

Return of Organization Exempt From Income Tax

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

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 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA) Doing Business As			D Employer identification number 13-1685039	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (404) 681-2552	
	City or town, state or country, and ZIP + 4 ATLANTA, GA 30303-2440			G Gross receipts \$ 686,273,316.	
	F Name and address of principal officer: HELENE GAYLE 151 ELLIS STREET ATLANTA, GA 30303			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.CARE.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1945	M State of legal domicile: DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CARE FIGHTS ROOT CAUSES OF POVERTY IN THE WORLD'S POOREST COMMUNITIES. WE PLACE FOCUS ON WORKING ALONGSIDE POOR WOMEN BECAUSE, WITH PROPER RESOURCES WOMEN HAVE POWER TO HELP FAMILIES/COMMUNITIES ESCAPE POVERTY			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	654.
	6	Total number of volunteers (estimate if necessary)	6	24.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	17,836.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	16,836.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	552,719,162.	560,907,732.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,872,143.	12,350,482.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,422,148.	8,751,894.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	611,013,453.	582,010,108.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	83,685,493.	75,730,535.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	176,093,801.	191,485,458.
	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	2,636,568.	3,236,664.
	16 b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,666,736.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	331,075,915.	343,965,035.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	593,491,777.	614,417,692.
19	Revenue less expenses. Subtract line 18 from line 12	17,521,676.	-32,407,584.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	491,907,000.	537,043,762.
	21	Total liabilities (Part X, line 26)	161,022,000.	181,488,335.
22	Net assets or fund balances. Subtract line 21 from line 20	330,885,000.	355,555,427.	

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ ERNST & YOUNG U.S. LLP			EIN ▶ 34-656596	
	Firm's address ▶ 55 IVAN ALLEN BLVD, SUITE 1000 ATLANTA, GA 30308			Phone no. ▶ 404-874-8300	
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 124,652,892. including grants of \$ 17,256,865.) (Revenue \$)

EMERGENCY: CARE'S PROGRAMS DIRECTLY ASSIST SURVIVORS OF NATURAL DISASTERS AND CONFLICT THROUGH BOTH IMMEDIATE RELIEF AND LONGER-TERM COMMUNITY REHABILITATION, INCLUDING FOOD, TEMPORARY SHELTER, CLEAN WATER, SANITATION SERVICES, MEDICAL CARE, FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES AND SEEDS AND TOOLS. CARE PLACES SPECIAL EMPHASIS ON THE NEEDS OF THE MOST VULNERABLE, INCLUDING WOMEN, CHILDREN AND THE ELDERLY.

4b (Code:) (Expenses \$ 16,874,063. including grants of \$ 2,336,034.) (Revenue \$)

REHABILITATION: CARE PROGRAMS HELP TACKLE UNDERLYING CAUSES OF POVERTY SO THAT PEOPLE CAN BECOME SELF-SUFFICIENT. RECOGNIZING THAT GIRLS AND WOMEN SUFFER DISPROPORTIONATELY FROM POVERTY AND MARGINALIZATION, CARE PLACES SPECIAL EMPHASIS ON WORKING WITH THEM TO CREATE PERMANENT SOCIAL CHANGE.

4c (Code:) (Expenses \$ 401,747,058. including grants of \$ 56,137,635.) (Revenue \$)

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 7,096,063. including grants of) (Revenue \$)

4e Total program service expenses ▶ 550,370,076.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 21-38 containing various questions about grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. [X]

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 1041, and Form 720.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process 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? (X); 16b 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 the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
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 apply. [X] Own website [] 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: VICKIE J BARROW-KLEIN 151 ELLIS ST. NE ATLANTA, GA 30303-2440 404-681-2552

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

Check if Schedule O contains a response to any question in this Part VII.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD ALMEDIA BOARD MEMBER	3.00	X					0.	0.	0.	
(2) K Y AMOAKO BOARD MEMBER	3.00	X					0.	0.	0.	
(3) JOANNE BRADFORD BOARD MEMBER	3.00	X					0.	0.	0.	
(4) EDUARDO CASTRO WRIGHT BOARD MEMBER	3.00	X					0.	0.	0.	
(5) GILLES CONCORDEL BOARD MEMBER	3.00	X					0.	0.	0.	
(6) SUSAN CROWN BOARD MEMBER	3.00	X					0.	0.	0.	
(7) ALEX CUMMINGS BOARD MEMBER	3.00	X					0.	0.	0.	
(8) BOWMAN CUTTER BOARD MEMBER/BOARD CHAIR	3.00	X					0.	0.	0.	
(9) KATHARIN DYER BOARD MEMBER	3.00	X					0.	0.	0.	
(10) MARIA ECHAVESTE BOARD MEMBER	3.00	X					0.	0.	0.	
(11) PAUL JANSEN BOARD MEMBER	3.00	X					0.	0.	0.	
(12) DEAN KEHLER BOARD MEMBER/TREASURER	3.00	X					0.	0.	0.	
(13) EMERY KOENIG BOARD MEMBER	3.00	X					0.	0.	0.	
(14) KENNETH LEHMAN BOARD MEMBER (UNTIL 11/30/10)	3.00	X					0.	0.	0.	
(15) RICHARD MARIN BOARD MEMBER	3.00	X					0.	0.	0.	
(16) DORIS MEISSNER BOARD MEMBER/VICE CHAIR	3.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) AFAP MELEIS BOARD MEMBER	3.00	X						0.	0.	0.
(18) JOHN MORGRIDGE BOARD MEMBER	3.00	X						0.	0.	0.
(19) RANDALL POND BOARD MEMBER	3.00	X						0.	0.	0.
(20) VIRGINIA SALL BOARD MEMBER/VICE CHAIR	3.00	X						0.	0.	0.
(21) RANVIR TREHAN BOARD MEMBER	3.00	X						0.	0.	0.
(22) BRUCE TULLY BOARD MEMBER	3.00	X						0.	0.	0.
(23) WILLIAM UNGER BOARD MEMBER	3.00	X						0.	0.	0.
(24) MONICA VACHHER BOARD MEMBER	3.00	X						0.	0.	0.
(25) DEIDRA WAGER BOARD MEMBER	3.00	X						0.	0.	0.
(26) HELENE GAYLE PRESIDENT AND CEO	40.00	X		X				409,495.	0.	20,688.
(27) VICKIE J BARROW KLEIN CFO/SR VP FINANCE	40.00			X				207,415.	0.	19,401.
(28) CAROL A HUDSON BOARD SECRETARY	40.00			X				91,684.	0.	6,748.
1b Sub-total								708,594.	0.	46,837.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 3								3,184,778.	0.	187,320.
d Total (add lines 1b and 1c)								3,893,372.	0.	234,157.

