

Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 7/1/2007, and ending 6/30/2008

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
151 Ellis Street NE

City or town, state or country, and ZIP + 4
Atlanta, GA 30303-2440

D Employer identification number
13 1685039

E Telephone number
(404) 681-2552

F Accounting method: Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations.**
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Group Exemption Number ▶
- M** Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ **www.care.org**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **950,229,000**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	a Contributions to donor advised funds	1a		0		
	b Direct public support (not included on line 1a)	1b		148,093,000		
	c Indirect public support (not included on line 1a)	1c		147,643,000		
	d Government contributions (grants) (not included on line 1a)	1d		397,503,000		
	e Total (add lines 1a through 1d) (cash \$ 617,831,000 noncash \$ 75,408,000)				1e	693,239,000
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2	0
	3 Membership dues and assessments				3	0
	4 Interest on savings and temporary cash investments				4	2,426,000
	5 Dividends and interest from securities				5	5,531,000
	6a Gross rents	6a		357,000		
	b Less: rental expenses	6b		0		
c Net rental income or (loss). Subtract line 6b from line 6a				6c	357,000	
7 Other investment income (describe ▶)				7	0	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
	242,403,000	8a	0			
	b Less: cost or other basis and sales expenses	236,560,000	8b	0		
	c Gain or (loss) (attach schedule) Stmt 1	5,843,000	8c	0		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)				8d	5,843,000
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					See Statement 2
a Gross revenue (not including \$ 286,000 of contributions reported on line 1b)	9a		641,000			
	b Less: direct expenses other than fundraising expenses	9b	114,000			
	c Net income or (loss) from special events. Subtract line 9b from line 9a				9c	527,000
10a Gross sales of inventory, less returns and allowances	10a		0			
	b Less: cost of goods sold	10b	0			
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				10c	0	
11 Other revenue (from Part VII, line 103)				11	5,632,000	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12	713,555,000	
Expenses	13 Program services (from line 44, column (B))			13	608,629,000	
	14 Management and general (from line 44, column (C))			14	36,837,000	
	15 Fundraising (from line 44, column (D))			15	27,909,000	
	16 Payments to affiliates (attach schedule) See Statement 3			16	116,000	
	17 Total expenses. Add lines 16 and 44, column (A)				17	673,491,000
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12			18	40,064,000	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	351,547,000	
	20 Other changes in net assets or fund balances (attach explanation) Stmt 4			20	-28,943,000	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	362,668,000	

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
23 Specific assistance to individuals (attach schedule)	23 0	0		
24 Benefits paid to or for members (attach schedule)	24 0	0		
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 2,316,000	619,000	1,387,000	310,000
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b, and c	26 117,006,000	95,720,000	14,759,000	6,527,000
27 Pension plan contributions not included on lines 25a, b, and c	27 6,641,000	5,149,000	1,056,000	436,000
28 Employee benefits not included on lines 25a - 27	28 42,871,000	39,338,000	2,337,000	1,196,000
29 Payroll taxes	29 6,465,000	4,790,000	1,144,000	531,000
30 Professional fundraising fees	30 1,980,000	82,000	107,000	1,791,000
31 Accounting fees	31 3,384,000	1,004,000	2,380,000	0
32 Legal fees	32 566,000	496,000	59,000	11,000
33 Supplies	33 120,962,000	118,302,000	2,509,000	151,000
34 Telephone	34 5,974,000	5,339,000	448,000	187,000
35 Postage and shipping	35 13,121,000	568,000	143,000	12,410,000
36 Occupancy	36 13,473,000	11,795,000	1,311,000	367,000
37 Equipment rental and maintenance	37 10,049,000	8,332,000	1,566,000	151,000
38 Printing and publications	38 4,132,000	3,231,000	742,000	159,000
39 Travel	39 45,458,000	42,480,000	2,281,000	697,000
40 Conferences, conventions, and meetings	40 0	0	0	0
41 Interest	41 10,282,000	10,080,000	0	202,000
42 Depreciation, depletion, etc. (attach schedule)	42 3,035,000	2,108,000	745,000	182,000
43 Other expenses not covered above (itemize): See Statement 6	43a 265,660,000	259,196,000	3,863,000	2,601,000
a	43b			
b	43c			
c	43d			
d	43e			
e	43f			
f	43g			
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 673,375,000	608,629,000	36,837,000	27,909,000

