nternal Rev	t of the Treat renue Servio		<ul> <li>benefit trust or private foundation)</li> <li>The organization may have to use a copy of this return to satisf</li> </ul>		orting requirements	Open to Pub Inspection
	211 11 2112		dar year, or tax year beginning , 2009, and en		on any requiremente.	, 20
B Check if a	r		C Name of organization EPISCOPAL RELIEF AND DEVELOPMENT		D Employer identifica	
Add	ress	use IRS	Doing Business As		73-1635264	
char Nam		label or		loom/suite	E Telephone number	
	al return	type. See	815 SECOND AVENUE		(800) 334-76	626
	1.12.3	Specific	City or town, state or country, and ZIP + 4			
Ame	ended	Instruc- tions.	NEW YORK, NY 10017		G Gross receipts \$	16,134,4
	lication	F Na	me and address of principal officer: ROBERT W RADTKE		H(a) Is this a group return	for Yes X
pen		815 \$	SECOND AVENUE NEW YORK, NY 10017		affiliates? H(b) Are all affiliates inclu	ided? Yes
⊺ax-e	xempt sta	tus:	X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a list.	(see instructions)
Webs	site: 🕨 🕻	WWW.I	ER-D.ORG		H(c) Group exemption nu	mber 🕨
( Form	of organi	zation:	X Corporation Trust Association Other ► L Ye	ear of format	tion: 2002 M State of	of legal domicile:
Part I	Sun	nmary				
1	Briefly	descrit	be the organization's mission or most significant activities:			
	EPIS	COPA	L RELIEF & DEVELOPMENT CORP (ERD) IS A COMPA	SSIONA	TE RESPONSE	
Governance 5			PISCOPAL CHURCH TO HUMAN SUFFERING IN THE WO			
ern	PROG	RAMS	FOCUS ON FOOD SECURITY, HEALTH CARE, AND EM	IERGENC	Y RELIEF.	
õ 2	Check	this bo	x 🕨 📃 if the organization discontinued its operations or disposed of more	e than 25%	of its net assets.	
a 3	Numbe	er of vo	ting members of the governing body (Part VI, line 1a)			2
Activities & 9 G P C	Numbe	er of ind	dependent voting members of the governing body (Part VI, line 1b)		4	1
<u>i</u> 5	Total n	umber	of employees (Part V, line 2a)		5	3
	Total n	umber	of volunteers (estimate if necessary)		6	11
7 a	Total g	ross ur	nrelated business revenue from Part VIII, column (C), line 12			
			business taxable income from Form 990-T, line 34			
					Prior Year	Current Yea
<u>م</u> 8	Contrit	outions	and grants (Part VIII, line 1h)		25,686,707.	16,993,1
9 9 10	Progra	m serv	ce revenue (Part VIII, line 2g)	🖵	0.	224
	Investr	ment in	come (Part VIII, column (A), lines 3, 4, and 7d)		-1,602,469.	-894,1
11			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	35,4
12			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,084,238.	16,134,4
13	Grants	and si	milar amounts paid (Part IX, column (A), lines 1-3)		21,449,631.	13,259,8
14			to or for members (Part IX, column (A), line 4)	· · ·	3,526,901.	3,401,7
s 15			r compensation, employee benefits (Part IX, column (A), lines 5-10)	· · ·	520,253.	297,5
16 a la consecutiva de la cons	a Protes	sional i	undraising fees (Part IX, column (A), line 11e) ing expenses, Part IX, column (D), line 25) ▶ 1,935,983.	• * •	520,255.	257,5
					3,340,177.	2,691,4
18			es (Part IX, column (A), lines 11a-11d, 11f-24f) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,836,962.	19,650,6
19			expenses. Subtract line 18 from line 12		-4,752,724.	-3,516,2
	Reven	ue less			Beginning of Year	End of Year
Fund Balances	Total a	ssete /I	Part X, line 16)		24,424,900.	24,693,3
21			s (Part X, line 26)	· · · –	2,583,572.	2,619,9
22			fund balances. Subtract line 21 from line 20.		21,841,328.	22,073,3
Part II			Block	•		,
			s of perjury, I declare that I have examined this return, including accompanying scl	hedules and	d statements, and to the	e best of my know
	and be	elief it	is true, correct, and complete. Declaration of preparer (other than officer) is based	on all info	rmation of which prepa	arer has any know
Sign		L	Hey Out		Oct.	21,20
Here	1	Signatur	e of officer	-	Date	;
		E	STHER COHEN, CHIEF OPERATING O	OFFIC	ER	
	l i	ype or	print name and title			
aid	Prepa		Date	Check if self-		identifying number tions)
	signal			employed		tions) 00741490
reparer	FIRMS	name (c	GRANT THORNTON LLP	02	21	6-6055558
reparer's se Only	If self-e			1	L = 1	10 = 10 = 0.00
se Only			P+4 666 THIRD AVENUE NEW YORK, NY 10017-401 s return with the preparer shown above? (see instructions)			12-542-960 X Yes

Statement of Program Service Accomplishments           Briefly describe the organization's mission:           ATTACHMENT		
ATTACHMENT 3		
		<u>.</u>
Did the organization undertake any significant program services during the	year which were not listed on	
the prior Form 990 or 990-EZ?	year which were not listed on	Yes X
If "Yes," describe these new services on Schedule O.		
Did the organization cease conducting, or make significant changes in how i	t conducts, any program	
services?		Yes X
If "Yes," describe these changes on Schedule O.		
Describe the exempt purpose achievements for each of the organization's three Section $501(c)(3)$ and $501(c)(4)$ organizations and section $4947(a)(1)$ trusts are		
allocations to others, the total expenses, and revenue, if any, for each program		grants and
	service reported.	
a (Code: ) (Expenses \$ 9,641,776. including grants of \$		
a (Code:) (Expenses \$9, 641, 776. including grants of \$6 ATTACHMENT 4	6,847,677.) (Revenue \$	0.)
(Code: ) (Expenses \$ 3,426,546. including grants of \$	2,781,226. ) (Revenue \$	0.)
ATTACHMENT 5	, ( = ===== +	,
: (Code: ) (Expenses \$ 3,822,472. including grants of \$		o.)
ATTACHMENT 6	, (	/
A Other program services. (Describe in Schedule O.)		
	e \$ ``	
(Expenses \$ including grants of \$ ) (Revenue	e \$ )	
d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenu e Total program service expenses ► 16,890,794.	e\$)	Earm 000
(Expenses \$ including grants of \$ ) (Revenue	e \$)	Form <b>990</b>
(Expenses \$ including grants of \$ ) (Revenue	e \$)	Form <b>990</b>

Part	V 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?	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? If "Yes," complete	-		
	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	0		
3	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N			Х
4.0	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9		
10	quasi-endowments? If" Yes," complete Schedule D, Part V	4.0	х	
		10	Λ	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		Х	
-	VII, VIII, IX, or X as applicable	11	Λ	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	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.			
•	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.			
•	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.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	]	Ţ	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Form 990 (2009)

JSA

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States 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 and other assistance to individuals in the			
	United States 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? If "Yes," complete Schedule J	23	Х	
24 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 question 25	24a		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
~	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disgualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual?			
	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,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
b	Schedule L, Part N	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
C	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	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			
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
51	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
52	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
54	III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	<b>•</b> ••		
55	Schedule R, Part V, line 2	35		Х
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			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
			000	(2000)

Form 990 (2009)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 16			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		v	
	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country:  GHANA GHANA			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5b		
C	Prohibited Tax Shelter Transaction?	5c		
6.2	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Ua	organization solicit any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Uu		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f		7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders       11a         Gross income from other sources (Do not net amounts due or paid to other sources against       1			
u	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	u		
~	,	1		

Form 990 (2009)

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

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 20			
b	Enter the number of voting members that are independent	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?			Х
6	Does the organization have members or stockholders?			Х
- 7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		Х	
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	92		X

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

	,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
		16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  ATTACHMENT 7			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	)	

		•	••• •	
available for public inspection.	Indicate how you make these	available.	Check all that ap	ply.

X Own website X Another's website X Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ESTHER\_COHEN\_815\_SECOND\_AVENUE\_NEW\_YORK, NY 10017-4503

JSA

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	Deeli		(C		414	- 1- 3	(D)	(E)	(F)
Name and Title	Average hours per week	P or director	nstitutional trustee	Officer	a Key employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ROBERT W RADTKE										
PRESIDENT	40.00	Х		Х				206,365.	0.	51,588.
KATHARINE JEFFERTS SCHORI										
BOARD MEMBER	1.00	Х						0.	257,194.	83,479.
N KURT BARNES										
BOARD MEMBER	1.00	Х						0.	182,890.	42,336.
LINDA E WATT										
BOARD MEMBER	1.00	Х						0.	204,500.	34,989.
ROBERT J O'NEILL										
BOARD MEMBER	1.00	Х						0.	0.	. 0.
STEVEN W DUFF										
BOARD MEMBER	1.00	Х						0.	0.	. 0.
REV KAREN BROWN MONTAGNO										
BOARD MEMBER	1.00	Х						0.	0.	0.
WILLIAM S REESE										
BOARD MEMBER	1.00	Х						0.	0.	0.
C JILL OETTINGER										
BOARD MEMBER	1.00	Х						0.	0.	0.
CATHERINE GEORGE										
BOARD MEMBER	1.00	Х						0.	0.	0.
FLO MCAFEE										
BOARD MEMBER	1.00	Х						0.	0.	0.
CAROL ANNE BROWN										
BOARD MEMBER	1.00	Х						0.	0.	0.
NELSON FAMADAS										
BOARD MEMBER	1.00	Х						0.	0.	0.
KURT DELBENE										
BOARD MEMBER	1.00	Х						0.	0.	0.
JOHN SIDEBOTHAM										
BOARD MEMBER	1.00	Х						0.	0.	0.
LUTHER OTT										
BOARD MEMBER	1.00	Х						0.	0.	0.

JSA

Form **990** (2009)

