		
and losses	~						
e Other expenditures for facilities and programs.  f Administrative expenses. g End of year balance.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  b Permanent endowment  c Temporarily restricted endowment  organization by: (i) related 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 (b) Cost or other depreciation depreciation (investment) basis (other)  1 a Land. b Buildings. c Leasehold improvements. d Equipment. c Other  5,828. 5,828. 0.	and losses						
and programs.  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment    b Permanent endowment    c 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 (ii) related organizations 3a(i)     3a(i)     3b     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 (b) Cost or other depreciation (d) Book value depreciation (investment)    b Buildings. c Leasehold improvements d Equipment e Other   5,828. 5,828. 0.	•						
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  \$ b Permanent endowment  \$ c Temporarily restricted endowment  \$ The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations.	•						
a Board designated or quasi-endowment ▶	3						
b Permanent endowment	, .	,	e 1g, column (a)) held a	as:			
c Temporarily restricted endowment ►	· · · · · · · · · · · · · · · · · · ·						
The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a 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 (b) Cost or other basis (other)  1 a Land.  b Buildings.  c Leasehold improvements.  d Equipment  e Other.  5,828.  5,828.  0.	<b>b</b> Permanent endowment ►	5					
3 a 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.  (iii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iv) Intelligent or	c Temporarily restricted endowment ►	%					
organization by:  (i) unrelated organizations.  (ii) related organizations.  (ii) related organizations.  (ii) related organizations.  (ii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iv) related organizati	The percentages on lines 2a, 2b, and 2c should e	equal 100%.					
organization by:  (i) unrelated organizations.  (ii) related organizations.  (ii) related organizations.  (ii) related organizations.  (ii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iv) related organizati	3-4 11 16 1 17 11						
(i) unrelated organizations. (ii) related organizations.  b   f 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1 a Land.  b Buildings.  c Leasehold improvements.  d Equipment.  e Other.  5,828.  5,828.  0.		n of the organization that a	ire neid and administered	tor the	Γ	Yes	No
(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 (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1 a Land.  b Buildings.  c Leasehold improvements.  d Equipment.  e Other.  5,828.  5,828.  0.	9				3a(i)		
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 (b) Cost or other basis (other)  1 a Land.  b Buildings.  c Leasehold improvements.  d Equipment.  e Other.  5,828.  0.	• •				<del></del>		
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 (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (investment) (investment) (b) Buildings.  c Leasehold improvements. d Equipment 5,828. 5,828. 0.	• •						
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 (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (b) Buildings.  (c) Leasehold improvements.  (d) Equipment  (e) Other.  5,828.		·			· JU		
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 (other)  1 a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  5,828.  0.		•	int iunus.				
Description of property  (a) Cost or other basis (b) Cost or other basis (other)  1 a Land.  b Buildings.  c Leasehold improvements.  d Equipment.  e Other  (a) Cost or other basis (b) Cost or other basis (other)  (b) Cost or other basis (c) Accumulated depreciation  (c) Accumulated depreciation  (d) Book value  5, 828.			000 Dart IV/ Ii	11- 0 5 00	00 D1	L V _ I:	10
I a Land.         b Buildings.           c Leasehold improvements.         d Equipment           e Other         5,828.         5,828.         0.	· · · · · · · · · · · · · · · · · · ·	swered 'Yes' on Forr	n 990, Part IV, line	TTa. See Form 99	o, Part	: X, IIr	1e 10.
b Buildings c Leasehold improvements. d Equipment e Other 5,828. 5,828. 0.	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)		(d) B	}ook va	lue
c Leasehold improvements.       6 Equipment       5,828.       5,828.       0.	<b>1 a</b> Land						
c Leasehold improvements.       6 Equipment       5,828.       5,828.       0.	<b>b</b> Buildings						
<b>d</b> Equipment	<u> </u>						
<b>e</b> Other	·						
0/0201 0/0201			5 828	5 020			
		gual Form 990, Part X. o					

BAA Schedule **D** (Form 990) 2016

BAA

Part VII		Other Securities.		N/A	
	•			, Part IV, line 11b. See Form	
(a) Desc	ription of security or cate	gory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financ	ial derivatives				
	y-held equity interes	ts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(D) (E)					
(F)					
(G)					
(H)					
<u>(l)</u>					
		90, Part X, column (B) line 12.) 🕨			
<b>Part VIII</b>	Investments –	Program Related.	LIVI F 000	N/A	000 David V. David 10
				, Part IV, line 11c. See Form	
	(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost or en	id-or-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	mn (h) must squal Form (l	90, Part X, column (B) line 13.) •			
Part IX					
I alt IX	Complete if the	e organization answered	I 'Yes' on Form 990	, Part IV, line 11d. See Form	990, Part X, line 15.
	·		scription		(b) Book value
(1)					
(2)					
(3)					
<u>(4)</u> (5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Co	lumn (b) must equa	ıl Form 990, Part X, column (	B) line 15.)		<b>&gt;</b>
Part X	Other Liabilitie	es.			
				e or 11f. See Form 990, Part X, line 2	15
		tion of liability	(b) Book value		
	eral income taxes			<u> </u>	
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
T-1-1 (0-1					
Total. (Colum	nn (b) must equal Form 9	90, Part X, column (B) line 25.)	. ▶		
2. Liability fo	or uncertain tax positions.	In Part XIII, provide the text of the fo	otnote to the organization's fir	nancial statements that reports the organization	