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 **▶ 170**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 68**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	764,754.				
	b Membership dues	1b					
	c Fundraising events	1c	964,077.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	199,313,950.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	359,864,951.				
	g Noncash contributions included in lines 1a-1f: \$		39,461,899.				
	h Total. Add lines 1a-1f			560,907,732.			
Program Service Revenue				Business Code			
	2a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			0.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,682,438.			10,682,438.
	4 Income from investment of tax-exempt bond proceeds . . .			0.			
	5 Royalties			78,802.		17,836.	60,966.
		(i) Real	(ii) Personal				
	6a Gross Rents	271,265.	269,001.				
	b Less: rental expenses						
	c Rental income or (loss)	271,265.	269,001.				
	d Net rental income or (loss)			540,266.			540,266.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	104,812,062.	164,925.				
	b Less: cost or other basis and sales expenses	103,308,943.	0.				
	c Gain or (loss)	1,503,119.	164,925.				
	d Net gain or (loss)			1,668,044.			1,668,044.
	8a Gross income from fundraising events (not including \$ <u>964,077.</u> of contributions reported on line 1c). See Part IV, line 18	a	31,260.				
	b Less: direct expenses	b	954,265.				
	c Net income or (loss) from fundraising events			-923,005.			-923,005.
	9a 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.				
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code				
11a FOREIGN EXCHANGE GAIN		523000	2,714,076.			2,714,076.	
b LIST RENTAL		511140	506,383.			506,383.	
c SALE OF GOODS		900099	5,059.			5,059.	
d All other revenue		900099	5,830,313.			5,830,313.	
e Total. Add lines 11a-11d			9,055,831.				
12 Total revenue. See instructions			582,010,108.		17,836.	21,084,540.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	27,523,805.	27,523,805.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	48,206,730.	48,206,730.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,860,454.	1,612,368.	1,169,396.	78,690.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	126,184,263.	106,777,319.	13,355,025.	6,051,919.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,117,420.	5,839,422.	942,466.	335,532.
9 Other employee benefits	49,027,923.	44,065,744.	3,887,633.	1,074,546.
10 Payroll taxes	6,295,398.	4,930,505.	910,918.	453,975.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	655,526.	441,732.	165,400.	48,394.
c Accounting	3,398,769.	897,087.	2,501,682.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	3,236,664.			3,236,664.
f Investment management fees	482,881.		482,881.	
g Other	25,431,027.	20,078,564.	3,972,304.	1,380,159.
12 Advertising and promotion	3,557,918.	892,751.	24,860.	2,640,307.
13 Office expenses	32,315,391.	18,536,274.	2,482,621.	11,296,496.
14 Information technology	4,780,917.	3,578,018.	1,086,055.	116,844.
15 Royalties	1,232,295.		1,232,295.	
16 Occupancy	14,576,965.	12,346,501.	2,058,095.	172,369.
17 Travel	40,921,003.	40,464,957.		456,046.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	662,525.	648,845.		13,680.
21 Payments to affiliates	2,073.			2,073.
22 Depreciation, depletion, and amortization	5,385,454.	4,860,155.	509,823.	15,476.
23 Insurance	704,170.	702,902.	1,268.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>EMERGENCY SUPPLIES</u> -----	116,935,678.	116,585,186.	203,638.	146,854.
b <u>SUB CONTRACTOR EXPENSES</u> -----	49,095,003.	49,077,885.	8,819.	8,299.
c <u>AGRICULTURAL COMMODITIES</u> -----	27,233,863.	27,233,863.	0.	0.
d <u>ALL OTHER EXPENSES</u> -----	16,593,577.	15,069,463.	1,385,701.	138,413.
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	614,417,692.	550,370,076.	36,380,880.	27,666,736.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	151,000.	1	215,049.
	2 Savings and temporary cash investments	98,623,000.	2	78,782,398.
	3 Pledges and grants receivable, net	28,103,000.	3	13,783,341.
	4 Accounts receivable, net	22,913,000.	4	26,656,038.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	14,398,000.	7	14,941,527.
	8 Inventories for sale or use	10,001,000.	8	49,070,230.
	9 Prepaid expenses and deferred charges	2,996,000.	9	2,556,866.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 51,427,568.		
	b Less: accumulated depreciation	10b 31,051,647.	14,543,000.	10c 20,375,921.
	11 Investments - publicly traded securities	192,093,000.	11	196,509,000.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	5,897,000.	13	7,424,269.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	102,189,000.	15	126,729,123.
16 Total assets. Add lines 1 through 15 (must equal line 34)	491,907,000.	16	537,043,762.	
Liabilities	17 Accounts payable and accrued expenses	62,222,000.	17	49,124,168.
	18 Grants payable		18	
	19 Deferred revenue	57,718,000.	19	98,226,450.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	593,000.	24	870,043.
	25 Other liabilities. Complete Part X of Schedule D	40,489,000.	25	33,267,674.
	26 Total liabilities. Add lines 17 through 25	161,022,000.	26	181,488,335.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	88,050,000.	27	96,555,565.
	28 Temporarily restricted net assets	127,993,000.	28	125,516,741.
	29 Permanently restricted net assets	114,842,000.	29	133,483,121.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	330,885,000.	33	355,555,427.	
34 Total liabilities and net assets/fund balances	491,907,000.	34	537,043,762.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	582,010,108.
2	Total expenses (must equal Part IX, column (A), line 25)	2	614,417,692.
3	Revenue less expenses. Subtract line 2 from line 1	3	-32,407,584.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	330,885,000.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	57,078,011.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	355,555,427.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	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.	X	