Stmt 5

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ► International Relief and Development</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a See Statement 7</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►</p>	<p>608,629,000</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	76,721,000	45	111,100,000
	46 Savings and temporary cash investments	2,959,000	46	0
	47a Accounts receivable	47a 44,200,000		
	b Less: allowance for doubtful accounts	47b 599,000	48,849,000	47c 43,601,000
	48a Pledges receivable	48a 17,684,000		
	b Less: allowance for doubtful accounts	48b 1,250,000	7,340,000	48c 16,434,000
	49 Grants receivable	21,923,000	49	13,729,000
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	50b	0
	51a Other notes and loans receivable (attach schedule) See Statement 8	51a 174,002,000		
	b Less: allowance for doubtful accounts	51b 3,704,000	91,287,000	51c 170,298,000
	52 Inventories for sale or use	50,832,000	52	17,801,000
	53 Prepaid expenses and deferred charges	3,195,000	53	2,996,000
	54a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	199,844,000	54a 199,692,000
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	17,021,000	54b 5,288,000 Stmt 9
	55a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
	56 Investments—other (attach schedule)	0	56	0
	57a Land, buildings, and equipment: basis	57a 43,394,000		
b Less: accumulated depreciation (attach schedule) Stmt 10	57b 19,143,000	11,163,000	57c 24,251,000	
58 Other assets, including program-related investments (describe ► See Statement 11)	138,499,000	58	133,374,000	
59 Total assets (must equal line 74). Add lines 45 through 58	669,633,000	59	738,564,000	
Liabilities	60 Accounts payable and accrued expenses	81,605,000	60	82,512,000
	61 Grants payable	0	61	0
	62 Deferred revenue	132,448,000	62	122,871,000
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe ► See Statement 12)	104,033,000	65	170,513,000
66 Total liabilities. Add lines 60 through 65	318,086,000	66	375,896,000	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	85,687,000	67	95,271,000
	68 Temporarily restricted	121,814,000	68	135,305,000
	69 Permanently restricted	144,046,000	69	132,092,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	351,547,000	73	362,668,000
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	669,633,000	74	738,564,000

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		✓
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members		
	85c		
	d Section 162(e) lobbying and political expenditures		
	85d		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g		
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
	b Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	✓	
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	✓	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		✓
	89b		
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0</u>		
	e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		✓
	89e		
	f <i>All organizations.</i> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		✓
	89f		
	g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		✓
	89g		
90a	List the states with which a copy of this return is filed ▶ <u>AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,ID,IL,KS,KY,LA,ME,MD,M</u>		
	b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	535
91a	The books are in care of ▶ <u>CARE</u> Telephone no. ▶ <u>404-681-2552</u> Located at ▶ <u>151 Ellis Street, Atlanta, GA</u> ZIP + 4 ▶ <u>30303</u>		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ <u>See Statement 18</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.	Yes	No
	91b	✓	

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶ **See Statement 19**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,426,000	
96 Dividends and interest from securities			14	5,531,000	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	357,000	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	5,843,000	
101 Net income or (loss) from special events			01	527,000	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Miscellaneous Income			01	3,713,000	
b Program Rental Income			01	787,000	
c Sale of goods/assets			01	564,000	
d List Rental			13	490,000	
e Royalties			15	78,000	
104 Subtotal (add columns (B), (D), and (E))		0		20,316,000	0
105 Total (add line 104, columns (B), (D), and (E)) ▶					20,316,000