Form	990	(2009)
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(A) Name and title       (P) Average Pour per veck       (P) (P) (P) (P) (P) (P) (P) (P) (P) (P)	Part VII Section A. Officers, Directors, Tr	ustees Ka	v Fm	nlc	NO	20	and H	lial	hest Compensat	ed Employees (	Page
Name and tile       Average week       Position (created at a score) of a state score) of a state score of the s		1	/y [[]]	ipic	-			nyı	· ·	· · ·	, ,
hours per week       as a base       as a base       base       as a base       base       compensation from related organizations (W-21099-MISC)       compensation rom related organizations (W-21099-MISC)       compensation rom related organizations (W-21099-MISC)       as anount of the organizations organizations         ODERT W JENKINS OARD MEMBER       1.00       X       1       0       0       0         OARD MEMBER       1.00       X       1       0       0       0       0         OARD MEMBER       1.00       X       1       0       0       0       0         OARD MEMBER       1.00       X       1       0       0       0       0         OARD MEMBER       1.00       X       1       0       0       0       0       0         SARD MEMBER       1.00       X       1       133,942       0								olv)			
CARD MEMBER       1.00       X       0.       0.         ENA A HARRISON       1.00       X       0.       0.         ENA A HARRISON       1.00       X       0.       0.         CARD MEMBER       1.00       X       0.       0.         TILLIAM D PERSELI       0.0       X       0.0       0.         CARD MEMBER       1.00       X       0.0       0.         ENA LAWVER       0.00       X       133,942.       0.         BAGALL NELSON       1.00       X       159,369.       0.         ENDERSIDENT, ADMINISTRATION       40.00       X       115,066.       23,69         HAUN WALSH       29,47       124,847.       0.       29,47         ALIAK KAMUNAWINE       40.00       X       111,267.       0.       33,15         RISTER COREM DIRECTOR, MARKETING       40.00       X       111,267.       0.       38,34         MINOR PROGRAM DIRECTOR ASTA       40.00       X       116,699.       0.       50,70         ANICH PROGRAM DIRECTOR ASTA       40.00       X       116,699.       0.       50,70         ANICH PROGRAM DIRECTOR ASTA       40.00       X       111,74,105.       644,584.		hours per							compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
ENN A HARRISON       1.00       X       0.00         OARD MEMBER       1.00       X       0.00         CARD MEMBER       1.00       X       0.00         CARD MEMBER       1.00       X       0.00         ENI LAXVER       0.00       X       0.00         CARD MEMBER       1.00       X       0.00         ENIOR VICE PRESIDENT, PROGRAM       40.00       X       159,369       0.37,96         STIER COIEN       CEPRESIDENT, DENTISTRATION       40.00       X       115,006       0.22,66         HAIN WAISH       MALTIKE AMUNAWIRE       40.00       X       124,847       0.26,38         ENIOR PROGRAM DIRECTOR ASTA       40.00       X       111,267       0.33,15         ENIOR REGER PETERSEN       40.00       X       111,267       0.33,15         ENIOR REGER M DIRECTOR ASTA       40.00       X       111,267       0.33,15         ENIOR REGER M DIRECTOR ASTA       40.00       X       97,868       0.364,384         ENIOR REGRAM DIRECTOR ASTA	OBERT W JENKINS										
CARD MEMBER       1.00       X       0.       0.         ENIL LAWER       0.00       X       133,942.       0.         CARD MEMBER       1.00       X       159,369.       0.         MAGNIT NELSON       115,006.       23,69         TCE PRESIDENT, ENCORANTION       40.00       X       115,006.       24,69         TALATKA KAMUNAWURE       40.00       X       108,742.       0.       26,38         INSTEN LAURSEN       MARTENES       40.00       X       111,267.       0.       33,15         INSTEN LAURSEN       MARTENES       40.00       X       111,267.       0.       38,34         ENIOR MAGOR GIFTS OFFICER       40.00       X       117,41,05       644,584       488,28         ENIOR FROGRAM DIRECTOR AFRICAT       40.00       X       97,868.       0.       38,34         ENIOR PROGRAM DIRECTOR AFRICAT       40.00       X       97,868.	OARD MEMBER	1.00	Х						0.	0	•
TILLTAM D PERSELL       1.00 x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1 1 0 0								_	
OARD MEMBER       1.00       X       0.       0.         ERI LAWVER       1.00       X       0.       0.         ARGATL NELGON       1.00       X       133,942.       0.         BAGATL NELGON       STIGK VICE PRESIDENT, PROGRAM       40.00       X       133,942.       0.         STIGK VICE PRESIDENT, PROGRAM       40.00       X       133,942.       0.       37,96         TCE PRESIDENT, ADMINISTRATION       40.00       X       115,006.       0.       23,69         ALMIN WALSH       XSCUPTIVE DIRECTOR-NETSFORLIFE       40.00       X       1124,847.       0.       29,47         ALAIXA KAMUNANNIRE       MICO DIRECTOR-NETSFORLIFE       40.00       X       111,267.       0.       33,15         INFOR DIRECTOR ASEA       40.00       X       111,267.       0.       36,34         MICO PROGRAM DIRECTOR ASEA       40.00       X       116,699.       0.       50,70         ANETTE O'NETLL       ENIOR PROGRAM DIRECTOR ASEA       40.00       X       97,868.       0.       38,34         DIOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.       36,34         ENIOR PROGRAM DIRECTOR AFRICA       40.00       X       97,		1.00	X						0.	0	•
ERI LAWVER       1.00       X       0.0       0.0         OARD MEMBER       1.00       X       0.0       0.0         ENIOR VICE PRESIDENT, PROGRAM       40.00       X       133,942.0       0.36,18         CRENZO MARTINEZ       40.00       X       159,369.0       37,96         TCE PRESIDENT, EXTERNAL APFAI       40.00       X       115,006.0       23,69         RAUN WALSE       40.00       X       115,006.0       23,69         RAUN WALSE       40.00       X       108,742.0       26,36         IRSTEN LAURSEN       40.00       X       111,267.0       33,15         RINCK DIRECTOR-NETSFORLIFE       40.00       X       111,267.0       33,15         RINCK DIRECTOR ASIA       40.00       X       116,699.0       50,70         ANETE O'NETS OFFICER       40.00       X       116,699.0       50,70         ANETE O'NELL       40.00       X       11,174,105.644,584       488,28         ENIOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.0       38,34         Individual (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization       8       1         IDd the organization list any f		1 00	v						0	0	
OARD MEMBER       1.00       X       0.0       0         BAGAIL NELSON       100       X       133,942       0.36,18         BAGNON MARTINEZ       0.00       X       133,942       0.36,18         ORENZO MARTINEZ       0.00       X       159,369       0.37,96         STHER COREN       ADMINISTRATION       40.00       X       115,006       0.23,69         ICE PRESIDENT, ADMINISTRATION       40.00       X       115,006       0.23,69         HAUN WALSH       X       124,847       0.26,38         KECUTIVE DIRECTOR, MARKETING       40.00       X       108,742       0.26,38         INSTEN LARGEN       40.00       X       111,267       0.33,15         ENIOR PROGRAM DIRECTOR ASIA       40.00       X       116,699       0.50,70         ANETTE O'NEILL       40.00       X       116,699       0.38,34         ENIOR PROGRAM DIRECTOR ASIA       40.00       X       97,868       0.38,34         ENIOR PROGRAM DIRECTOR ASIA       40.00       X       97,868       0.38,34         ENIOR PROGRAM DIRECTOR ASIA       40.00       X       97,868       0.38,34         ENIOR PROGRAM DIRECTOR ASIA       10.00       X       97,868 <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0</td> <td>•</td>		1.00							0.	0	•
BAGALL NELSON       40.00       x       133,942.       0.       36,18         ENIOR VICE PRESIDENT, PROGRAM       40.00       x       159,369.       0.       37,96         ICE PRESIDENT, ADMINISTRATION       40.00       x       159,369.       0.       37,96         ICE PRESIDENT, ADMINISTRATION       40.00       x       115,006.       0.       23,69         ICE PRESIDENT, ADMINISTRATION       40.00       x       1124,847.       0.       29,47         ALARA KAMUNANTRE       ENIOR MARKETING       40.00       x       108,742.       0.       26,38         ENIOR PROGRAM DIRECTOR ASIA       40.00       x       111,267.       0.       33,15         ENIOR PROGRAM DIRECTOR ASIA       40.00       x       116,699.       0.       50,70         AMETE O'NETLE       40.00       x       11,74,105       644,584.       488,28         ENIOR PROGRAM DIRECTOR AFRICA       40.00       x       97,868.       0.       38,34         ICIA ILLIGES-PETERESIN       11,174,105       644,584.       488,28       13       3       3         ENIOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.       38,34         ICIA ILLIGESTOR AFRICA		1 1 00	x						0	0	
ENTOR VICE PRESIDENT, PROGRAM       40.00       x       133,942.       0       36,18         ORENZO MARTINEZ       10.00       x       159,369.       0.       37,96         STHER COHEN       XXTERNAL AFFAT       40.00       x       115,006.       0.       23,69         STHER COHEN       XXTERNAL AFFAT       40.00       x       115,006.       0.       23,69         HAUN WAISH       XXUTIVE DIRECTOR-NETSFORLIFE       40.00       x       124,847.       0.       29,47         ALATAK AKANUNANVIRE       XXUNANVIRE       111,267.       0.       33,15       33,15         ENIOR PROGRAM DIRECTOR ASIA       40.00       X       111,267.       0.       33,15         RIAN SELLERS-PETERSEN       40.00       X       116,699.       0.       50,70         ANETTE O'NELL       X       97,868.       0.       38,34		1.00									•
OREFNO       MARTINEZ         ICE       PRESIDENT, EXTERNAL AFFAI       40.00       X       159,369.       0.       37,96         ICE       PRESIDENT, ADMINISTRATION       40.00       X       115,006.       0.       23,69         HAUN MALSH       40.00       X       115,006.       0.       23,69         MECUTIVE DIRECTOR-NETSFORLIFE       40.00       X       124,847.       0.       29,47         ALAIKA KAMUNANURE       ENIOR DIRECTOR.NETSFORLIFE       40.00       X       111,267.       0.       33,15         RINOR PROGRAM DIRECTOR ASIA       40.00       X       111,267.       0.       33,15         RIAN SELIES-PETERSEN       ENIOR PROGRAM DIRECTOR ASIA       40.00       X       116,699.       0.       50,70         ADETTE O'NEILL       ENIOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.       38,34         Interportable compensation from the organization >       8       1,174,105       644,584       488,28         I Did the organization and related organization >       8       1       1       174,105       644,584       488,28         I Did the organization list any former officer, director or trustee, key employee, or highest compensated emolyee on line 1a' I''Yes'' complete Schedule		40.00			Х				133,942.	0	. 36,18
STHER COHEN       40.00       x       115,006       0       23,69         ICE PRESIDENT, ADMINISTRATION       40.00       x       115,006       0       23,69         MAUN WALSH       xECUTIVE DIRECTOR-NETSFORLIFE       40.00       x       124,847       0       29,47         ALAIKA KAMUNANURE       40.00       x       108,742       0       26,38         ENIOR DIRECTOR, MARRETING       40.00       x       111,267       0       33,15         RATEN SELIES-PETERERN       ENIOR DIRECTOR ASIA       40.00       x       116,699       0       50,70         NETTE O'NEILL       ENIOR PROGRAM DIRECTOR AFRICA       40.00       x       97,868       0       38,34         ENIOR PROGRAM DIRECTOR AFRICA       40.00       x       97,868       0       38,34         ENIOR PROGRAM DIRECTOR AFRICA       40.00       x       97,868       0       38,34         ENIOR PROGRAM DIRECTOR AFRICA       40.00       x       97,868       0       38,34         Iotal number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization greater than \$100,000 if res," complete Schedule J for such individual       3       2         Ioda ny person listed on line 1a receive o									,		•
ICE_PRESIDENT, ADMINISTRATION       40.00       X       115,006.       0       23,69         HAUN WALSH       X       124,847.       0       29,47         IRLIN KAMUNANNIRE       40.00       X       108,742.       0       26,38         ENTOR DIRECTOR MARKETING       40.00       X       111,267.       0       33,15         RIAN SELLERS-PETERSEN       40.00       X       116,699.       0       50,70         RIAN SELLERS-PETERSEN       40.00       X       97,868.       0       38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0       38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0       38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0       38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0       38,34         ENTOR       FORGRAM DIRECTOR AFRICA       40.00       X       97,868.       0       38,34         Individuals (including but not limited to those listed above) who received more than \$100,000 in       reportable compensation from the organization on the organization on the organization for services rendered to the organization for services complete Schedule J o	ICE PRESIDENT, EXTERNAL AFFAI	40.00			Х				159,369.	0	. 37,96
HAUN WALSH       XECUTIVE DIRECTOR-NETSFORLIFE       40.00       X       124,847.       0.29,47         ALAIKA KAKAUNANNIRE       40.00       X       108,742.       0.26,38         ENTOR DIRECTOR, MARKETING       40.00       X       111,267.       0.33,15         ENTOR PROGRAM DIRECTOR ASIA       40.00       X       111,267.       0.33,15         RIAN SELLERS-PETERSEN       40.00       X       116,699.       0.50,70         ANETTE O'NETLL       40.00       X       97,868.       0.38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.38,34         Interportable compensation from the organization ▶       8       1.174,105       644,584       488,28         I total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization       8       3       5         I the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       1       4       X         I Did any person listed on line 1a receive or accrue compensation fr											
XECUTIVE DIRECTOR-NETSFORLIFE       40.00       X       124,847.       0.       29,47         ALAIKA KAMUNANMIRE       40.00       X       108,742.       0.       26,38         ENTOR DIRECTOR, MARKETING       40.00       X       111,267.       0.       33,15         RISTEN LAURGEN       ENTOR DIRECTOR ASTA       40.00       X       111,267.       0.       33,15         RIN SELERS-PERERSEN       ENTOR DIRECTOR AFRICA       40.00       X       116,699.       0.       50,70         ANETE O'NEILL       ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.       38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.       38,34         ENTOR OF INSTRECTOR AFRICA       40.00       X       97,868.       0.       38,34         ENTOR OF MAGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.       38,24         ENTOR       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization for the organization s greater than \$150,000? If "Yes." complete Schedule J for such individual       3       2         EVID da ny person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the o	ICE PRESIDENT, ADMINISTRATION	40.00			Х				115,006.	0	. 23,69
ALALKA KAMUNAWITRE       40.00       x       108,742.       0.       26,38         ENIOR DIRECTOR, MARKETING       40.00       x       111,267.       0.       33,15         ENIOR PROGRAM DIRECTOR ASIA       40.00       x       111,267.       0.       33,15         ENIOR MORE FORGRAM DIRECTOR ASIA       40.00       x       111,267.       0.       33,15         ENIOR MADOR GIFTS OFFICER       40.00       x       116,699.       0.       50,70         ANETTE O'NEILL       ENTOR MADOR GIFTS OFFICER       40.00       x       97,868.       0.       38,34	HAUN WALSH										
ENTOR DIRECTOR, MARKETING       40.00       X       108,742.       0.       26,38         IRSTEN LAURSEN       40.00       X       111,267.       0.       33,15         ENTOR PROGRAM DIRECTOR ASIA       40.00       X       111,267.       0.       33,15         ENTOR PROGRAM DIRECTOR ASIA       40.00       X       111,267.       0.       33,15         ENTOR MAJOR CIFTS OFFICER       40.00       X       116,699.       0.       50,70         ANETTE O'NEILL       ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.       38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.       38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.       38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.       38,34         Interpretation onterpretation on the organization b       8       1,174,105.       644,584       488,28         Individual is (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization greater than \$150,000? If "Yes," complete Schedule J for such person       3       2         I di any person listed on line 1a receive or accrue compensation from any		40.00					Х		124,847.	0	. 29,47
IRSTEN LAURSEN       40.00       x       111,267.       0.33,15         ENTOR PROGRAM DIRECTOR ASIA       40.00       x       111,267.       0.33,15         RIAN SELLERS-PETERSEN       40.00       x       116,699.       0.50,70         ANETTE O'NEILL       40.00       x       97,868.       0.38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       x       97,868.       0.38,34         Intermediation of the distribution of the distributi											
ENTOR       PROGRAM       DIRECTOR       ASIA       40.00       x       111,267.       0.       33,15         RIAN       SELLERS-PETERSEN       40.00       x       116,699.       0.       50,70         ANETTE O'NEILL       ENIOR MAJOR GIFTS OFFICER       40.00       x       97,868.       0.       38,34         ENIOR       FROGRAM DIRECTOR AFRICA       40.00       x       97,868.       0.       38,34         ENIOR FROGRAM DIRECTOR AFRICA       40.00       x       97,868.       0.       38,34         ENIOR FROGRAM DIRECTOR AFRICA       40.00       x       97,868.       0.       38,34         ENIOR FROGRAM DIRECTOR AFRICA       40.00       x       97,868.       0.       38,34         ENIOR FROGRAM DIRECTOR AFRICA       40.00       x       97,868.       0.       38,34         ENIOR frommer of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization be reganization be reganization be 8       111,74,105.       644,584.       488,28         E Did the organization and related organizations greater than \$150,000?       If "Yes," complete Schedule J for such individual	-	40.00					Х		108,742.	0	. 26,38
RIAN SELLERS-PETERSEN       40.00       x       116,699       0       50,70         ANETTE O'NEILL       40.00       x       97,868       0       38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       x       97,868       0       38,34         Intor Program Director AFRICA       40.00       x       97,868       0       38,34         Intor Program Director AFRICA       40.00       x       97,868       0       38,34         Intor Program Director AFRICA       40.00       x       97,868       0       38,34         Intor Program Director AFRICA       40.00       x       97,868       0       38,34         Intor Program Director AFRICA       40.00       x       97,868       0       38,34         Intor Program Director AFRICA       40.00       x       97,868       0       38,34         Intor Program Director AFRICA       40.00       x       97,868       0       38,34         Intor Program Director AFRICA       40.00       x       1,174,105       644,584       488,28         Individual       Interprotector Program Director							37		111 0.07	0	22.15
ENIOR MAJOR GIFTS OFFICER       40.00       X       116,699       0       50,700         ANETTE 0'NEILL       ENIOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868       0       38,34         ENIOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868       0       38,34         b Total       Image: comparison of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       2         Cor any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       2         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.       6       6       6         Mame and business address       Description of services       Compensation of services       Compensation of services       Compensation         ATTACHMENT 8       1       1       1       1       1       1         TATACHMENT 6       1       1       1       1       1       1         ATTACHMENT 6       1       1       1       1       1 <t< td=""><td></td><td>40.00</td><td></td><td></td><td></td><td></td><td>X</td><td></td><td>111,267.</td><td>0</td><td>. 33,15</td></t<>		40.00					X		111,267.	0	. 33,15
ANETTE O'NEILL       40.00       X       97,868.       0.       38,34         ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0.       38,34         b Total       Image: Complex Structure       Image: Complex Structure       1,174,105       644,584       488,28         complex Structure       Image: Complex Structure       <							v		116 699	0	50 70
ENTOR PROGRAM DIRECTOR AFRICA       40.00       X       97,868.       0       38,34         Image: Straight of the stra		40.00					- 71		110,000.	0	
b Total       image: constraint of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization b       image: constraint of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization b         a: Did the organization list any former officer, director or trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		40.00					x		97,868.	0	. 38,34
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 8  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									,		,
1       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶       Yes       N         2       Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		1									
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 8         3       Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	b Total								1,174,105.	644,584	. 488,28
the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	Did the organization list any <b>former</b> office employee on line 1a? <i>If "Yes," complete Sched</i>	on ► cer, directo lule J for su	or or ch ind	tru ividi	ustee ual	e, I	key e	emp	loyee, or highes	t compensated	Yes N
Section B. Independent Contractors         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         ATTACHMENT 8       Image: Compensation services       Image: Compensation services         Compensation       Image: Compensation services       Image: Compensation services       Image: Compensation services         ATTACHMENT 8       Image: Compensation services       Image: Compensation services       Image: Compensation services         Compensation       Image: Compensation services       Image: Compensation services       Image: Compensation services         Compensation       Image: Compensation services       Image: Compensation services       Image: Compensation services         Compensation       Image: Compensation services       Image: Compensation services       Image: Compensation services       Image: Compensation services         Compensation       Image: Compensation services	the organization and related organizations individual Did any person listed on line 1a receiv	greater th ve or accr	nan \$ ue co	150 omp	),00	0? satic	If "Y	'es," om	complete Sched	ule J for such rganization for	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         ATTACHMENT 8       Image: Compensation of the c	services rendered to the organization? If "Yes,"	" complete \$	Sched	ule .	J foi	r su	ch pei	rson			<b>5</b> ×
compensation from the organization.       (B)       (C)         (A)       Description of services       Compensation         ATTACHMENT 8       Image: Compensation       Image: Compensation         ATTACHMENT 6       Image: Compensation       Image: Compensation         Image: Compensation       Image: Compensation       Image: Com			had in	der		lor <sup>4</sup>			toro that manada	h more than At	00.000 of
Name and business address       Description of services       Compensation         ATTACHMENT	ection B. Independent Contractors		rea in	aep	benc	ient	cont	rac	tors that received	a more than \$1	00,000 of
ATTACHMENT 8	Complete this table for your five highest compensation from the organization.	compensat								1	
	Complete this table for your five highest compensation from the organization. (A)									vices	
	Complete this table for your five highest compensation from the organization. (A) Name and business add									vices	
	Complete this table for your five highest compensation from the organization. (A) Name and business add									vices	
	Section B. Independent Contractors Complete this table for your five highest compensation from the organization. (A)										