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)**

Employer identification number
13-1685039

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 89.89%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 97.70%; 16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2009 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

OTHER INCOME WITHIN TOTAL SUPPORT

SCHEDULE A, PART II, LINE 10

TOTAL OTHER INCOME OF \$9,055,831 CONSISTS OF \$5,830,313 OF MISCELLANEOUS INCOME GENERATED FROM THE COUNTRY OFFICES PRIMARILY THROUGH SALE OF ASSETS OR PROGRAM MANAGEMENT FEES; \$506,383 LIST RENTAL REVENUE; \$5,059 SALE OF GOODS; AND \$2,714,076 FOR FOREIGN EXCHANGE GAIN

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2010

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)	Employer identification number 13-1685039
---------------------------------------------------------------------------------------------------	-----------------------------------------------------

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)	Employer identification number 13-1685039
--------------------------------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 18,433,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 57,472,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 87,354,107.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 21,305,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 23,420,214.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 20,020,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)	Employer identification number 13-1685039
--------------------------------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 12,636,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 12,998,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 15,310,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 17,035,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 15,659,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 16,019,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)	Employer identification number 13-1685039
--------------------------------------------------------------------------------------------	-----------------------------------------------------

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	AGRICULTURAL COMMODITIES <hr/> <hr/> <hr/>	\$ 23,420,214.	VAR
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)	Employer identification number 13-1685039
----------------------------------------------------------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

- A** Check if the filing organization belongs to an affiliated group.
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Horizontal dashed lines for supplemental information input.

Part IV Supplemental Information *(continued)*

ACTIVITIES THAT ASSIST OUR MISSION OF FIGHTING GLOBAL POVERTY

SCHEDULE C, PART II-B

CARE SUBGRANTED A PORTION OF ITS LOBBYING EXPENSES TO CARE ACTION NOW, A RELATED BUT SEPARATELY INCORPORATED 501(C)(4) ORGANIZATION. CARE ACTION NOW'S ACTIVITIES ARE MODELED AFTER CARE'S ADVOCACY PRIORITIES, AND INCLUDE INFLUENCING POLICYMAKERS THROUGH CONGRESSIONAL TESTIMONY, BRIEFINGS, REPORTS AND MEETINGS BASED ON CARE'S EXPERIENCE IN THE DEVELOPING WORLD.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE (CARE USA)**

Employer identification number
13-1685039

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2010

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	32,247,142.	60,151,642.	76,448,537.		
b Contributions	1,433,549.				
c Net investment earnings, gains, and losses	6,909,644.	8,244,356.	-12,160,895.		
d Grants or scholarships					
e Other expenditures for facilities and programs	3,730,609.	5,183,267.	4,006,000.		
f Administrative expenses	5,317.	102,352.	130,000.		
g End of year balance	36,854,409.	63,110,379.	60,151,642.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 21.6900 %
- b Permanent endowment ▶ 74.3300 %
- c Term endowment ▶ 3.9800 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,235,000.		3,235,000.
b Buildings		11,357,000.	9,097,679.	2,259,321.
c Leasehold improvements		1,141,000.	860,727.	280,273.
d Equipment		35,695,000.	21,093,673.	14,601,327.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				20,375,921.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) TRUSTS HELD BY THIRD PARTY	115,502,486.
(2) L-T LOANS TO CARE INTERNAT'L	3,537,006.
(3) OTHER LONG TERM INVESTMENTS	3,601,153.
(4) OTHER ASSETS	3,257,701.
(5) DEPOSITS	830,777.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	126,729,123.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) BENEFITS ACCRUED-OVERSEAS NATL	33,267,674.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	33,267,674.

2. FIN 48 (ASC 740) 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 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENTS IS TO FUND PROGRAMS CONSISTENT WITH THE ORGANIZATION'S MISSION AS DIRECTED BY THE DONORS WHO HAVE ESTABLISHED THOSE ENDOWMENTS.