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
See Statement 20	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
✓	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	See Statement 21			
b				
c				
Totals				1,242,717

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
✓	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	See Statement 22			
b				
c				
Totals				1,416,429

108 Did the organization have a binding written contract in effect on August 17, 2007, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
✓	

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

▶ _____ Date _____
 Signature of officer
▶ **Ann P Jones, Director, Finance**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____, _____, _____	EIN ▶ _____	Phone no. ▶ (_____) _____	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I	Employer identification number 13 1685039
---	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Anthony Faiia 151 Ellis Street NE, Atlanta, GA 30303-2440, US	Country Director 40	271,419	33,970	30,819
Philip Mazzara 151 Ellis Street NE, Atlanta, GA 30303-2440, US	Vice President 40	238,969	22,763	0
JeanMichele Vigreux 151 Ellis Street NE, Atlanta, GA 30303-2440, US	Regional Director 40	141,220	26,080	81,210
Elizabeth Sime 151 Ellis Street NE, Atlanta, GA 30303-2440, US	Country Director 40	123,713	17,777	130,757
Radha Muthiah 151 Ellis St, Atlanta, GA 30303, US	Asst Country Dir 40	105,286	20,392	178,399
Total number of other employees paid over \$50,000 ▶	402	See Statement 23		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PricewaterhouseCoopers LLP 1800 Tysons Boulevard, McLean, VA 22102, US	Auditing	2,549,665
MerkleDomain 701 Pike Street Suite 700, Seattle, WA 98101, US	Fundraising	1,278,576
MDS Communication Corporation 545 W Juanita Ave, Mesa, AZ 85210, US	Fundraising	1,203,241
Great-West Healthcare 13045 Tesson Ferry Road, St Louis, MO 63128, US	Healthcare Administration	851,640
PlowShare Group Inc One Dock Street, Stamford, CT 06902, US	Media Placement	560,362
Total number of others receiving over \$50,000 for professional services ▶	103	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>141,882</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	✓	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e Transfer of any part of its income or assets?		✓
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		✓
b Did the organization have a section 403(b) annuity plan for its employees?		✓
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		✓
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		✓
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		✓
b Did the organization make any taxable distributions under section 4966?		✓
c Did the organization make a distribution to a donor, donor advisor, or related person?		✓
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	619,317,000	639,998,000	597,933,000	596,300,000	2,453,548,000
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,095,000	4,805,000	2,972,000	2,633,000	16,505,000
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	8,362,000	4,649,000	4,545,000	2,460,000	20,016,000
23 Total of lines 15 through 22	633,774,000	649,452,000	605,450,000	601,393,000	2,490,069,000
24 Line 23 minus line 17	633,774,000	649,452,000	605,450,000	601,393,000	2,490,069,000
25 Enter 1% of line 23	6,337,740	6,494,520	6,054,500	6,013,930	

Stmt 24

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	49,801,380
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	0
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	2,490,069,000
d Add: Amounts from column (e) for lines:	18 <u>16,505,000</u> 19 <u>0</u>	26d	36,521,000
	22 <u>20,016,000</u> 26b <u>0</u>	26e	2,453,548,000
e Public support (line 26c minus line 26d total)		26e	2,453,548,000
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	99 %

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines:	15 _____ 16 _____	27c	
	17 _____ 20 _____ 21 _____	27d	
d Add: Line 27a total _____ and line 27b total _____		27e	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40	} 41	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	✓		
b Paid staff or management (Include compensation in expenses reported on lines c through h .)	✓		
c Media advertisements		✓	
d Mailings to members, legislators, or the public	✓		393
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes	✓		134,026
g Direct contact with legislators, their staffs, government officials, or a legislative body	✓		6,874
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	✓		589
i Total lobbying expenditures (Add lines c through h .)			141,882
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			Stmt 25

Statement 1

Form: 990

Page: 1

Part: I

Question: 8

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I

13-1685039

Sales of Assets Other than Inventory

Publicly Traded Securities

Description:

Sold To:

Sales Price:	\$242,403,000.00	Date Sold:
Expense of Sale:	\$0.00	Date acquired:
Cost or value when acquired:	\$236,560,000.00	How acquired:
Depreciation since acquisition:	\$0.00	
Net Sale:	\$5,843,000.00	

Statement 2

Form: 990

Page: 1

Part: I

Question: 9

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I

13-1685039

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
Special Events	\$927,000.00	\$286,000.00	\$641,000.00	\$114,000.00	\$527,000.00
Total:	\$927,000.00	\$286,000.00	\$641,000.00	\$114,000.00	\$527,000.00

Statement 3

Form: 990

Page: 1

Part: I

Question: 16

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I**13-1685039****Payments to affiliates**

Affiliate	Purpose	Amount
CARE UK	Grant	\$45,000.00
10-13 Rushworth Street		
United Kingdom (England, N. Ireland, Scotland, and		
CARE Denmark	Grant	\$47,000.00
Noerrebrogade 68B Postboks 698		
Denmark		
CARE Australia	Grant	\$12,000.00
Level 2 218 Northbourne Avenue		
Australia		
CARE France	Grant	\$12,000.00
13 rue Georges Auric Cedex 19		
France		

Statement 4

Form: 990

Page: 1

Part: I

Question: 20

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I**13-1685039****Other changes in Net Assets or Fund Balances**

Explanation	Amount
Interest and Dividends on Gift Annuity Investments	\$976,000.00
Loss From Minority Interest in Subsidiary	-\$4,725,000.00
Actuarial Gain(Loss) on Annuity Obligations	-\$2,037,000.00
Foreign Exchange Gain	\$2,068,000.00
Actuarial Gain(Loss) on Split Interest Agreements	-\$77,000.00
Increase(Decrease) in Trust held by Third Party	-\$14,586,000.00
Prior Period Adjustment to correct error	\$8,023,000.00
Unrealized Gain(Loss) on Investments	-\$18,998,000.00
Change in Post Retirement Benefits Due to FAS 158	\$413,000.00
Total:	-\$28,943,000.00

Statement 5

Form: 990

Page: 2

Part: II

Question: 42

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I

13-1685039

Depreciation and Depletion

Asset	Current Deprec.
Buildings, Equipment & Software	\$3,035,000.00
Total	\$3,035,000.00

Statement 6

Form: 990

Page: 2

Part: II

Question: 43

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I**13-1685039****Attachment listing other expenses for Part II**

Description	Total:	Pgm Services	Mgt and General	Fundraising
Grants/Subgrants	\$128,686,000.00	\$128,679,000.00	\$7,000.00	\$0.00
Agricultural Commodities	\$71,666,000.00	\$71,666,000.00	\$0.00	\$0.00
Miscellaneous	\$38,819,000.00	\$37,735,000.00	\$58,000.00	\$1,026,000.00
Consultants (not included above)	\$21,091,000.00	\$15,762,000.00	\$3,762,000.00	\$1,567,000.00
Contributions in Kind	\$3,465,000.00	\$3,431,000.00	\$26,000.00	\$8,000.00
Vehicle Purchases	\$1,933,000.00	\$1,923,000.00	\$10,000.00	\$0.00
Total:	\$265,660,000.00	\$259,196,000.00	\$3,863,000.00	\$2,601,000.00

Statement 7

Form: 990

Page: 3

Part: III

Question:

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I

13-1685039

Program Services

Achievement	Pgm. Svc. Exp.
<p>International Development Programs: Founded in 1945, CARE is a leading humanitarian organization fighting global poverty. Working side by side with poor people in more than 65 countries, CARE helps empower communities to address the greatest threats to their survival. Women are at the heart of CAREs efforts to improve health, education and economic development because experience shows that a womans achievements yield dramatic benefits for her entire family. CARE is also committed to providing lifesaving assistance during times of crisis, and helping rebuild safer, stronger communities afterward. We advocate for policies that defend the dignity of all people and promote the eradication of poverty. This work reached approximately 55 million people through 1,039 projects in fiscal year 2008. (55467055 Beneficiaries)</p>	\$608,629,000.0
Grants and Allocations:	\$0.00 This amount includes foreign grants: N/A
	Total: \$608,629,000.00

Statement 8

Form: 990

Page: 4

Part: IV

Question: 51

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I

13-1685039

Schedule of Other Notes and Loans Receivable

Borrower's Name: Various microcredit loans of subsidiaries

Borrower's Title:

Original Amount: \$174,002,000.00

Balance Due: \$174,002,000.00

Date of Note:

Maturity Date:

Repayment Terms:

Interest Rate:

Security Provided by Borrower:

Purpose of Loan:

Description of Consideration:

FMV of Consideration:

Relationship of Borrower/Lender:

Total Due: \$174,002,000.00

Statement 9

Form: 990

Page: 4

Part: IV

Question: 54

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I

13-1685039

Investments - Securities

Security	Valuation Type	Amount
Common Trust Funds	FMV	\$5,288,000.00
Total:		\$5,288,000.00

Statement 10

Form: 990

Page: 4

Part: IV

Question: 57

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I**13-1685039****Schedule of Land, Buildings and Equipment**

Description	Cost	Depreciation	Book Value
Land	\$3,235,000.00	\$0.00	\$3,235,000.00
Building & improvements	\$10,656,000.00	\$8,157,000.00	\$2,499,000.00
Work in progress	\$339,000.00	\$0.00	\$339,000.00
Vehicles, Equipment & Software	\$28,000,000.00	\$10,558,000.00	\$17,442,000.00
Leasehold Improvements	\$1,164,000.00	\$428,000.00	\$736,000.00
Total:	\$43,394,000.00	\$19,143,000.00	\$24,251,000.00

Statement 11

Form: 990

Page: 4

Part: IV

Question: 58

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I**13-1685039****Other Assets**

Asset Description	BOY Amount	EOY Amount
Other Assets	\$11,264,000.00	\$19,537,000.00
Perpetual trust held by third party	\$125,741,000.00	\$112,056,000.00
Deposits	\$1,494,000.00	\$1,781,000.00
Total:	\$138,499,000.00	\$133,374,000.00

Statement 12

Form: 990

Page: 4

Part: IV

Question: 65

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I**13-1685039****Other Liabilities**

Liability Description	BOY Amount	EOY Amount
Subsidiary loans payable	\$86,240,000.00	\$132,220,000.00
Minority Interest in Subsidiary	\$2,535,000.00	\$6,996,000.00
Benefits accrued for employees	\$15,258,000.00	\$31,297,000.00
Total:	\$104,033,000.00	\$170,513,000.00

Statement 13

Form: 990

Page: 5

Part: IV-A

Question: b(4)

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I

13-1685039

Revenue Audit Line b(4)

Description	Amount
Special Event Expense treated as Contra Revenue	\$114,000.00
Total:	\$114,000.00

Statement 14

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I

Form: 990

13-1685039

Page: 5

Part: IV-A

Question: d(2)

Revenue Audit Line d(2)

Description	Amount
Realized gain on investment treated as Other Change in net assets on financials	\$5,843,000.00
Total:	\$5,843,000.00

Statement 15

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I

Form: 990

13-1685039

Page: 5

Part: IV-B

Question: b(4)

Expense Audit Line b(4)

Description	Amount
Special Events expense treated as Contra Revenue	\$114,000.00
Total:	\$114,000.00

Statement 16

Form: 990

Page: 5

Part: V

Question:

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I**13-1685039****Officers, Directors, Trustees, and Key Employees**