Form	990	(2009)
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Part V				73-1635264		Page
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 51
<u>3 છ</u> 1	a Federated campaigns					
and other similar amounts	b Membership dues					
a a	c Fundraising events 1c					
ilar	d Related organizations	274,428.				
sim	e Government grants (contributions) 1e	549,057.				
Jer	f All other contributions, gifts, grants,					
ŧ	and similar amounts not included above . 1f	16,169,626.				
and	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	Business Code	16,993,111.			
		Business Code				
2 2 2 2 2	a					
2	b					
	c					
Ē	e					
Program Service Revenue	f All other program service revenue					
5   2	g Total. Add lines 2a-2f		0.			
3						
	other similar amounts)		131,847.			131,84
4			0.			
5	Royalties	<u></u> ▶	0.			
	(i) Real	(ii) Personal				
6	a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	(ii) Other	0.			
7	a Gross amount from sales of					
	assets other than inventory -1,025,994.					
	b Less: cost or other basis					
	and sales expenses					
	c Gain or (loss)		-1,025,994.			-1,025,99
	a Gross income from fundraising		_,,			_,,
	events (not including \$					
2	of contributions reported on line 1c).					
ž	See Part IV, line 18					
	b Less: direct expenses b					
5	c Net income or (loss) from fundraising events	<u></u> ▶	0.			
9	a Gross income from gaming activities.					
	See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities .	· · · · · · · ▶	0.			
10	<b>3</b> 7					
	returns and allowances a					
	<b>b</b> Less: cost of goods sold <b>b</b>		0			
-	c Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	0.			
		900099	35,498.			35,49
11	d					55,49
	b					
	c d All other revenue					
	e Total. Add lines 11a-11d	· · · · · · · •	35,498.			
12			16,134,462.		0.	-858,64

JSA

Part IX Statement of Functional Expenses

52,247.

85,879.

41,547.

39,701.

25,635.

9,680.

5,390.

9,619.

77.

#### (B) Program service (D) (A) Total expenses (C) Do not include amounts reported on lines 6b. Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to governments and 1,927,431 1,927,431 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 0. the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 11,332,442. 11,332,442 Benefits paid to or for members 0 4 Compensation of current officers, directors, 5 642,448 145,961 1,076,238 287,829. trustees, and key employees Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 295,929. Other salaries and wages 1,546,678. 1,096,605. 154,144. 7 Pension plan contributions (include section 401(k) 8 204,263. 40,699 111,317. and section 403(b) employer contributions) . . . 378,094. 238,124 54,091 9 Other employee benefits 114,038. 196,523. 40,938. 10 Payroll taxes 11 Fees for services (non-employees): 15,924. 15,924. a Management 19,069. 84,276. 65,207. 30,729. 36,939. 6,210. c Accounting 0. d Lobbying 297,537. 297,537. e Professional fundraising services. See Part IV, line 17 42,885. 42,885. f Investment management fees 434,981. 434,981. 109,795. 13,871. 56,223. 12 Advertising and promotion 90,826. 75,129. 6,078 Office expenses 13 74,612. 21,680. 52,855. Information technology 14 0 Royalties 15 5,882. 5,882 Occupancy 16 577,021. 517,707. 33,679 17 Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 163,686. 139,421 14,585 Conferences, conventions, and meetings 19 0. 20 0 Payments to affiliates 21 22,750. 22,750. 22 Depreciation, depletion, and amortization 32,070. 32,070 23 Insurance . . . . . . . . . . Other expenses. Itemize expenses not 24 covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a INSTITUTIONAL MEMBERSHIPS 64,652. 53,839. 5,423. 9,668. 935,181. 140,600. 784,913. **b** PRINTING & MAILING COSTS С d \_\_\_\_\_ e f All other expenses \_\_\_\_ 19,650,686. 16,890,794 823,909. 1,935,983. Total functional expenses. Add lines 1 through 24f 25 Joint Costs. Check here If following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

JSA 9E1052 1.000

orm 990 (	2009) / <	3-1635264		Page 1
Part X	Balance Sheet	1		
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments		2	4,504,061
3	Pledges and grants receivable, net	7,611,169.	3	6,033,133
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
۵	Part II of Schedule L		6	
Assets 8 7	Notes and loans receivable, net		7	
8 As	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or <b>10a</b> 216,580.	13,650.	9	106,382
10a	Land, buildings, and equipment: cost or <b>10a</b> 216,580.			
	other basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation	61,978.1		87,295
11	Investments - publicly traded securities	11,709,254.		13,587,652
12	Investments - other securities. See Part IV, line 11	298,132.1	12	374,818
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	1	14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	24,693,341
17	Accounts payable and accrued expenses		17	2,163,335
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ဖ္မ 21	Escrow or custodial account liability. Complete Part IV of Schedule D	2	21	
22	Payables to current and former officers, directors, trustees, key			
21 22 22	employees, highest compensated employees, and disqualified			
	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	663,713.2		456,661
26	Total liabilities. Add lines 17 through 25	2,583,572.2	26	2,619,996
Ses	Organizations that follow SFAS 117, check here $\blacktriangleright$ $[X]$ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	11,538,850
82 <u>8</u>	Temporarily restricted net assets		28	9,734,461
29	Permanently restricted net assets	724,342.	29	800,028
or Fund Balances 5 2 2 6 2 8 6 2 9	Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds	3	30	
30 32 31 32 32	Paid-in or capital surplus, or land, building, or equipment fund	3	31	
	Retained earnings, endowment, accumulated income, or other funds	3	32	
33 SE	Total net assets or fund balances	21,841,328.	33	22,073,345
34	Total liabilities and net assets/fund balances	24,424,900.	34	24,693,341