ENDOWMENT, BEG OF YR BALANCE DIFFERENT FROM PRIOR YR END BALANCE

SCH D, PART V, LINE 1A

THERE IS A VARIANCE BETWEEN FISCAL YEAR END 2010 CLOSING BALANCE AND FISCAL YEAR END 2011 OPENING BALANCE DUE TO THE FOLLOWING:

- NOTE THAT THE TIME SPECIFIED FOR TWO TERM ENDOWMENTS EXPIRED AND WERE REMOVED FROM THE BEGINNING BALANCE FOR FY2011.

- IT WAS DETERMINED THAT TWO OF OUR DONOR POOLS SHOULD NOT BE DESIGNATED AS QUASI-ENDOWMENTS AS THERE WAS NO BOARD MANDATE TO THAT EFFECT; AS SUCH, THEY WERE REMOVED FROM THE FY11 ENDOWMENT BALANCE.

FIN 48 FS FOOTNOTE

SCHEDULE D, PART X

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO. 109 (ASC 740) ("FIN 48"). FIN 48 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN WHEN THERE IS UNCERTAINTY ABOUT WHETHER A TAX POSITION WILL ULTIMATELY BE SUSTAINED

Part XIV Supplemental Information *(continued)*

UPON EXAMINATION. CARE USA HAS ADOPTED THE RECOGNITION AND DISCLOSURE PROVISIONS OF FIN 48 FOR ITS FISCAL YEAR ENDING JUNE 30, 2010.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)**

Employer identification number
13-1685039

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	16.	937.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	56,089,059.
(2) EAST ASIA AND THE PACIFIC	1.	12.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	5,245,781.
(3) MIDDLE EAST AND NORTH AFRICA	16.	245.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	26,531,007.
(4) SOUTH AMERICA	13.	331.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	33,751,099.
(5) SOUTH ASIA	54.	2,706.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	133,795,069.
(6) SUB-SAHARAN AFRICA	117.	3,856.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	245,020,376.
(7) RUSSIA/INDEPENDENT STATES	1.	52.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	4,435,601.
(8) EUROPE	5.	41.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	336,560.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	223.	8,180.			505,204,552.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	223.	8,180.			505,204,552.