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Helene D Gayle	40	\$397,000.00	\$34,000.00	\$0.00
Title: President and CEO Addr 1: 151 Ellis St Addr 2: CSZ: Atlanta, GA 30303 Country: United States				
Steve Hollingworth	40	\$216,000.00	\$29,000.00	\$0.00
Title: COO and EVP Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303 Country: United States Compensation Explanation: Mr. Hollingworth was Chief Operations Officer (COO) through February 5,2008 and transitioned to COO/Exec.VP-Global Operations on February 6,2008.				
Catheren Woolard	40	\$79,000.00	\$1,000.00	\$0.00
Title: EVP-GAER Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States Compensation Explanation: Ms. Woolard started on April 1,2008 as Executive VP-Global Advocacy & External Relations				
Joseph Iarocci	40	\$196,000.00	\$27,000.00	\$0.00
Title: Chief Of Staff Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States Compensation Explanation: Mr. Iarocci was SVP & CFO through February 29,2008 and became Chief of Staff on March 1, 2008.				
Patrick Solomon	40	\$188,000.00	\$27,000.00	\$0.00
Title: SrVP - Global Support Services Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States Compensation Explanation: Mr. Solomon was SVP-Human Resources until February 5,2008 and became SVP-Global Support Services effective February 6, 2008.				
Carol Hudson	40	\$94,000.00	\$11,000.00	\$0.00
Title: Secretary Addr 1: 151 Ellis St NE Addr 2:				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
CSZ: Atlanta, GA 30303-2440 Country: United States				
Debra Neuman	40	\$208,000.00	\$22,000.00	\$0.00
Title: SrVP - ER Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States Compensation Explanation: Ms. Neuman terminated her employment with CARE on May 2,2008.				
Susan Farnsworth	40	\$431,000.00	\$31,000.00	\$0.00
Title: SrVP - Programs Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States Compensation Explanation: Ms. Farnsworth terminated her employment on April 28, 2008. Her compensation includes severance pay.				
Adrienne Harris	40	\$135,000.00	\$3,000.00	\$0.00
Title: Chief of Staff Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States Compensation Explanation: Ms. Harris terminated her employment with CARE on March 3, 2008. Her compensation includes severance pay.				
Ann Jones	40	\$168,000.00	\$19,000.00	\$0.00
Title: CFO Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States Compensation Explanation: Ms. Jones was Director of Global Financial Services and acting CFO effective March 1, 2008.				
W Bowman Cutter	3	\$0.00	\$0.00	\$0.00
Title: Chairman Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
John P Morgridge	3	\$0.00	\$0.00	\$0.00
Title: Vice Chairman Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Lynn Walker Huntley	3	\$0.00	\$0.00	\$0.00

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Title: Vice Chairman Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Dean C Kehler	3	\$0.00	\$0.00	\$0.00
Title: Treasurer Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Richard J Almeida	3	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Kathryn Christensen	3	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Gilles Concordel	3	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis Street NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Susan Crown	3	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Katharin S Dyer	3	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Maria Echaveste	3	\$0.00	\$0.00	\$0.00

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Title: Board Member Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Kenneth Lehman	3	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Doris Meissner	3	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Afaf I Meleis PhD	3	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Nachiket Mor	3	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Randall E Pond	3	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis Street NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Virginia Sall	3	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
William D Unger	3	\$0.00	\$0.00	\$0.00

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Title: Board Member Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Monica Vachher	3	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Deidra Wager	3	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis Street NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States				
Cindy Hensley McCain	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 151 Ellis St NE Addr 2: CSZ: Atlanta, GA 30303-2440 Country: United States Compensation Explanation: Ms McCain was on leave during fiscal year 2008 thus no hours are recorded				
TOTALS		\$2,112,000.00	\$204,000.00	\$0.00