Forr	m 990 (2009)		Pa	ge <b>12</b>
Pa	art XI Financial Statements and Reporting			
			Yes	No
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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X       Separate basis       Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Х	

SCHE	DU	LE	Α
(Form	990	or	990-EZ)

## **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.

OMB No. 1545-0047

12

	it of the Treasury venue Service		Attach to Form 990	or Form 99	0-EZ. 🕨 S	ee separa	te instruct	ions.		Inspection
Name of t	the organizatio	on						Employe	er identifica	tion number
EPISCO	OPAL RELI	EF AND DEVE	ELOPMENT						73-16	35264
Part I	Reason f	or Public Chari	i <b>ty Status</b> (All organ	izations m	iust comp	lete this	part.) Se	e instruc	ctions.	
The orga	anization is no	ot a private found	dation because it is: (F	For lines 1 t	through 11,	check on	ly one bo	x.)		
1	A church, c	onvention of chu	rches, or association	of churches	s described	in sectio	n 170(b)	(1)(A)(i).		
2	A school de	scribed in section	on 170(b)(1)(A)(ii). (At	tach Sched	ule E.)					
3	A hospital c	or a cooperative	hospital service organ	ization deso	cribed in <b>se</b>	ction 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). (C	omplete Part II.)							
6	A federal, s	tate, or local gov	vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(	A)(v).		
7 X	An organiza	ation that norma	Ily receives a substan	tial part of	its support	t from a g	governme	ental unit	or from t	he general public
	described in	n section 170(b)	(1)(A)(vi). (Complete F	Part II.)						
8	A communi	ty trust describe	d in section 170(b)(1)	( <b>A)(vi).</b> (Co	mplete Par	t II.)				
9	An organiza	ation that norma	lly receives: (1) more	than 331/3	% of its su	pport fro	m contrib	outions, n	nembersh	ip fees, and gross
	-		ted to its exempt fun		-		-			
		-	ment income and un				-		511 tax)	from businesses
		-	n after June 30, 1975.					-		
10	-	-	ind operated exclusive	-	-	-				
11	-	-	and operated exclus	-		-				
		-	ublicly supported org					-		
		Г	at describes the type o							
- 🗔	a Typ				e III - Fund	-	•			pe III - Other
e	-	-	ertify that the organiz				-			-
	-		ion managers and oth	ler than on	e or more	publicly s	supported	u organiz	ations de	scribed in section
f	( )( )	r section 509(a)(	∠). I a written determina	tion from t	ha IDS the	at it is a			r Type III	supporting
1	-							туре п, о	и туре п	
a		et 17 2006 bas	the organization acce	nted anv a	ift or contri	bution fro	m any of	f tha	• • • • • •	•••••
g	following pe		the organization acce	pieu any g			in any o		,	
			or indirectly controls	either al	one or toa	ether wit	h nersor	ne descrit	hed in (ii)	Yes No
			erning body of the sup							
			person described in (i) a							11g(ii)
			of a person described							11g(iii)
h			ation about the suppo		-					
(i) Name	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did y	ou notify	(vi)	Is the	(vii) Amount of
orga	anization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col.	support
			(see instructions))	governing	uocument:		port?		S.?	
				Yes	No	Yes	No	Yes	No	
Total										
iotai										

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

Schedule A (Form 990 or 990-EZ) 2009

Part II	Support	Sched
Schedule A	(Form 990 or 990	-EZ) 2009

Par	t II Support Schedule for Or (Complete only if you check				b)(1)(A)(iv) aı	nd 170(b)(1)(A	A)(vi)
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	( <b>d</b> ) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,055,700.	13,354,355.	17,288,697.	25,686,707.	17,119,110.	110,504,569.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	37,055,700.	13,354,355.	17,288,697.	25,686,707.	17,119,110.	110,504,569.
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)						7,585,807.
6	Public support. Subtract line 5 from line 4.						102,918,762.
	tion B. Total Support	<b>I</b>	1			T	
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	37,055,700.	13,354,355.	17,288,697.	25,686,707.	17,119,110.	110,504,569.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	840,769.	2,586,088.	939,726.	198,070.	131,847.	4,696,500.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1	0.	0.	0.	0.	35,498.	35,498.
11	Total support. Add lines 7 through 10						115,236,567.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (li		0	11 column (f))		14	89.31%
15	Public support percentage from 2008		-				85.26%
	<b>331/3% support test - 2009.</b> If the c						
	this box and <b>stop here</b> . The organizati						► X
b	331/3% support test - 2008. If the o						or more
	check this box and <b>stop here.</b> The org						
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me						
	Part IV how the organization meets t	he "facts-and-c	ircumstances" te	est. The organi	zation qualifies	as a publicly s	upported
	organization						▶
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga	anization meets	s the "facts-and	l-circumstances	" test, check t	his box and <b>st</b>	op here.
	Explain in Part IV how the organzation	on meets the "	facts-and-circum	stances" test.	The organizatio	n qualifies as a	publicly
	supported organization						▶∟
18	Private foundation. If the organization	on did not chec	k a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions						▶∟

Schedule A (Form 990 or 990-EZ) 2009

(Complete only if you checked the box on line 9 of Part I.)

Са	lendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")						
	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						
	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
	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 disgualified 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						
	Add lines 7a and 7b <b>Public support</b> (Subtract line 7c from						
	line 6.)						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6.				(., =====	(-)=====	(1) 1000
0 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources						
	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						
2	Carried on Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
4	First five years. If the Form 990 is for	the organizatio	n's first, second.	third, fourth. or	fifth tax vear a	s a section 501	(c)(3)
	organization, check this box and <b>stop here</b>	-			•		г
	ion C. Computation of Public Sup						
	Public support percentage for 2009 (line 8			mn (f))		15	
	Public support percentage from 2008 Sche					16	
	ion D. Computation of Investmer						
	Investment income percentage for 2009 (li			13, column (f))		17	
	Investment income percentage from 2008					18	
							and line
8		rganization did r				,	
8	33 1/3% support tests - 2009. If the or	-					. Г
8 9 a	<b>33 1/3% support tests - 2009.</b> If the or 17 is not more than 33 1/3%, check th	nis box and sto	op here. The org	anization qualifie	es as a publicly	supported organ	ization 🕨 🛛
8 9 a b	33 1/3% support tests - 2009. If the or	nis box and sto anization did no	<b>op here</b> . The org t check a box on	anization qualifie line 14 or line 1	es as a publicly 9a, and line 16 is	supported organ more than 331/	ization ► [ /3 %, and

Schedule A (Form 990 or 990-EZ)	2009					Page 4
	Il Information. Com a or 17b; or Part III,					
					ATTACHMENT 1	
SCHEDULE A, PART II - OTHE	ER INCOME					
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	0.	0.	0.	0.	35,498.	35,498.
TOTALS	0	0.	0.	0.	35,498.	35,498.

SCHEDULE D Supplemental Financial Statements					OMB No. 1545-0047
(Fo	rm 990)			0	2009
		► Complete if the organization answered Part IV, line 6, 7, 8, 9, 10, 1		υ,	
	artment of the Treasury	► Attach to Form 990. ► See sepa			Open to Public Inspection
	nal Revenue Service e of the organization			Employer identificat	
EPI	SCOPAL RELIE	LF AND DEVELOPMENT		73-163526	54
Pa		ations Maintaining Donor Advised Funds or Other s nization answered "Yes" to Form 990, Part IV, line 6		Accounts. Comp	olete if
		(a) Donor advis		(b) Funds and	other accounts
1	Total number at e	end of year			
2		butions to (during year)			
3		from (during year)			
4		at end of year			
5	Did the organizati	ion inform all donors and donor advisors in writing that th	e assets held in don	nor advised	
	-	anization's property, subject to the organization's exclusi	-		Yes No
6		ion inform all grantees, donors, and donor advisors in wr			
		ritable purposes and not for the benefit of the donor or d			
Dai	rt II Conserva	ng impermissible private benefit? ation Easements. Complete if the organization answ	worod "Voc" to For	m 000 Part IV	Ves No
га 1		nservation easements held by the organization (check all t		111 990, Faitiv,	
•		n of land for public use (e.g., recreation or pleasure)		an historically imp	oortant land area
		of natural habitat		a certified historic	
		n of open space			
2		a through 2d if the organization held a qualified conserva	tion contribution in t	he form of a cons	ervation
	easement on the	last day of the tax year.	-		
				Held at the	e End of the Year
а		conservation easements		2a	
b	-	stricted by conservation easements		2b	
C		rvation easements on a certified historic structure include		2c 2d	
d 3		ervation easements included in (c) acquired after 8/17/06 rvation easements modified, transferred, released, extin			
5	the tax year		guisneu, or terminat	led by the organiza	lion during
4	,	where property subject to conservation easement is loca	ted ►		
5		ation have a written policy regarding the periodic monitor		dling of	
		forcement of the conservation easements it holds?			Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting, and enforcing	conservation ease	ments during the y	/ear
	▶				
7	Amount of expense	ses incurred in monitoring, inspecting, and enforcing con-	servation easement	s during the year	
	►\$		· · · ·		
8		ervation easement reported on line $2(d)$ above satisfy the d $170(b)(4)(P)(i)$ ?			Yes No
9		d 170(h)(4)(B)(ii)? ribe how the organization reports conservation easement			
5		nd include, if applicable, the text of the footnote to the org		•	
		s accounting for conservation easements.	<u>gaa</u> aaaa		
Pa		ations Maintaining Collections of Art, Historical Tre e if the organization answered "Yes" to Form 990, P		Similar Assets.	
1a	If the organizatio	on elected, as permitted under SFAS 116, not to repor asures, or other similar assets held for public exhibition,	t in its revenue sta	tement and balar	nce sheet works of
	provide, in Part XI	IV, the text of the footnote to its financial statements that	describes these iten	ns.	
b	If the organizatio	on elected, as permitted under SFAS 116, to report in	its revenue statem	ent and balance	sheet works of art,
		es, or other similar assets held for public exhibition, e ving amounts relating to these items:	ducation, or resear	rch in furtherance	<ul> <li>of public service,</li> </ul>
		luded in Form 990, Part VIII, line 1			
		ed in Form 990, Part X			
2		on received or held works of art, historical treasures,		ssets for financia	I gain, provide the
	•	is required to be reported under SFAS 116 relating to the		<b>L</b> -	
a h		ed in Form 990, Part VIII, line 1			
b		n Form 990, Part X		► →	
<b>-</b> 1		ama and Darda attack And Nation and the Instance time for Forms 000	•	<b>0</b> - h - d -	L. D. (E

Schedule D (Form 990) 2009

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Comple	oto if	the	organi	ization	ans

SCHEDULE D

# OMB No. 1545-0047

EDULE D	
m 990)	