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

Schedule F (Form 990) 2010

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA	1 - PTV	180,333.	EFT		N/A	FMV
(2)			RUSSIA	2 - PTV	103,703.	EFT		N/A	FMV
(3)			SUB-SAHARAN AFRICA	3 - PTV	9,278.	CHECK		N/A	FMV
(4)			SUB-SAHARAN AFRICA	4 - PTV	12,061.	CHECK		N/A	FMV
(5)			SUB-SAHARAN AFRICA	5 - PTV	37,676.	MONEY ORDER		N/A	FMV
(6)			SUB-SAHARAN AFRICA	6 - PTV	26,450.	MONEY ORDER		N/A	FMV
(7)			SUB-SAHARAN AFRICA	7 - PTV	96,810.	MONEY ORDER		N/A	FMV
(8)			SUB-SAHARAN AFRICA	8 - PTV	48,681.	MONEY ORDER		N/A	FMV
(9)			SUB-SAHARAN AFRICA	9 - PTV	18,925.	MONEY ORDER		N/A	FMV
(10)			SOUTH ASIA	10 - PTV	51,248.	CHECK		N/A	FMV
(11)			SUB-SAHARAN AFRICA	11 - PTV	1,824,318.	CHECK		N/A	FMV
(12)			SUB-SAHARAN AFRICA	12 - PTV	24,202.	EFT		N/A	FMV
(13)			SUB-SAHARAN AFRICA	13 - PTV	14,930.	EFT		N/A	FMV
(14)			SUB-SAHARAN AFRICA	14 - PTV	15,387.	EFT		N/A	FMV
(15)			SOUTH ASIA	15 - PTV	10,179.	EFT		N/A	FMV
(16)			SOUTH ASIA	16 - PTV	10,179.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	17 - PTV	34,587.	CHECK		N/A	FMV
(2)			SOUTH ASIA	18 - PTV	20,334.	CHECK		N/A	FMV
(3)			SOUTH ASIA	19 - PTV	22,849.	CHECK		N/A	FMV
(4)			SUB-SAHARAN AFRICA	20 - PTV	26,055.	CASH		N/A	FMV
(5)			SUB-SAHARAN AFRICA	21 - PTV	32,731.	EFT		N/A	FMV
(6)			SUB-SAHARAN AFRICA	22 - PTV	27,341.	EFT		N/A	FMV
(7)			SUB-SAHARAN AFRICA	23 - PTV	9,796.	EFT		N/A	FMV
(8)			SUB-SAHARAN AFRICA	24 - PTV	84,934.	EFT		N/A	FMV
(9)			SUB-SAHARAN AFRICA	25 - PTV	85,777.	CASH		N/A	FMV
(10)			SUB-SAHARAN AFRICA	26 - PTV	24,043.	EFT		N/A	FMV
(11)			SUB-SAHARAN AFRICA	27 - PTV	15,498.	EFT		N/A	FMV
(12)			SUB-SAHARAN AFRICA	28 - PTV	24,043.	EFT		N/A	FMV
(13)			SUB-SAHARAN AFRICA	29 - PTV	31,080.	EFT		N/A	FMV
(14)			SUB-SAHARAN AFRICA	30 - PTV	27,477.	EFT		N/A	FMV
(15)			CENT. AMERICA/CARIBBEAN	31 - PTV	18,636.	CHECK		N/A	FMV
(16)			SUB-SAHARAN AFRICA	32 - PTV	18,481.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	33 - PTV	6,601.	CHECK		N/A	FMV
(2)			SOUTH ASIA	34 - PTV	5,428.	EFT		N/A	FMV
(3)			SOUTH ASIA	35 - PTV	80,341.	EFT		N/A	FMV
(4)			SUB-SAHARAN AFRICA	36 - PTV	40,426.	CHECK		N/A	FMV
(5)			CENT. AMERICA/CARIBBEAN	37 - PTV	30,292.	CHECK		N/A	FMV
(6)			RUSSIA	38 - PTV	9,856.	EFT		N/A	FMV
(7)			RUSSIA	39 - PTV	12,362.	CHECK		N/A	FMV
(8)			RUSSIA	40 - PTV	19,018.	EFT		N/A	FMV
(9)			RUSSIA	41 - PTV	7,861.	EFT		N/A	FMV
(10)			SUB-SAHARAN AFRICA	42 - PTV	167,851.	EFT		N/A	FMV
(11)			SUB-SAHARAN AFRICA	43 - PTV	83,936.	EFT		N/A	FMV
(12)			SOUTH ASIA	44 - PTV	9,830.	CHECK		N/A	FMV
(13)			SOUTH ASIA	45 - PTV	71,146.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	46 - PTV	135,535.	EFT		N/A	FMV
(15)			SUB-SAHARAN AFRICA	47 - PTV	27,323.	EFT		N/A	FMV
(16)			SUB-SAHARAN AFRICA	48 - PTV	50,811.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	49 - PTV	32,383.	EFT		N/A	FMV
(2)			SUB-SAHARAN AFRICA	50 - PTV	24,992.	MONEY ORDER		N/A	FMV
(3)			SUB-SAHARAN AFRICA	51 - PTV	44,742.	MONEY ORDER		N/A	FMV
(4)			SUB-SAHARAN AFRICA	52 - PTV	92,176.	MONEY ORDER		N/A	FMV
(5)			SUB-SAHARAN AFRICA	53 - PTV	13,129.	CHECK		N/A	FMV
(6)			SUB-SAHARAN AFRICA	54 - PTV	9,342.	CHECK		N/A	FMV
(7)			SUB-SAHARAN AFRICA	55 - PTV	24,525.	MONEY ORDER		N/A	FMV
(8)			SUB-SAHARAN AFRICA	56 - PTV	34,055.	MONEY ORDER		N/A	FMV
(9)			SUB-SAHARAN AFRICA	57 - PTV	23,376.	MONEY ORDER		N/A	FMV
(10)			SUB-SAHARAN AFRICA	58 - PTV	22,444.	CHECK		N/A	FMV
(11)			SUB-SAHARAN AFRICA	59 - PTV	114,141.	EFT		N/A	FMV