Statement 17

Form: 990

Page: 6

Part: VI

Question: 80 b

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I

13-1685039

Related Organizations

Description	Exempt
CARE International	Yes
MicroVest	No

Statement 18

Form: 990

Page: 7

Part: VI

Question: 91b

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I

13-1685039

Foreign Accounts

Foreign Account List

Afghanistan
Angola
Bangladesh
Benin
Bolivia
Bosnia-Herzegovina
Burundi
Congo (Democratic Republic)
Cote D'Ivoire (Ivory Coast)
Ecuador
Egypt
El Salvador
Ethiopia
Georgia
Ghana
Guatemala
Haiti
Honduras
India
Israel
Kenya
Lesotho
Macedonia
Madagascar
Malawi
Mali
Mozambique
Nepal
Nicaragua
Niger
Pakistan
Peru
Philippines
Rwanda
Sierra Leone
Somalia
South Africa
Sri Lanka
Sudan
Tajikistan
Tanzania
Thailand
Togo
Uganda
West Bank

Statement 19

Form: 990

Page: 8

Part: VI

Question: 91c

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I

13-1685039

Foreign Offices

Foreign Office List

Afghanistan
Angola
Bangladesh
Benin
Bolivia
Bosnia-Herzegovina
Burundi
Congo (Democratic Republic)
Cote D'Ivoire (Ivory Coast)
Croatia
Ecuador
Egypt
El Salvador
Ethiopia
Georgia
Ghana
Guatemala
Haiti
Honduras
India
Israel
Kenya
Lesotho
Macedonia
Madagascar
Malawi
Mali
Mozambique
Nepal
Nicaragua
Niger
Pakistan
Peru
Rwanda
Sierra Leone
Somalia
South Africa
Sri Lanka
Sudan
Tajikistan
Tanzania
Thailand
Togo
Uganda
West Bank

Statement 20

Form: 990

Page: 8

Part: IX

Question:

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I**13-1685039****Taxable Subsidiaries**

Name and Address	Pct	Income	Assets
Edyficar	77.00 %	\$11,105,000.00	\$183,680,000.00
EIN 00-0000000			
Addr: Av General Crdova 591 Santa Cruz			
Addr 2:			
CSZ:			
Cntry: Peru			
Nature of Bus. Activities Micro-finance institution			
Anukul	100.00 %	\$282,000.00	\$5,896,000.00
EIN 00-0000000			
Addr: 20-21 Kawran Bazar			
Addr 2:			
CSZ:			
Cntry: Bangladesh			
Nature of Bus. Activities Micro-finance institution			
SEED Finance	78.00 %	\$34,000.00	\$3,839,000.00
EIN 00-0000000			
Addr: Unit 49 PARK House Building			
Addr 2: 227 EDSA Greenhills			
CSZ:			
Cntry: Philippines			
Nature of Bus. Activities Micro finance institution			
MOFAD	96.00 %	-\$115,000.00	\$2,870,000.00
EIN 00-0000000			
Addr: Street 11 Taimani District 4			
Addr 2:			
CSZ:			
Cntry: Afghanistan			
Nature of Bus. Activities Micro finance institution			

Statement 21

Form: 990

Page: 9

Part: XI

Question: 106

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I**13-1685039****Transfers to Controlled Entities**

(A) Name and Address	(B) EIN	(D) Amount
MOFAD	000000000	\$1,040,217.00
Addr: Street 11 Taimani District 4		
Addr 2:		
CSZ:		
Cntry: Afghanistan		
Expln: Micro Finance Program		
SEED Finance	000000000	\$202,500.00
Addr: Unit 49 PARK House Building		
Addr 2: 227 EDSA Greenhills		
CSZ:		
Cntry: Philippines		
Expln: Micro Finance Program		
TOTALS		\$1,242,717.00

Statement 22

Form: 990

Page: 9

Part: XI

Question: 107

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I**13-1685039****Transfers Received From Controlled Entities**