Sche	dule D (Form 990) 2009			-	73-1	635264			Page <b>2</b>
Par	t III Organizations Maintaini	ng Collections of	of Art, Histor	ical Treasure	es, or	Other Similar A	Assets (	continuec	1)
3	Using the organization's acquisition		other records,	check any of t	the fol	lowing that are a	significar	nt use of its	6
_	collection items (check all that appl	iy).			vohon	~~ ~~~~~~~			
a	Public exhibition		d		xcnan	ge programs			
b	Scholarly research		е	Other					
c	Preservation for future ge		and avalain h	out thou furtho	r tha	organization!o ov	omot our	noon in	
4	Provide a description of the organiz	zation's collections	s and explain n	ow they furthe	er the	organization's exe	empt pur	pose in	
-	Part XIV.		- demetiene of				la		
5	During the year, did the organization						_		<b></b>
	assets to be sold to raise funds rath			-				Yes	No
Par	t IV Escrow and Custodial A IV, line 9, or reported an	amount on For	m 990, Part X	e organizatio (, line 21.	n ans	wered "Yes" to	Form 99	90, Part	
1a	Is the organization an agent, truste			-	tions o	or other assets no	)t		
b	included on Form 990, Part X? If "Yes," explain the arrangement in						•••• [	Yes	No
						A	mount		
С	Beginning balance				1c				
d	Additions during the year				1 d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an am	ount on Form 990	), Part X, line 2	1?			• • • • [	Yes	No
	If "Yes," explain the arrangement in								
Par	t V Endowment Funds. Com	· · ·							
		(a) Current Year	(b) Prior year	r (c) Two y	ears ba	ck (d) Three yea	ars back	(e) Four ye	ears back
1a	Beginning of year balance	10,879,776.	18,175,0	51.					
D	Contributions	495,088.	1,191,6	01.					
С	Net investment earnings, gains,								
	and losses	2,078,841.	-6,047,2	33.					
d	Grants or scholarships								
е	Other expenditures for facilities .								
	and programs	105,802.	1,872,1	40.					
T	Administrative expenses								
y	End of year balance	13,347,903.	11,447,2	79.					
2	Provide the estimated percentage	-							
a h	Board designated or quasi-endown		00%						
b	· · · · · · · · · · · · · · · · · · ·	<u>900</u> %							
C 3 2	· · · · · · · · · · · · · · · · · · ·		the executed	an that are he	اط مم	d administered for	the		
Ja	Are there endowment funds not in		the organizat	ion that are he	iu and		une	V	es No
	organization by:								es No X
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>							3a(ii)	X
h	If "Yes" to 3a(ii), are the related org							3b	
4	Describe in Part XIV the intended u		•		• • •			55	
-	t VI Investments - Land, Buil				art V	line 10			
Fai	Description of investment		-	(b) Cost or othe					
		(inv	or other basis vestment)	basis (other)	er	(c) Accumulated depreciation	()	<b>d)</b> Book value	
1a							<u> </u>	=	
b	Buildings			8,4	150.	2,676	·		5,774.
С	Leasehold improvements					100.000	<u> </u>	~ 1	
d	Equipment			208,1		126,609	·	81	,521.
e	Other				0	0	·		0.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	orm 990, Part X	, column (B), li	ne 10	(c).) 🕨 🕨		87	7,295.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See F	Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related. See I	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets. See Form 990, Part X,	line 15.		
	) Description	(b) B	ook value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part 2	X, line 25.		

1. (a) Description of liability	(b) Amount						
Federal income taxes							
ACCRUED POSTRETIREMENT BENEFITS	335,159.						
DUE TO DOMESTIC AND FOREIGN MISSION	121,502.						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	456,661.						

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedu	le D (Form 990) 2009 73-1635264			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	ateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			16,134,462.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	19,650,686.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			-3,516,224.
4	Net unrealized gains (losses) on investments		-	3,748,241.
5	Donated services and use of facilities		-	<u> </u>
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8	•••••••••••••••••••••••••••••••••••••••		3,748,241.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-	232,017
	<b>XII</b> Reconciliation of Revenue per Audited Financial Statements With Revenue per		-	
			1 1	21,187,139.
1	Total revenue, gains, and other support per audited financial statements			21,107,109
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments	2/11		
a				
b		,430	-	
С	Recoveries of prior year grants 2c		-	
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	5,052,677.
3	Subtract line 2e from line 1		3	16,134,462.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,134,462.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Ret	urn	
1	Total expenses and losses per audited financial statements		1	20,955,122.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 1, 304	<b>,</b> 436	-	
b	Prior year adjustments 2b			
с	Other losses 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	1,304,436.
3	Subtract line 2e from line 1		3	19,650,686.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)		-	
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).		5	19,650,686.
	XIV Supplemental Information			
Comp and 2t this pa	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4 art to provide any additional information.			
58E	PAGE 5			

SCHEDULE D, PART V, LINE 4

INVESTMENTS CONSIST OF TWO TRUST FUNDS, EACH OF WHICH HAVE BOTH DONOR AND BOARD-DESIGNATED FUNDS. THE INCOME FROM THESE FUNDS IS USED TO SUPPORT THE ADMINISTRATIVE AND PROGRAM ACTIVITIES OF EPISCOPAL RELIEF & DEVELOPMENT.

### SCHEDULE D, PART X

THE INCOME TAXES TOPIC NUMBER 740, "INCOME TAXES" OF THE FASB ACCOUNTING STANDARDS CODIFICATION ("CODIFICATION") ESTABLISHES CRITERION THAT AN INDIVIDUAL TAX POSITION HAS TO MEET FOR SOME OR ALL THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. ON INITIAL APPLICATION, THIS CRITERION WILL BE APPLIED TO ALL TAX POSITIONS FOR WHICH THE STATUE OF LIMITATIONS REMAINS OPEN. ONLY TAX POSITIONS THAT MEET THE "MORE- LIKELY- THAN- NOT" RECOGNITION THRESHOLD AT ADOPTION DATE WILL BE RECOGNIZED OR CONTINUE TO BE RECOGNIZED. THE EFFECTIVES FOR APPLYING THIS CRITERION WAS ADOPTED BY THE ORGANIZATION ON JANUARY 1, 2009, AND HAD NO MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS NOT TAKEN ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; DETERMINE ITS FILING AND TAX OBLIGATION IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO REVIEW OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

Schedule F (Form 990)	▶ Complete if the organization answered "Yes" to Form 990,				
Department of the Treasury Internal Revenue Service	Part IV, line 14b line 15, or line 16. ► Attach to Form 990. ► See separate instructions.		Open to Inspectio	to Public ction	
Name of the organization		Employer i	identification nu	umber	
	EPISCOPAL RELIEF AND DEVELOPMENT	73-163	35264		
	<b>Information on Activities Outside the United States.</b> Complete if the c Form 990, Part IV, line 14b.	organizatio	n answered		
assistance, the gr	. Does the organization maintain records to substantiate the amount of the antees' eligibility for the grants or assistance, and the selection criteria use stance?	d to award		No	
2 For grantmakers. United States.	Describe in Part IV the organization's procedures for monitoring the use of g	rant funds	outside the		

Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) 3

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures in region
SUB-SAHARAN AFRICA	1	7	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	6,840,773.
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	1,509,340.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	953,450.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	HEALTH, FOOD &EMERGENCY	264,000.
SOUTH AMERICA	0	0	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	213,666.
SOUTH ASIA	0	0	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	293,701.
EUROPE	0	0	PROGRAM SERVICES	HEALTH,FOOD &EMERGENCY	253,136.
NORTH AMERICA	0	0	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	52,500.
					<u> </u>
					<u> </u>
Totals >	1	7			10,380,566.

Schedule F (Form 990) 2009

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 🛌 🕨 📄
	Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAN	TSUNAMI MICR	196,111.				
			EUROPE (INCLUDING ICELAN	MOSAIC CREAT	54,525.				
			EUROPE (INCLUDING ICELAN	JOFEH CENTER	71,250.				
			MIDDLE EAST/NORTH AFRICA	ST. LUKE'S H	47,750.				
			MIDDLE EAST/NORTH AFRICA	EMERGENCY ME	135,000.				
			MIDDLE EAST/NORTH AFRICA	EMERGENCY RE	10,000.				
			MIDDLE EAST/NORTH AFRICA	NETS FOR LIF	339,631.				
			SUB-SAHARAN AFRICA	CAPA PEACE P	33,250.				
				NETS FOR LIF					
			SUB-SAHARAN AFRICA	ASSISTANCE	42,130.				
				IGLISE ANGLI					
			SUB-SAHARAN AFRICA	ASSISTANCE	245,471.				
				EMERGENCY AS					
			SUB-SAHARAN AFRICA	CONSTRUCTION	10,000.				
			SUB-SAHARAN AFRICA	BOGA PARTNER	87,578.				
			SUB-SAHARAN AFRICA	EMERGENCY AS	10,000.				
			SUB-SAHARAN AFRICA	DIOCESE OF A	46,046.				
			SUB-SAHARAN AFRICA	NETS FOR LIF PREPAREDNESS	168,411.				
				NETS FOR SOU					
			SUB-SAHARAN AFRICA	ASSISTANCE	57,232.				

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2009

Grants and Other Assista Use Schedule F-1 (Form 99 (a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Meth valuati (book, F apprais othe

Schedule F (Form 990) 2009

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.	
SCHEDULE F, PART I, LINE 2	
EPISCOPAL RELIEF AND DEVELOPMENT CORPORATION TAKES ITS GRANT MONITORING	
RESPONSIBILITIES SERIOUSLY AS IT UNDERSTANDS THAT THE CHARITABLE EFFORTS	
IT FUNDS REFLECTS ON THE ORGANIZATION. TO THAT END, EPISCOPAL RELIEF AND	
DEVELOPMENT MAY REQUIRE THE GRANTEE TO PROVIDE THE ORGANIZATION WITH A	
NUMBER OF DIFFERENT REPORTS, INCLUDING:	
FINANCIAL REPORTS, (E.G. ACTUAL VS. BUDGET REPORTS); EXPENSE MONITORING	
REPORTS ( INCLUDING A REVIEW OF RECEIPTS, CONTRACTS, TITLES AND BANK	
STATEMENTS), ON-SITE EVALUATIONS, BANK RECONCILIATIONS (WITH EXCHANGE	
RATE CHECKS) AS WELL AS EXAMINATIONS BY INDEPENDENT AUDITORS.	

Schedule F (Form 990) 2009

JSA

Schedule F (Form 990) 2009

### **SCHEDULE F-1** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Continuation Sheet for Schedule F (Form 990)

Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III. ► See instructions for Schedule F (Form 990).

OMB No. 1545-0047

09

**Open to Public** Inspection

2

Employer identification number

Part I       Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity a progra describe sp service(s	listed in (d) is m service, ecific type of ) in region	(f) Total expenditures for region	
Totals							

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

Schedule F-1 (Form 990) 2009

Part II	-1 (Form 990) 2009	e and Other Accieton	co to Organizations	73-1635264 tions or Entities Outside the United States. (Schedule F (Form 990), Part II, line							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance			
			SUB-SAHARAN AFRICA	NETS FOR LIF	101,489.						
			SUB-SAHARAN AFRICA	NETS FOR LIF	72,950.						
			SUB-SAHARAN AFRICA	USAID CHILD	402,458.						
			SUB-SAHARAN AFRICA	DIOCESE OF K	156,084.						
			SUB-SAHARAN AFRICA	NETS FOR LIF	785,352.						
			SUB-SAHARAN AFRICA	DIOCESE OF M IDCCS PARTNE	248,840.						
			SUB-SAHARAN AFRICA	SANITATION	475,429.						
			SUB-SAHARAN AFRICA	NETS FOR LIF	126,604.						
			SUB-SAHARAN AFRICA	CARPENTERS K	220,989.						
			SUB-SAHARAN AFRICA	DIOCESE OF D	31,810.						
			SUB-SAHARAN AFRICA	EMERGENCY FU	10,000.						
			SUB-SAHARAN AFRICA	DIOCESE OF A	682,773.						
			SUB-SAHARAN AFRICA	DIOCESE OF N	44,841.						
			SUB-SAHARAN AFRICA	DIOCESE OF N	211,154.						
			SUB-SAHARAN AFRICA	HOPE AFRICA	695,230.						
			SUB-SAHARAN AFRICA	EMERGENCY FO	1,165,450.						
			SUB-SAHARAN AFRICA	NETS FOR LIF	75,804.						
			SUB-SAHARAN AFRICA	NETS FOR LIF	143,467.						
			SUB-SAHARAN AFRICA	BO ANGLICAN	148,900.						