(12)			SUB-SAHARAN AFRICA	60 - PTV	11,079.	MONEY ORDER		N/A	FMV
(13)			SUB-SAHARAN AFRICA	61 - PTV	85,940.	EFT		N/A	FMV
(14)			SOUTH ASIA	62 - PTV	51,101.	CHECK		N/A	FMV
(15)			CENT. AMERICA/CARIBBEAN	63 - PTV	34,371.	CHECK		N/A	FMV
(16)			CENT. AMERICA/CARIBBEAN	64 - PTV	62,439.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	65 - PTV	11,368.	CHECK		N/A	FMV
(2)			CENT. AMERICA/CARIBBEAN	66 - PTV	11,114.	CHECK		N/A	FMV
(3)			CENT. AMERICA/CARIBBEAN	67 - PTV	11,394.	CHECK		N/A	FMV
(4)			SUB-SAHARAN AFRICA	68 - PTV	31,326.	EFT		N/A	FMV
(5)			SUB-SAHARAN AFRICA	69 - PTV	14,980.	EFT		N/A	FMV
(6)			SOUTH ASIA	70 - PTV	7,728.	CHECK		N/A	FMV
(7)			SOUTH ASIA	71 - PTV	9,542.	CHECK		N/A	FMV
(8)			SOUTH ASIA	72 - PTV	67,190.	CHECK		N/A	FMV
(9)			SOUTH ASIA	73 - PTV	62,203.	CHECK		N/A	FMV
(10)			SOUTH ASIA	74 - PTV	546,215.	CHECK		N/A	FMV
(11)			SOUTH ASIA	75 - PTV	369,865.	CHECK		N/A	FMV
(12)			SUB-SAHARAN AFRICA	76 - PTV	86,353.	CASH		N/A	FMV
(13)			SOUTH ASIA	77 - PTV	14,608.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	78 - PTV	33,538.	CASH		N/A	FMV
(15)			SUB-SAHARAN AFRICA	79 - PTV	15,149.	EFT		N/A	FMV
(16)			EUROPE	80 - PTV	20,054.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	81 - PTV	61,076.	EFT		N/A	FMV
(2)			SUB-SAHARAN AFRICA	82 - PTV	24,942.	EFT		N/A	FMV
(3)			SUB-SAHARAN AFRICA	83 - PTV	5,901.	EFT		N/A	FMV
(4)			SOUTH ASIA	84 - PTV	17,427.	CHECK		N/A	FMV
(5)			SOUTH ASIA	85 - PTV	9,560.	CHECK		N/A	FMV
(6)			SOUTH ASIA	86 - PTV	10,785.	CHECK		N/A	FMV
(7)			RUSSIA	87 - PTV	43,317.	EFT		N/A	FMV
(8)			SOUTH ASIA	88 - PTV	5,882.	EFT		N/A	FMV
(9)			SOUTH ASIA	89 - PTV	5,882.	EFT		N/A	FMV
(10)			SOUTH ASIA	90 - PTV	53,764.	EFT		N/A	FMV
(11)			SOUTH ASIA	91 - PTV	75,735.	EFT		N/A	FMV
(12)			RUSSIA	92 - PTV	39,831.	EFT		N/A	FMV
(13)			SUB-SAHARAN AFRICA	93 - PTV	23,533.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	94 - PTV	11,919.	CHECK		N/A	FMV
(15)			SOUTH ASIA	95 - PTV	67,240.	CHECK		N/A	FMV
(16)			SOUTH ASIA	96 - PTV	5,524.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	97 - PTV	45,348.	CHECK		N/A	FMV
(2)			SUB-SAHARAN AFRICA	98 - PTV	28,986.	CHECK		N/A	FMV
(3)			RUSSIA	99 - PTV	14,231.	EFT		N/A	FMV
(4)			SUB-SAHARAN AFRICA	100 - PTV	73,322.	EFT		N/A	FMV
(5)			SUB-SAHARAN AFRICA	101 - PTV	11,294.	CHECK		N/A	FMV
(6)			SUB-SAHARAN AFRICA	102 - PTV	29,141.	CHECK		N/A	FMV
(7)			SUB-SAHARAN AFRICA	103 - PTV	24,575.	CHECK		N/A	FMV
(8)			SUB-SAHARAN AFRICA	104 - PTV	37,201.	CHECK		N/A	FMV
(9)			RUSSIA	105 - PTV	9,324.	EFT		N/A	FMV
(10)			SUB-SAHARAN AFRICA	106 - PTV	57,825.	EFT		N/A	FMV
(11)			SOUTH ASIA	107 - PTV	10,919.	CHECK		N/A	FMV
(12)			SUB-SAHARAN AFRICA	108 - PTV	36,643.	EFT		N/A	FMV
(13)			SUB-SAHARAN AFRICA	109 - PTV	85,105.	EFT		N/A	FMV
(14)			SUB-SAHARAN AFRICA	110 - PTV	185,680.	CHECK		N/A	FMV
(15)			SUB-SAHARAN AFRICA	111 - PTV	39,937.	CHECK		N/A	FMV
(16)			SOUTH ASIA	112 - PTV	11,790.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA	113 - PTV	45,638.	EFT		N/A	FMV
(2)			SUB-SAHARAN AFRICA	114 - PTV	179,949.	EFT		N/A	FMV
(3)			SUB-SAHARAN AFRICA	115 - PTV	21,591.	EFT		N/A	FMV
(4)			SOUTH ASIA	116 - PTV	26,305.	EFT		N/A	FMV
(5)			SOUTH ASIA	117 - PTV	6,951.	EFT		N/A	FMV
(6)			SOUTH ASIA	118 - PTV	6,951.	EFT		N/A	FMV
(7)			SUB-SAHARAN AFRICA	119 - PTV	183,728.	EFT		N/A	FMV
(8)			RUSSIA	120 - PTV	36,971.	EFT		N/A	FMV
(9)			CENT. AMERICA/CARIBBEAN	121 - PTV	50,628.	EFT		N/A	FMV