(A) Name and Address	(B) EIN	(D) Amount
SEED Finance	000000000	\$6,085.00
Addr: Unit 49 PARK House Building		
Addr 2: 227 EDSA Greenhills		
CSZ:		
Cntry: Philippines		
Expln: Interest on loan to Micro Finance Insitution		
Anukul	000000000	\$41,038.00
Addr: 20-21 Kawran Bazar		
Addr 2:		
CSZ:		
Cntry: Bangladesh		
Expln: Rent and Administrative Services		
Edyficar	000000000	\$1,369,306.00
Addr: Av General Cordova 591 Santa Cruz		
Addr 2:		
CSZ:		
Cntry: Peru		
Expln: Dividend from Micro Finance Insitution		
TOTALS		\$1,416,429.00

Statement 23
Form: Schedule A
Page: 1
Part: I
Question:

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I
13-1685039

Compensation Explanation - Highest Paid Employee

Name	Expanation
Radha Muthiah	Other allowance includes post adjustment, quarters allowance and local country tax relief
JeanMichele Vigreux	Allowances include education, quarters allowance and local country tax relief.
Anthony Faiia	Compensation includes seperation pay for Mr. Faiia who left CARE in April, 2008
Elizabeth Sime	Other allowances inlcude post adjustment, quarters allowance and local country tax relief
Philip Mazzara	Compensation includes seperation pay for Mr. Mazzara who left CARE in March, 2008

Statement 24
Form: Schedule A
Page: 4
Part: IV-A
Question: 22

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I
13-1685039

Other Income

Description	2006	2005	2004	2003
Program Rental Income	\$843,000.00	\$828,000.00	\$0.00	\$193,000.00
Royalties	\$44,000.00	\$68,000.00	\$33,000.00	\$6,000.00
List Rental	\$498,000.00	\$552,000.00	\$512,000.00	\$533,000.00
Country Office Misc Income	\$4,538,000.00	\$2,799,000.00	\$3,592,000.00	\$1,547,000.00
Other Income	\$2,439,000.00	\$402,000.00	\$408,000.00	\$181,000.00
Total:	\$8,362,000.00	\$4,649,000.00	\$4,545,000.00	\$2,460,000.00

Statement 25
Form: Schedule A
Page: 6
Part: VI-B
Question:

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE I
13-1685039

Description of Lobbying Activity

Explanation of Lobbying Activities

CARE engages in lobbying activities that assist the organization in carrying out its mission of fighting global poverty. In serving the mission, CARE advocacy efforts focus on building support for or voicing opposition to public policy initiatives that have the potential to impact the international relief and development field and the beneficiaries that CARE serves. CARE educated lawmakers, their staff, and the public on a number of key international relief and development issues during CARE's 2008 fiscal year. During the fiscal year, CARE granted funds to CARE Action Now, a new sister 501(c)(4) organization formed to pursue and expand on CARE's public education, advocacy, and lobbying activities. CARE did not conduct lobbying relating to state or local issues. Among those specific activities conducted by CARE include the following: (1) Participating in direct meeting and phone calls with members and/or staff of Congress and the President's administration; (2) Writing letters and other communications to members of Congress, the President, and members of the administration; (3) Informing CARE supporters, through meetings, email, CARE's website, and others, about pending legislation dealing with international relief and development issues, and encouraging them to contact their legislators; (4) Hosting an annual advocacy conference, during which CARE supporters were briefed about and later conducted lobbying activities with members and/or staff of Congress. Specific legislation and issues that CARE's lobbying activities focused on included: Child Survival and Health; Development Assistance; International Disaster and Famine Assistance; Migration and Refugee Assistance; Peacekeeping Operations; HIV/AIDS and President's Emergency Plan for AIDS Relief (PEPFAR); Millenium Challenge Corporation; P.L.480 Title II (Food Aid); Climate Change; Foreign Assistance Structure and Funding Levels; Country Specific Conflict and Policy Issues; Conflict Prevention and PostConflict Reconciliation and Reconstruction; and Civilian Military Relationships. The total expenditures relating to lobbying were \$141,882.