Schedule F-1 (Form 990) 2009

art II	Continuation of Grant	s and Other Assistan	ce to Organizations or	Entities Outs	ide the United S				
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
			SUB-SAHARAN AFRICA	MULTI - COMM	38,971.				
			CENT. AMERICA/CARIBBEAN	EMERGENCY AS	10,000.				
			CENT. AMERICA/CARIBBEAN	2008 BTI OPE	101,250.				
			CENT. AMERICA/CARIBBEAN	THE HAITIAN	348,232.				
			CENT. AMERICA/CARIBBEAN	INTEGRATED A	100,000.				
			CENT. AMERICA/CARIBBEAN	BEST MICROLE	25,000.				
			CENT. AMERICA/CARIBBEAN	FAMILY GARDE	122,812.				
			CENT. AMERICA/CARIBBEAN	EMERGENCY AS	62,500.				
			CENT. AMERICA/CARIBBEAN	DIOCESE OF E	167,789.				
			CENT. AMERICA/CARIBBEAN	DIOCESE OF G	50,603.				
			CENT. AMERICA/CARIBBEAN	AMARATECA HO	127,364.				
			CENT. AMERICA/CARIBBEAN	ENHANCEMENT	151,251.				
			CENT. AMERICA/CARIBBEAN	PROYECTO SIL	49,870.				
			CENT. AMERICA/CARIBBEAN	FOOD SECURIT	10,000.				
			CENT. AMERICA/CARIBBEAN	GESTION AMBI	35,000.				
			CENT. AMERICA/CARIBBEAN	WATER AND SA	108,698.				
			CENT. AMERICA/CARIBBEAN	CATTLE COOPE	52,500.				
			NORTH AMERICA	PERMANANTE C	18,764.				
			SOUTH AMERICA	SERVICO ANGL	50,167.				

Schedule F-1 (Form 990) 2009

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Continuation of Grant	s and Other Assistan	ce to Organizations	pr Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)						
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe	
		SOUTH AMERICA	HEALTH PROMO	30,500.					
		SOUTH AMERICA	EMERGENCY IN	8,000.					
		SOUTH AMERICA	INCOME GENER	86,735.					
		SOUTH AMERICA	EL SEMBRADOR	19,500.					
		EAST ASIA/PACIFIC	ZHANGFENG CO	145,103.					
		EAST ASIA/PACIFIC	TOPIK HUMANI	35,200.					
		EAST ASIA/PACIFIC	EMERGENCY AS	10,000.					
		EAST ASIA/PACIFIC	MYANMAR DEVE	282,689.					
		EAST ASIA/PACIFIC	RELIEF FOR C	227,564.					
		EAST ASIA/PACIFIC	IFI EMERGENC	12,000.					
		EAST ASIA/PACIFIC	ERD/THAILAND	168,000.					
		EAST ASIA/PACIFIC	CLIMATE CHAN	65,394.					
		EAST ASIA/PACIFIC	ERD / A4T AF	91,687.					
		SOUTH ASIA	CHRISTIAN HE	40,171.					
		SOUTH ASIA	CYCLONE AILA	46,966.					
		SOUTH ASIA	SRI LANKA RE	35,000.					
		SOUTH ASIA	SRI LANKA ID	20,000.					
		SOUTH ASIA	EMERGENCY RE	9,877.					
		SOUTH ASIA	ENVIRONMENTA	30,000.					

Schedule F-1 (Form 990) 2009

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Schedule F	-1 (Form 990) 2009			73-163526	4				Page <b>2</b>
Part II	Continuation of Grants ar	d Other Assistan	ce to Organizations or	Entities Outs	side the United S	tates. (Sche	dule F (Form 99	0), Part II, I	ine 1)
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	EMERGENCY AS	12,500.				
			SOUTH ASIA	ENERGENCI AS	12,300.				
			SOUTH ASIA	EMERGENCY AS	7,500.				

Schedule F-1 (Form 990) 2009

chedule F-1 (Form 990) 2009		73-16352					Page
Part III Continuation of Grants and Ot (a) Type of grant or assistance	ther Assistance to Individuals Out	(c) Number of recipients	ited States. (Sche (d) Amount of cash grant	dule F (Form (e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other
A						Ochodula E 4	(=

Comple	Fundraising or Gaming Activities       2009         te if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.       Open To Public         Attach to Form 990 or Form 990-EZ.       See separate instructions.       Inspection						
				Yes to Form 9	90, Part IV, line	17.	
the organization rais tions email solicitations tations licitations tion have a written of s listed in Form 990.	sed funds through e f g r oral agreement v Part VII) or entity	any of the X Solic X Solic Spect	following a citation of r citation of g cial fundrai dividual (in ction with p	non-government g government grants ising events cluding officers, d rofessional fundrai	rants s irectors, trustees ising services?	X Yes No	
			s) pursuar	it to agreements u	ander which the fund	draiser is	
individual	(ii) Activity	(iii) Did fun custody o	r control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization	
		Yes	No				
MARKETING SVC	CONSULT.		x	3,061,994.	113,090.	2,948,904.	
PARTNERS	CREATIVE COMM.		X	0.	43,600.	0.	
	CONSULT						
			Х	0.	20,006.	0.	
	OFFICER		x	0.	6,375.	0.	
			x	0.	8,100.	0.	
	WEBSITE				· · ·		
	COMMUN.		Х	0.	13,937.	0.	
			►	3,061,994.	205,108.	2,948,904.	
sing. FL,GA,IL,					peen notified it is	exempt from	
	Comple Completion Completion CF AND DEVELOPI ing Activities. Com- O-EZ filers are not not the organization raise tions lemail solicitations tion have a written on the highest paid indivi- ted at least \$5,000 b individual individual indraiser) MARKETING SVC C PARTNERS MARKETING SVC C PARTNERS MARKETING SVC C PARTNERS	Fundraising         Complete if the organization enter         Attach to Form 990 or         CF AND DEVELOPMENT         ing Activities. Complete if the organization raised funds through tions         email solicitations         fitations         general solicitations         fitations         general solicitations         fitations         golicitations         tion have a written or oral agreement was listed in Form 990, Part VII) or entities (and the ast \$5,000 by the organization)         individual individuals or entities (and the ast \$5,000 by the organization)         individual individuals or entities (consult)         consult         a WRITER         MAJOR GIFT         OFFICER         CONSULT         & WRITER         WEBSITE         COMMUN.	Fundraising or Ga         Complete if the organization answered "Yes" to organization entered more than 3         Attach to Form 990 or Form 990-EZ         EF AND DEVELOPMENT         ing Activities. Complete if the organization and 0-EZ filers are not required to complete this part to organization raised funds through any of the tions         e mail solicitations       f       X       Solid         e mail solicitations       f       X       Solid         itations       g       Specifications       Specifications         the organization or oral agreement with any interest listed in Form 990, Part VII) or entity in connect the highest paid individuals or entities (fundraiser ted at least \$5,000 by the organization.         individual         (ii) Activity       (iii) Did fundraiser         tet organization agreement with any interest at least \$5,000 by the organization.         individual         individual         (iii) Activity         (iii) Activity         (iii) Did fundraiser         COMM.         COMM.         COMM.         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X         GENERAL         MarketTING SVC CONSULT         X         MarketTINE X         MarketTINE X         COMM.      &lt;</td><td>Fundraising or Gaming Activities         Complete if the organization answered "Yes" to Form 990-FZ in 66.         &gt; Attach to Form 990 or Form 990-FZ in 65.         &gt; Attach to Form 990 or Form 990-FZ in 65.       &gt; See separate instructions.         See separate instructions.         F AND DEVELOPMENT         ing Activities. Complete if the organization answered "Yes" to Form 9         0-EZ filers are not required to complete this part.       Solicitation of non-government grants         the organization raised funds through any of the following activities. 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Ing Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 0-22 files are not required to complete this part.       Employer identification of power ment grants         It he organization answered "Yes" to Form 990, Part IV, line 0-22 files are not required to complete this part.       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Page **2** 

		<b>(a)</b> Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts				
:	2 Less: Charitable				
	contributions 3 Gross income (line 1				
	minus line 2)				
	4 Cash prizes				
	5 Noncash prizos				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
1	0 Direct expense summary. Add lines 4	through 9 in column (d	1)	•	
1	<ol> <li>Net income summary. Combine line 3</li> </ol>	Column (d), and line 1	0		
	t III Gaming. Complete if the org				
	than \$15,000 on Form 990-I	EZ, line 6a.	····, ·	- ,, <sub>[</sub>	
		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (ad
		<b>(a)</b> Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
		( <b>a)</b> Bingo		(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
	1 Gross revenue	<b>(a)</b> Bingo		(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
		<b>(a)</b> Bingo		(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
	1 Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
		(a) Bingo		(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
-	2 Cash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
-	2 Cash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
-	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ul>	(a) Bingo		(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
-	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> </ul>		bingo/progressive bingo		col. (a) through col. (
-	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> </ul>	Yes9	bingo/progressive bingo	Yes%	col. (a) through col. (
-	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ul>		bingo/progressive bingo		col. (a) through col. (
-	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> </ul>	Yes9	bingo/progressive bingo	Yes%	col. (a) through col. (
-	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> </ul>	Yes9	bingo/progressive bingo	Yes%	col. (a) through col. (
-	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> </ul>	Yes% No	bingo/progressive bingo	Yes% No	col. (a) through col. (
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2</li> <li>8 Net gaming income summary. Combined</li> </ul>	Yes% No%	bingo/progressive bingo	Yes% No	Yes N
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2</li> <li>8 Net gaming income summary. Combi</li> <li>Enter the state(s) in which the organizat</li> </ul>	Yes9 No	bingo/progressive bingo	Yes% Yes% No	col. (a) through col. (
a	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2</li> <li>8 Net gaming income summary. Combined the organization licensed to operate generation and the organization licensed to operate generation.</li> </ul>	Yes9 No	bingo/progressive bingo	Yes% Yes% No	col. (a) through col. (
a	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2</li> <li>8 Net gaming income summary. Combi</li> <li>Enter the state(s) in which the organizat</li> </ul>	Yes9 No	bingo/progressive bingo	Yes% Yes% No	col. (a) through col. (
a	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2</li> <li>8 Net gaming income summary. Combi</li> <li>Enter the state(s) in which the organizat</li> <li>Is the organization licensed to operate g If "No," explain:</li> </ul>	Yes% No%	bingo/progressive bingo	Yes% No	col. (a) through col. (
ab	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2</li> <li>8 Net gaming income summary. Combi</li> <li>Enter the state(s) in which the organizat</li> <li>Is the organization licensed to operate g</li> <li>If "No," explain:</li> </ul>	Yes9 No9	bingo/progressive bingo	Yes% No	col. (a) through col. (
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ab	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2</li> <li>8 Net gaming income summary. Combined to operate operate operation licensed to operate operate operation.</li> <li>Enter the state(s) in which the organization licensed to operate operate operation.</li> <li>Were any of the organization's gaming I If "Yes," explain:</li> </ul>	Yes9 No through 5 in column (d ine line 1, column d, an ion operates gaming ac paming activities in each icenses revoked, suspe	bingo/progressive bingo	Yes% No ►	col. (a) through col. (
ab	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2</li> <li>8 Net gaming income summary. Combined to operate operate operation licensed to operate operate operation.</li> <li>Enter the state(s) in which the organization licensed to operate operate operation.</li> <li>Were any of the organization's gaming I If "Yes," explain:</li> </ul>	Yes9 No through 5 in column (d ine line 1, column d, an ion operates gaming ac paming activities in each icenses revoked, suspe	bingo/progressive bingo	Yes% No ►	col. (a) through col. (
b a	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2</li> <li>8 Net gaming income summary. Combined to operate operate operation licensed to operate operate operation.</li> <li>Enter the state(s) in which the organization licensed to operate operate operation.</li> <li>Were any of the organization's gaming I If "Yes," explain:</li> </ul>	Yes% No%	bingo/progressive bingo	Yes% No	Yes         N           9a         4           10a         4
a b a b	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2</li> <li>8 Net gaming income summary. Combine</li> <li>Enter the state(s) in which the organization licensed to operate generation of the organization's gaming I If "Yes," explain:</li> </ul>	Yes9 No through 5 in column (d ine line 1, column d, an ion operates gaming ac jaming activities in each	bingo/progressive bingo	Yes% No	col. (a) through col. (