(10)			SUB-SAHARAN AFRICA	122 - PTV	45,085.	EFT		N/A	FMV
(11)			SUB-SAHARAN AFRICA	123 - PTV	27,770.	EFT		N/A	FMV
(12)			RUSSIA	124 - PTV	8,945.	EFT		N/A	FMV
(13)			SUB-SAHARAN AFRICA	125 - PTV	53,560.	EFT		N/A	FMV
(14)			SUB-SAHARAN AFRICA	126 - PTV	47,422.	EFT		N/A	FMV
(15)			RUSSIA	127 - PTV	103,679.	EFT		N/A	FMV
(16)			RUSSIA	128 - PTV	57,530.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	129 - PTV	5,508.	EFT		N/A	FMV
(2)			SUB-SAHARAN AFRICA	130 - PTV	40,828.	EFT		N/A	FMV
(3)			SUB-SAHARAN AFRICA	131 - PTV	10,872.	EFT		N/A	FMV
(4)			SUB-SAHARAN AFRICA	132 - PTV	7,764.	EFT		N/A	FMV
(5)			SUB-SAHARAN AFRICA	133 - PTV	19,991.	EFT		N/A	FMV
(6)			SUB-SAHARAN AFRICA	134 - PTV	8,060.	EFT		N/A	FMV
(7)			SUB-SAHARAN AFRICA	135 - PTV	27,210.	EFT		N/A	FMV
(8)			SUB-SAHARAN AFRICA	136 - PTV	13,667.	EFT		N/A	FMV
(9)			SUB-SAHARAN AFRICA	137 - PTV	9,070.	EFT		N/A	FMV
(10)			SUB-SAHARAN AFRICA	138 - PTV	27,211.	EFT		N/A	FMV
(11)			SUB-SAHARAN AFRICA	139 - PTV	9,070.	EFT		N/A	FMV
(12)			SUB-SAHARAN AFRICA	140 - PTV	13,141.	EFT		N/A	FMV
(13)			SUB-SAHARAN AFRICA	141 - PTV	10,344.	EFT		N/A	FMV
(14)			SUB-SAHARAN AFRICA	142 - PTV	38,533.	EFT		N/A	FMV
(15)			SUB-SAHARAN AFRICA	143 - PTV	35,721.	EFT		N/A	FMV
(16)			SUB-SAHARAN AFRICA	144 - PTV	113,264.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	145 - PTV	13,595.	EFT		N/A	FMV
(2)			SUB-SAHARAN AFRICA	146 - PTV	8,346.	EFT		N/A	FMV
(3)			EAST ASIA/PACIFIC	147 - PTV	11,428.	EFT		N/A	FMV
(4)			RUSSIA	148 - PTV	49,941.	EFT		N/A	FMV
(5)			RUSSIA	149 - PTV	26,486.	EFT		N/A	FMV
(6)			SUB-SAHARAN AFRICA	150 - PTV	52,794.	EFT		N/A	FMV
(7)			SUB-SAHARAN AFRICA	151 - PTV	158,793.	EFT		N/A	FMV
(8)			SUB-SAHARAN AFRICA	152 - PTV	180,628.	EFT		N/A	FMV
(9)			SUB-SAHARAN AFRICA	153 - PTV	233,460.	EFT		N/A	FMV
(10)			SUB-SAHARAN AFRICA	154 - PTV	182,452.	EFT		N/A	FMV
(11)			SUB-SAHARAN AFRICA	155 - PTV	397,254.	EFT		N/A	FMV
(12)			SUB-SAHARAN AFRICA	156 - PTV	225,022.	EFT		N/A	FMV
(13)			SOUTH ASIA	157 - PTV	6,951.	EFT		N/A	FMV
(14)			SOUTH ASIA	158 - PTV	6,951.	EFT		N/A	FMV
(15)			SOUTH ASIA	159 - PTV	127,821.	EFT		N/A	FMV
(16)			SOUTH ASIA	160 - PTV	127,821.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	161 - PTV	494,164.	EFT		N/A	FMV
(2)			SOUTH ASIA	162 - PTV	494,164.	EFT		N/A	FMV
(3)			SOUTH ASIA	163 - PTV	494,164.	EFT		N/A	FMV
(4)			SOUTH ASIA	164 - PTV	494,164.	EFT		N/A	FMV
(5)			SOUTH ASIA	165 - PTV	114,503.	EFT		N/A	FMV
(6)			SOUTH ASIA	166 - PTV	17,161.	CHECK		N/A	FMV
(7)			SOUTH ASIA	167 - PTV	18,012.	CHECK		N/A	FMV
(8)			SOUTH ASIA	168 - PTV	15,724.	CHECK		N/A	FMV
(9)			SOUTH ASIA	169 - PTV	68,688.	CHECK		N/A	FMV
(10)			SOUTH ASIA	170 - PTV	57,212.	CHECK		N/A	FMV
(11)			SOUTH ASIA	171 - PTV	5,189.	CHECK		N/A	FMV
(12)			SOUTH ASIA	172 - PTV	5,550.	CHECK		N/A	FMV
(13)			SUB-SAHARAN AFRICA	173 - PTV	889,538.	EFT		N/A	FMV
(14)			RUSSIA	174 - PTV	31,646.	EFT		N/A	FMV
(15)			MIDDLE EAST/NORTH AFRICA	175 - PTV	38,706.	CHECK		N/A	FMV
(16)			RUSSIA	176 - PTV	8,930.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA	177 - PTV	6,495.	EFT		N/A	FMV
(2)			SOUTH ASIA	178 - PTV	22,588.	CHECK		N/A	FMV
(3)			SUB-SAHARAN AFRICA	179 - PTV	7,703.	EFT		N/A	FMV
(4)			SUB-SAHARAN AFRICA	180 - PTV	37,452.	EFT		N/A	FMV
(5)			SOUTH ASIA	181 - PTV	51,960.	EFT		N/A	FMV
(6)			SOUTH ASIA	182 - PTV	51,960.	EFT		N/A	FMV
(7)			SOUTH ASIA	183 - PTV	77,473.	CHECK		N/A	FMV
(8)			SOUTH ASIA	184 - PTV	25,926.	CHECK		N/A	FMV