Part XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1.		3
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.)	<u> </u>	
c Add lines 4a and 4b.		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per l	Return N/A
		110101111 11/11
Complete if the organization answered 'Yes' on Form 990, P		11,711
Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements	art IV, line 12a.	1
	art IV, line 12a.	
1 Total expenses and losses per audited financial statements	art IV, line 12a.	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments.	2art IV, line 12a.  2a 2b	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.	2a 2b 2c	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d.	2a	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2a	1
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	1 2e
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2a	1 2e
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2a	1
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1

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

BAA Schedule **D** (Form 990) 2016

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

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

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**20**16

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization T

LAUSANNE COMMITTEE FOR WORLD EVANGELIZATION

Employer identification number 33-0901290

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO ENCOURAGE AND STIMULATE THE INVOLVEMENT OF DENOMINATIONS, CHURCHES, MINISTRIES, & INDIVIDUALS IN THE CAUSE OF WORLD EVANGELIZATION THROUGH REGIONAL & INTERNATIONAL GATHERINGS TO DISCUSS CRITICAL ISSUES FACING THE CHURCH AND PUBLISHING THE RESULTS OF THESE MEETINGS.

#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

IN THE YEAR 2016, THE LAUSANNE MOVEMENT FOCUSED ON:

- A. YOUNGER LEADER GATHERING 2016 (AUGUST 2016)
- 1. 892 YOUNGER LEADERS FROM 145 COUNTRIES CAME TO JAKARTA, INDONESIA FOR 8 DAYS OF INSPIRATION, CONNECTION AND PLANNING. THIS INTERNATIONAL EVENT HAPPENS ONLY ONCE EVERY 10 YEARS. THIS IS STEP TWO IN THE LINKING OF EMERGING LEADERS BETWEEN THE AGES OF 25-35 WHO WILL LIKELY BECOME THE SENIOR LEADERS IN CHURCHES, MINISTRIES, AND THE ACADEMIC WORLD.
- 2. THE ENGAGEMENT OF OVER 200 SENIOR MENTORS TO WALK ALONGSIDE THE 892 YOUNGER LEADERS IN YLG-2016. THE MENTORS CONNECTED WITH THE YOUNGER LEADERS IN INTENSIVE SMALL GROUPS THAT MET DURING THE GATHERING AND IN FOLLOW-UP TO THE GATHERING.
- 3. THE BEGINNING OF FOLLOW-UP TO YLG-2016 WITH A COMPREHENSIVE WAY TO ENGAGE YOUNGER LEADERS IN THE FUTURE THROUGH THE DEVELOPMENT OF YLGEN. YLGEN GOES BEYOND FOLLOW-UP THOUGH. ITS FOCUS IS ON STRATEGIES TO BROADEN ENGAGEMENT OF LEADERS IN MULTIPLE GENERATIONS.
- B. THE CONTINUING DEVELOPMENT OF THE LAUSANNE GLOBAL CLASSROOM
- 1. THE FINALIZATION OF THE FIRST GLOBAL CLASSROOM VIDEO AND MATERIALS WITH RELEASE

Employer identification number 33-0901290

#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

SCHEDULED FOR 2017.

- 2. THE PLANNING WORK FOR ANNUAL GLOBAL CLASSROOM MATERIALS TO BE RELEASED EACH YEAR.
- C. THE COMPLETION OF A GLOBAL CONSULTATION ON WEALTH CREATION
- D. THE RESEARCH, WRITING AND PUBLISHING OF THE LAUSANNE GLOBAL ANALYSIS
- 1. SIX PUBLICATIONS OF LGA WERE RELEASED IN 2016 (APPROXIMATELY EVERY TWO MONTHS).
- 2. WRITERS AND CONTRIBUTORS FOR THE PUBLICATION WERE RECRUITED FOR THE 2017 CALENDAR YEAR PUBLICATIONS.
- 3. THE RESEARCH, WRITING AND PUBLISHING OF THE LAUSANNE GLOBAL ANALYSIS.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

IT IS POLICY THAT THE GOVERNING BODY REVIEW THE 990 WHILE IT IS IN DRAFT FORM SO THEIR COMMENTS, IF ANY, COULD BE INCLUDED. THIS WAS NOT POSSIBLE THIS YEAR BECAUSE DIRECTORS ARE SPREAD THROUGHOUT THE WORLD WHICH REQUIRES MORE TIME TO DISTIBUTE THE 990 TO THEM. SOME ARE IN COUNTRIES THAT ARE HOSTILE TO CHRISTIANS. MEETINGS ARE OFTEN HELD BY TELEPHONE. THIS YEAR IT WILL BE CIRCULATED TO THE BOARD AFTER FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT LAUSANNE COMMITTEE FOR WORLD EVANGELIZATION HAS NO EMPLOYEES. ALL OFFICERS AND STAFF ARE EMPLOYEES OF OTHER ORGANIZATIONS THAT "LOAN" STAFF TO LCWE. LCWE IS A FORM OF JOINT VENTURE OF ORGANIZATIONS ACTIVE IN WORLDWIDE EVANGELIZATION. SALARIES ARE DETERMINED BY THE EMPLOYING ORGANIZATIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

LAUSANNE COMMITTEE FOR WORLD EVANGELIZATION HAS NO EMPLOYEES. ALL OFFICERS AND STAFF

ARE EMPLOYEES OF OTHER ORGANIZATIONS THAT "LOAN" STAFF TO LCWE. LCWE IS A FORM OF

JOINT VENTURE OF ORGANIZATIONS ACTIVE IN WORLDWIDE EVANGELIZATION. SALARIES ARE

DETERMINED BY THE EMPLOYING ORGANIZATIONS.

Name of the organization LAUSANNE COMMITTEE FOR WORLD EVANGELIZATION EVANGELIZATION Employer identification number 33-0901290

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

COPIES WILL BE MADE UPON REQUEST