	Page 3
Yes	No

			Yes	NO
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
b	An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books			
	and records:			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the			
	amount of gaming revenue retained by the third party ► \$			
c	If "Yes," enter name and address of the third party:			
U	in res, enter name and address of the third party.			
	Nama N			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation <b>&gt;</b> \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
''a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?	17a		
Ŀ		1 <i>1</i> a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations			
	or spent in the organization's own exempt activities during the tax year 🕨 \$			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization	Governr	nents, and he organizatior	er Assistance d Individuals n answered "Yes" to Attach to Form 99	in the United Form 990, Part IV,	I States	Employer identifica	OMB No. 1545-0047 2009 Open to Public Inspection
EPISCOPAL RELIEF AND DEVELOPM	ENT					73-163526	
Part I General Information on Grants		2000				75 105520	1
<ol> <li>Does the organization maintain records the selection criteria used to award the g</li> <li>Describe in Part IV the organization's pr</li> </ol>	to substantiat grants or assist	e the amount o tance?					X Yes No
Part II Grants and Other Assistance Form 990, Part IV, line 21, for Part IV and Schedule I-1 (Form	any recipien	nt that receive	d more than \$5,00	0. Check this box i	f no one recipient r	received more that	n \$5,000. Use 🖳
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash gran	t (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESE OF ALASKA DIOCESAN OFFICE FAIRBANKS, AK 99701-4178	13-5562208	501(C)(3)	10,000.				EMERGENCY ASSISTANCE
DIOCESE OF ATLANTA DIOCESAN OFFICE ATLANTA, GA 30363-0701	58-0572411	501(C)(3)	15,000.				EMERGENCY ASSISTANCE
DIOCESE OF INDIANAPOLIS	30 0372111	501(0)(0)	10,000.				
110 WEST 42ND STREET INDIANAPOLIS, IN 46208	35-0915468	501(C)(3)	25,000.				INDIANA FLOOD AND TO
DIOCESE OF IOWA							MIDWEST FOODS RECOVE
225 27TH STREET DES MOINES, IA 50312-4305	42-0703277	501(C)(3)	10,000.				TORNADOES
DIOCESE OF KENTUCKY							EMERGENCY ASSISTANCE
425 EAST SECOND STREET, SUITE 200	36-2170847	501(C)(3)	10,000.				PREPAREDNESS
DIOCESE OF LOUISIANA - OFFICE OF DISASTER R							
EPISOCPAL DIOCESE OF LOUISIANA	35-0915468	501(C)(3)	888,140.				LOUISIANA KATRINA RE
JERICHO ROAD EPISCOPAL HOUSING INITIATIVE	_						
1623 SEVENTH STREET NEW ORLEANS, LA 70115	72-0475542	501(C)(3)	442,855.				JERICHO ROAD EPISCOP
DIOCESE OF MISSISSIPPI	4						
118 NORTH CONGRESS STREET	20-8419678	501(C)(3)	336,791.				KATRINA RESPONSE - M
DIOCESE OF NORTH DAKOTA	_						
3600 SOUTH 25TH STREET FARGO, ND 58104-6861	72-0475542	501(C)(3)	72,500.				EMERGENCY ASSISTANCE
DIOCESE OF TEXAS	_						
1225 TEXAS AVENUE HOUSTON, TX 77002-3504	45-0232404	501(C)(3)	95,000.				THE DIOCESE OF TEXAS
G.R.A.C.E. COMMUNITY SERVICES	_						KATRINA RECOVERY LA
2626 SOUTH LOOP WEST, SUITE 350	74-1143081	501(C)(3)	185,000.				ASSISTANCE
	-						
2 Enter total number of section 501(c)(3)	-	-				••••••	11
3 Enter total number of other organizations For Privacy Act and Paperwork Reduction				<u> </u>	<u></u>	► Sche	edule I (Form 990) 2009

JSA

### 73-1635264

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV Supplemental Information. Comp	lete this part to	o provide the inf	ormation require	d in Part I, line 2, and any c	ther additional information.
GRANTS AND ASSISTANCE TO ORGANIZA	ATIONS, IND	IVIDUALS, A	ND GOVERNMEN	TS IN US	
SCHEDULE I, PART I, LINE 2					
EPISCOPAL RELIEF AND DEVELOPMENT	CORPORATIO	N TAKES ITS	GRANT MONIT	ORING	
RESPONSIBILITIES SERIOUSLY AS IT	UNDERSTAND	S THAT THE	CHARITABLE E	FFORTS	
	ATION. TO	THAT END, E	PISCOPAL RELI	IEF AND	
IT FUNDS REFLECTS ON THE ORGANIZA					
DEVELOPMENT MAY REQUIRE THE GRAN		IDE THE ORG	ANIZATION WI	TH A	
	TEE TO PROV	IDE THE ORG	ANIZATION WI	TH_A	
DEVELOPMENT MAY REQUIRE THE GRAN	TEE TO PROV	IDE THE ORG	ANIZATION WI	TH A	
DEVELOPMENT MAY REQUIRE THE GRANT NUMBER OF DIFFERENT REPORTS, INCL	TEE TO PROV				
DEVELOPMENT MAY REQUIRE THE GRAN	TEE TO PROV				

Schedule I (Form 990) 2009

# 73-1635264

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
t IV Supplemental Information. Co	malata thia nant to			d in Dont Lline 2 and any	other edditional information
			onnation requires	a in r arci, into 2, and any	
TEMENTS), ON-SITE EVALUATIO	NS, BANK RECO	NCILIATIONS	(WITH EXCHAN		
TEMENTS), ON-SITE EVALUATIO	NS, BANK RECO	NCILIATIONS	(WITH EXCHAN		
ATEMENTS), ON-SITE EVALUATIO	NS, BANK RECO	NCILIATIONS	(WITH EXCHAN		
ATEMENTS), ON-SITE EVALUATIC	NS, BANK RECO	NCILIATIONS	(WITH EXCHAN		
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ATEMENTS), ON-SITE EVALUATIC	NS, BANK RECO	NCILIATIONS	(WITH EXCHAN		
ATEMENTS), ON-SITE EVALUATIC	NS, BANK RECO	NCILIATIONS	(WITH EXCHAN		
ATEMENTS), ON-SITE EVALUATIC	NS, BANK RECO	NCILIATIONS	(WITH EXCHAN		
ATEMENTS), ON-SITE EVALUATIC TE CHECKS) AS WELL AS EXAMIN	NS, BANK RECO	NCILIATIONS	(WITH EXCHAN		

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(For	EDULE J m 990) nent of the Treasury Revenue Service	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.	OMB No. 1545-0047			
	of the organizatio		Employer identifica			
		 LIEF AND DEVELOPMENT	73-1635			
Part		ons Regarding Compensation		-		
i ait	Quoono				Yes	No
1a b 2 3	990, Part VII, First-cla Travel for Tax inde Discretion If any of the bor reimburser explain Did the organ officers, direct Indicate which organization's Comper Indeper	propriate box(es) if the organization provided any of the following to or for a personal section A, line 1a. Complete Part III to provide any relevant information regardine ass or charter travel       Housing allowance or residence for Payments for business use of personal services (e.g., maid, chaufter the provision of all of the expenses described above? If "No," complete Part II inization require substantiation prior to reimbursing or allowing expenses incurred ctors, trustees, and the CEO/Executive Director, regarding the items checked in lime h, if any, of the following the organization uses to establish the compensation of s CEO/Executive Director. Check all that apply.         h, if any, of the following the organization uses to establish the compensation of s CEO/Executive Director. Check all that apply.         h, if any, of the following the organization uses to establish the compensation of s CEO/Executive Director. Check all that apply.         h, if any of the following the organization uses to establish the compensation of s CEO/Executive Director. Check all that apply.         h, if any of the following the organization uses to establish the compensation of s CEO/Executive Director. Check all that apply.         h, if any of the following the organization uses to establish the compensation of s CEO/Executive Director. Check all that apply.         h, if any of other organization         h, if any of the following the organization uses to establish the compensation of s CEO/Executive Director. Check all that apply.         h, if any of the following the organization uses to establish the compensation of s CEO/Executive Director. Check all that apply.         h, if any of the following the organization uses to establish the compe	g these items. personal use anal residence on fees feur, chef) payment I to by all he 1a?	<u>1b</u>		
4	During the ye	ear, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to or a related organization:	the filing			
а		verance payment or change-of-control payment?		4a		Х
b		, or receive payment from, a supplemental nonqualified retirement plan?				Х
С		, or receive payment from, an equity-based compensation arrangement? ny of lines 4a-c, list the persons and provide the applicable amounts for each i		4c		X
5	For persons I	<b>501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b> listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue and contingent on the revenues of:	any			
а	The organizat			<u>5a</u>		Х
b	If "Yes" to line	rganization? e 5a or 5b, describe in Part III.		<u>5b</u>		X
6	compensation	listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue and contingent on the net earnings of:	-			
а	The organizat	lion?		<u>6a</u>		X
b		rganization? e 6a or 6b, describe in Part III.		6b		X
7		listed in Form 990, Part VII, Section A, line 1a, did the organization provide any no				
8	Were any am subject to the	t described in lines 5 and 6? If "Yes," describe in Part III nounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that a initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," de	was escribe			X
9 <u>For P</u>	If "Yes" to line Regulations s	e 8, did the organization also follow the rebuttable presumption procedure descri section 53.4958-6(c)? Paperwork Reduction Act Notice, see the Instructions for Form 990.	bed in	. 9		
	invacy Act and I	aperwork Neuron Act Notice, see the instructions for Form 330.	Sch	edule J (Fo	2011 23	J) 2009

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# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

# Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

<b>(A)</b> Name		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i)	206,365.	0.	0.	18,573.	33,015.	257,953.	0.	
ROBERT W RADTKE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	0.	0.	0.	0.	0.	0.	0.	
KATHARINE JEFFERTS SCHOR	I (ii)	257,194.	0.	0.	62,668.	20,811.	340,673.	0.	
	(i)	0.	0.	0.	0.	0.	0.	0.	
N KURT BARNES	(ii)	182,890.	0.	0.	16,460.	25,876.	225,226.	0.	
	(i)	0.	0.	0.	0.	0.	0.	0.	
LINDA E WATT	(ii)	204,500.	0.	0.	18,405.	16,584.	239,489.	0.	
	(i)	133,942.	0.	0.	12,055.	24,128.	170,125.	0.	
ABAGAIL NELSON	(ii)	0.	0.	0.	0.	0.	0.	<u>0</u> .	
	(i)	159 <b>,</b> 369.	0.	0.	14,343.	23,621.	197,333.	0.	
LORENZO MARTINEZ	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	124,847.	0.	0.	0.	29,476.	154,323.	0.	
SHAUN WALSH	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	116,699.	0.	0.	10,503.	40,198.	167,400.	0.	
BRIAN SELLERS-PETERSEN	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)		+						
	(ii)								
	(i)		+						
	(ii)								
	(i)		+						
	(ii)								
	(i)		+						
	(ii)								
	(i)		+						
	(ii)								
	(i)		+						
	(ii)								
	(i)		+						
	(ii)								
	(i)		+						
	(ii)								

Schedule J (Form 990) 2009

JSA

Schedule J (Form 990) 2009	73-1635264	Page
Part III Supplemental Information		
Complete this part to provide the information, explanation, or descr for any additional information.	iptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6	a, 6b, 7, and 8. Also complete this par
		Schedule J (Form 990) 2009
SA 12.000		
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# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No. 1545-0047 ng Open to Public Inspection

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT

GOVERNANCE AND MANAGEMENT

PART VI, SECTION B

LINE 11: THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED ELECTRONICALLY TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

LINE 12: UPON HIRE, ALL EMPLOYEES ARE REQUIRED TO REVIEW AND COMPLETE A "CONFLICT OF INTEREST" DECLARATION. BOARD AND STAFF CONFLICT OF INTEREST DISCLOSURES ARE MONITORED BY THE OFFICE OF THE PRESIDENT AND HUMAN RESOURCES. THE ORGANIZATION REQUIRES ALL NEW BOARD MEMBERS TO COMPLETE A DISCLOSURE UPON COMMENCEMENT OF THEIR SERVICE. THESE DISCLOSURES ARE REQUIRED TO BE UPDATED AND REVIEWED ANNUALLY.

# FORM 990, PART VI, LINE 15

ALL SALARIES AT EPISCOPAL RELIEF & DEVELOPMENT ARE BASED ON MARKET-BASED SALARY SURVEYS CARRIED OUT BY THE DOMESTIC AND FOREIGN MISSIONARY SOCIETY DEPARTMENT OF HUMAN RESOURCES ON BEHALF OF EPISCOPAL RELIEF & DEVELOPMENT. ACCORDINGLY, ALL SALARIES, INCLUDING THAT OF THE PRESIDENT, ARE BENCHMARKED AGAINST THE SALARIES OF LIKE POSITIONS AT SIMILAR SIZED RELIEF AND DEVELOPMENT ORGANIZATIONS. ALL SALARIES ARE REVIEWED ON AN ANNUAL BASIS.

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
EPISCOPAL RELIEF AND DEVELOPMENT	73-1635264
	ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, LINE 19

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, FORM 990 AND ANNUAL SUMMARY ARE POSTED ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE AT THE ADDRESS LISTED ON PAGE 1 OF THE FORM 990. THE FORM 990 IS, LIKEWISE, PUBLISHED ON WWW.GUIDESTAR.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

FORM 990, SCHEDULE G, PART 1 THE ORGANIZATIONS AND INDIVIDUALS LISTED IN SCHEDULE G AS FUNDRAISERS PROVIDE A VARIETY OF SERVICES RELATED TO THE ORGANIZATION'S FUNDRAISING EFFORTS.

1. A.B. DATA DIRECT MARKETING PROVIDES GENERAL CONSULTATION IN ALL ASPECTS OF THE DIRECT RESPONSE FUNDRAISING PROGRAM.

2. MUNROE CREATIVE PARTNERS IS A CREATIVE COMMUNICATIONS CONSULTING FIRM THAT HELPED DEVELOP WEB SITE, ADS, GENERAL PUBLICATIONS AND SPECIAL MARKETING PROJECTS.

3. PRIMAL MEDIA IS A WEBSITE COMMUNICATIONS CONSULTING FIRM.

4. MEREDITH LEE AND LARA TABAC ARE INDEPENDENT CONSULTANTS/WRITERS THAT DRAFT PRESS RELEASES, PREPARE FOUNDATION PROPOSALS/GRANTS AND PROVIDE GENERAL COMMUNICATIONS SUPPORT.

5. DAVIS FISHER IS THE MAJOR GIFT OFFICER - FUND RAISER FOR MIDWEST.

JSA

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
EPISCOPAL RELIEF AND DEVELOPMENT	73-1635264
	ATTACHMENT 3

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

EPISCOPAL RELIEF & DEVELOPMENT IS THE COMPASSIONATE RESPONSE OF THE EPISCOPAL CHURCH TO HUMAN SUFFERING IN THE WORLD. HEARING GOD'S CALL TO SEEK AND SERVE CHRIST IN ALL PERSONS AND TO RESPECT THE DIGNITY OF EVERY HUMAN BEING, EPISCOPAL RELIEF & DEVELOPMENT SERVES TO BRING TOGETHER THE GENEROSITY OF EPISCOPALIANS AND OTHERS WITH THE NEEDS OF THE WORLD. EPISCOPAL RELIEF & DEVELOPMENT FAITHFULLY ADMINISTERS THE FUNDS THAT ARE RECEIVED FROM THE CHURCH AND RAISED FROM OTHER SOURCES. IT PROVIDES RELIEF IN TIMES OF DISASTER AND PROMOTES SUSTAINABLE DEVELOPMENT BY IDENTIFYING AND ADDRESSING THE ROOT CAUSES OF SUFFERING. EPISCOPAL RELIEF & DEVELOPMENT CHERISHES ITS PARTNERSHIPS WITHIN THE ANGLICAN COMMUNION, WITH ECUMENICAL BODIES AND WITH OTHERS WHO SHARE A COMMON VISION FOR JUSTICE AND PEACE AMONG ALL PEOPLE.

ATTACHMENT 4

### 4A PROGRAM SERVICE

JSA

PRIMARY HEALTH CARE: THIS PROGRAM PROMOTES HEALTH AND FIGHTS DISEASE, ENSURING THAT CHILDREN AND FAMILIES LIVE HEALTHIER LIVES. GLOBALLY, WE WORK IN PARTNERSHIP WITH LOCAL COMMUNITIES TO PROVIDE ACCESS TO TREATMENT, MEDICINES, CLEAN WATER, SAFE ENVIRONMENTS, PREVENTION EDUCATION AND CARE TO VULNERABLE PEOPLE, SUCH AS MOTHERS AND THEIR CHILDREN. PRIMARY HEALTH CARE PROGRAMS CONSISTED OF THE FOLLOWING:

- EDUCATE AND TRAIN COMMUNITIES AND LOCAL HEALTH WORKERS ON PREVENTABLE ILLNESSES AND PROPER SANITATION PRACTICES.

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Schedule O (Form 990) 2009		
Name of the organization	Employer identification number	
EPISCOPAL RELIEF AND DEVELOPMENT	73-1635264	

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 4 (CONT'D)

- PROVIDE PEOPLE ACCESS TO BASIC HEALTH CARE BY SUPPLYING

IMMUNIZATIONS, MEDICINE AND TREATMENT IN VULNERABLE COMMUNITIES.

- BUILD CLEAN WATER SYSTEMS AND SANITATION SYSTEMS TO ENSURE A

SAFE AND AVAILABLE WATER SUPPLY FOR DRINKING AND BATHING.

- PROTECT PEOPLE FROM CONTRACTING INFECTIOUS DISEASES SUCH AS HIV/AIDS AND MALARIA THROUGH TRAINING, PREVENTION EDUCATION, DELIVERY OF INSECTICIDE-TREATED NETS AND CARE FOR PEOPLE DIRECTLY

IMPACTED BY THESE DISEASES.

- SUPPLY FAMILIES WITH SMOKELESS STOVES TO PREVENT RESPIRATORY

# ILLNESSES.

- SUPPORT CLINICS AND HOSPITALS IN CRISIS SETTINGS.

ATTACHMENT 5

#### 4B PROGRAM SERVICE

JSA

EMERGENCY RELIEF AND REBUILDING: THIS PROGRAM PROVIDES CRITICAL DISASTER RELIEF ASSISTANCE IMMEDIATELY AFTER HUMAN-MADE AND NATURAL DISASTERS SUCH AS HURRICANES, EARTHQUAKES, FLOODS AND WAR AROUND THE WORLD AND HELPS COMMUNITIES REBUILD. IN THE UNITED STATES, THE ORGANIZATION RESPONDS TO DEVASTATED COMMUNITIES AFTER THE IMMEDIATE CRISIS IS OVER. EMERGENCY RELIEF AND REBUILDING PROGRAMS CONSISTED OF THE FOLLOWING:

- DELIVER LIFE-SAVING SUPPLIES, SUCH AS MEDICINE, BLANKETS AND FOOD SUPPLIES, AND PROVIDE SHELTER TO CHILDREN, WOMEN AND OTHER VULNERABLE PEOPLE.

Schedule O (Form 990) 2009				
Name of the organization	Employer identification number			
EPISCOPAL RELIEF AND DEVELOPMENT	73-1635264			

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 5 (CONT'D)

- REBUILD DEVASTATED AREAS AND WORK WITH LOCAL COMMUNITIES TO ASSESS LONG TERM DEVELOPMENT NEEDS AND IMPLEMENT THESE RECOVERY PLANS INCLUDING PROVIDING ASSISTANCE IN REBUILDING HOMES, SCHOOLS, HEALTH CLINICS, WATER SYSTEMS, AND TRAINING PEOPLE TO START SMALL BUSINESSES.

- SUPPORT DOMESTIC DISASTER RESPONSE PROGRAMS IN COLLABORATION WITH LOCAL EPISCOPAL DIOCESES TO HELP MARGINALIZED, IMPOVERISHED AND DISTRESSED PEOPLE RECOVER.

ATTACHMENT 6

#### 4C PROGRAM SERVICE

JSA

FOOD SECURITY: THIS PROGRAM WORKS TO ALLEVIATE HUNGER AND IMPROVE THE FOOD SUPPLY BY ENSURING THAT PEOPLE HAVE THE TOOLS TO ACCESS AND SECURE HEALTHY FOOD SOURCES. OUR PROGRAMS MAKE SURE FAMILIES HAVE ENOUGH FOOD TO EAT ON A DAILY BASIS AND THAT FOOD SUPPLIES ARE AVAILABLE, AFFORDABLE AND ACCESSIBLE. FOOD SECURITY PROGRAMS CONSISTED OF THE FOLLOWING:

- EQUIP PEOPLE WITH KNOWLEDGE, SKILLS, TOOLS, ANIMALS AND IMPROVED SEEDS TO ENSURE THEIR FAMILIES HAVE ENOUGH FOOD TO EAT YEAR ROUND.

- PROVIDE VOCATIONAL TRAINING AND MICRO-FINANCE OPPORTUNITIES FOR PEOPLE TO CREATE SMALL BUSINESSES AND EXPAND SOURCES OF INCOME.

- GIVE FAMILIES HEALTHY ANIMALS WHICH PRODUCE FOOD AND INCOME.

Schedule O (Form 990) 2009

EPISCOPAL RELIEF AND DEVELOPMENT

FORM 990, PART III - PROGRAM SERVICES

0163101

PAGE 49

Employer identification number 73 - 1635264

ATTACHMENT 6 (CONT'D)

THE ORGANIZATION RECEIVED DONATED SERVICES OF \$125,999 FROM OUTSIDE THIRD PARTY ORGANIZATIONS. THIS AMOUNT HAS BEEN REMOVED

FROM PROGRAM SERVICE EXPENSES AS REQUIRED BY THE FORM 990.

ATTACHMENT 7

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,

FL,GA,IL,KS,KY,MD,

JSA

MN, MS, NH, NM, NY, ND, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

	ATTACHME	NT 8
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
AB DATA DIRECT MARKETING SERVICES PO BOX 170062 MILWAUKEE, WI 53217	GENERAL CONSULTANT	120,090.

TOTAL COMPENSATION

120,090.

SCHEDULE R										
(Form 990)		- <u>-</u>					2009			
Department of the Treasury		e organization answered			36 or 37.		Open to Public			
Internal Revenue Service	Attach to Form 000									
Name of the organization							dentification number			
EPISCOPAL REL	IEF AND DEVELOPMENT					73-163	35264			
Part I Identif	ication of Disregarded Entities (Comp	lete if the organization	on answered "Yes"	on Form 990, Par	t IV, line 33.)					
	(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity			
			-							
			-							
			-							
Part II Identif	ication of Related Tax-Exempt Organiz	ations (Complete if ons during the tax year	the organization a ar.)	inswered "Yes" on	Form 990, Part I	V, line 34 becau	se it			
	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity			
DOMESTIC AND 815 SECOND AV	FOREIGN MISSIONARY SOCIETY ENUE NEW YORK, N	13-5562208 NY 10017	CHURCH	NY	501(C)(3)	CHURCH	N/A			
			-							
			-							
			-							
			-							
			-							
			-							

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

#### Schedule R (Form 990) 2009

# 73-1635264

### Page **2**

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

	or more related	or garnza			g and tax your.)				1		
(a) Name, address, and EIN of related organization	Primary activity Leg dom (stat fore	(c) Legal Dir domicile (state or foreign country)	egal Direct controlling nicile entity ate or reign	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) me Share of end-of-year assets		h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man	(j) eral or naging tner?
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		512-514)			Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

73-1635264

dule R (Form 990) 2009

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed	l in Parts II–IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		Х
b	Gift, grant, or capital contribution to other organization(s)			1b		Х
С	Gift, grant, or capital contribution from other organization(s)			1c	Х	
d	Loans or loan guarantees to or for other organization(s)			1d		Х
е	Loans or loan guarantees by other organization(s)			1e		Х
f	Sale of assets to other organization(s)			1f		Х
g	Purchase of assets from other organization(s)			1g		Х
ĥ	Exchange of assets			1h		Х
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		Х
i	Lease of facilities, equipment, or other assets from other organization(s)			1j		Х
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k		Х
I	Performance of services or membership or fundraising solicitations by other organization(s).			11		Х
m	Sharing of facilities, equipment, mailing lists, or other assets.			1 m	Х	
	Sharing of paid employees			1n		Х
0	Reimbursement paid to other organization for expenses			10		Х
о р	Reimbursement paid by other organization for expenses			1p		Х
٣						
a	Other transfer of cash or property to other organization(s)			1q		Х
r r	Other transfer of cash or property from other organization(s).			1r		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covere			holds	. '	
	(a) Name of other organization	Transaction type (a–r)	Amount involved			
(1)	DOMESTIC AND FOREIGN MISSIONARY SOCIETY	С	2	274,	428	•
(2)	DOMESTIC AND FOREIGN MISSIONARY SOCIETY M		1,1	178,	437	
(3)						
<u> </u>						
(4)						
<u> </u>						
(5)						
(6)						
<u></u> /			Schodulo B	(Eorm	990)	2000

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		end-of-year	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No	(1011111003)	Yes	s N
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Schedule R (Form 990) 2009