(9)			SUB-SAHARAN AFRICA	185 - PTV	7,764.	CHECK		N/A	FMV
(10)			SUB-SAHARAN AFRICA	186 - PTV	8,125.	CHECK		N/A	FMV
(11)			SUB-SAHARAN AFRICA	187 - PTV	16,194.	EFT		N/A	FMV
(12)			SUB-SAHARAN AFRICA	188 - PTV	14,510.	EFT		N/A	FMV
(13)			CENT. AMERICA/CARIBBEAN	189 - PTV	22,198.	CHECK		N/A	FMV
(14)			CENT. AMERICA/CARIBBEAN	190 - PTV	110,899.	CHECK		N/A	FMV
(15)			SUB-SAHARAN AFRICA	191 - PTV	5,052.	CHECK		N/A	FMV
(16)			SUB-SAHARAN AFRICA	192 - PTV	13,735.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	193 - PTV	16,159.	CHECK		N/A	FMV
(2)			SUB-SAHARAN AFRICA	194 - PTV	28,595.	EFT		N/A	FMV
(3)			SUB-SAHARAN AFRICA	195 - PTV	17,834.	EFT		N/A	FMV
(4)			SUB-SAHARAN AFRICA	196 - PTV	56,906.	MONEY ORDER		N/A	FMV
(5)			SOUTH ASIA	197 - PTV	45,316.	CHECK		N/A	FMV
(6)			SUB-SAHARAN AFRICA	198 - PTV	78,116.	CASH		N/A	FMV
(7)			SOUTH ASIA	199 - PTV	173,195.	CHECK		N/A	FMV
(8)			SOUTH ASIA	200 - PTV	84,726.	CHECK		N/A	FMV
(9)			SOUTH ASIA	201 - PTV	568,426.	CHECK		N/A	FMV
(10)			SOUTH ASIA	202 - PTV	10,518.	CHECK		N/A	FMV
(11)			SUB-SAHARAN AFRICA	203 - PTV	56,327.	CASH		N/A	FMV
(12)			MIDDLE EAST/NORTH AFRICA	204 - PTV	13,780.	CHECK		N/A	FMV
(13)			SUB-SAHARAN AFRICA	205 - PTV	30,500.	EFT		N/A	FMV
(14)			EUROPE	206 - PTV	23,321.	EFT		N/A	FMV
(15)			EUROPE	207 - PTV	9,585.	EFT		N/A	FMV
(16)			SUB-SAHARAN AFRICA	208 - PTV	15,276.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	209 - PTV	17,420.	EFT		N/A	FMV
(2)			SOUTH ASIA	210 - PTV	123,304.	CHECK		N/A	FMV
(3)			SUB-SAHARAN AFRICA	211 - PTV	6,481.	EFT		N/A	FMV
(4)			SUB-SAHARAN AFRICA	212 - PTV	11,733.	CHECK		N/A	FMV
(5)			SUB-SAHARAN AFRICA	213 - PTV	5,331.	CASH		N/A	FMV
(6)			SUB-SAHARAN AFRICA	214 - PTV	5,311.	EFT		N/A	FMV
(7)			SUB-SAHARAN AFRICA	215 - PTV	38,589.	CHECK		N/A	FMV
(8)			SUB-SAHARAN AFRICA	216 - PTV	25,754.	EFT		N/A	FMV
(9)			SUB-SAHARAN AFRICA	217 - PTV	18,566.	EFT		N/A	FMV
(10)			SUB-SAHARAN AFRICA	218 - PTV	22,931.	EFT		N/A	FMV
(11)			SUB-SAHARAN AFRICA	219 - PTV	27,824.	EFT		N/A	FMV
(12)			SUB-SAHARAN AFRICA	220 - PTV	39,848.	CHECK		N/A	FMV
(13)			SUB-SAHARAN AFRICA	221 - PTV	13,119.	EFT		N/A	FMV
(14)			SUB-SAHARAN AFRICA	222 - PTV	54,759.	CHECK		N/A	FMV
(15)			SUB-SAHARAN AFRICA	223 - PTV	55,557.	EFT		N/A	FMV
(16)			SUB-SAHARAN AFRICA	224 - PTV	18,146.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	225 - PTV	88,285.	EFT		N/A	FMV
(2)			SUB-SAHARAN AFRICA	226 - PTV	88,285.	EFT		N/A	FMV
(3)			SUB-SAHARAN AFRICA	227 - PTV	78,584.	EFT		N/A	FMV
(4)			SUB-SAHARAN AFRICA	228 - PTV	7,918.	CHECK		N/A	FMV
(5)			RUSSIA	229 - PTV	40,567.	EFT		N/A	FMV
(6)			SOUTH ASIA	230 - PTV	53,632.	CHECK		N/A	FMV
(7)			SUB-SAHARAN AFRICA	231 - PTV	19,188.	CHECK		N/A	FMV
(8)			SUB-SAHARAN AFRICA	232 - PTV	45,229.	CHECK		N/A	FMV
(9)			SUB-SAHARAN AFRICA	233 - PTV	37,978.	CHECK		N/A	FMV
(10)			SUB-SAHARAN AFRICA	234 - PTV	14,275.	CHECK		N/A	FMV
(11)			SUB-SAHARAN AFRICA	235 - PTV	7,236.	CHECK		N/A	FMV
(12)			SUB-SAHARAN AFRICA	236 - PTV	15,191.	CHECK		N/A	FMV
(13)			SOUTH ASIA	237 - PTV	296,688.	EFT		N/A	FMV
(14)			RUSSIA	238 - PTV	14,198.	EFT		N/A	FMV
(15)			RUSSIA	239 - PTV	9,255.	EFT		N/A	FMV
(16)			RUSSIA	240 - PTV	5,886.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	241 - PTV	194,796.	CHECK		N/A	FMV
(2)			SOUTH ASIA	242 - PTV	46,732.	CHECK		N/A	FMV
(3)			SOUTH ASIA	243 - PTV	22,161.	CHECK		N/A	FMV
(4)			SOUTH ASIA	244 - PTV	25,252.	CHECK		N/A	FMV
(5)			SOUTH ASIA	245 - PTV	9,711.	CHECK		N/A	FMV
(6)			SOUTH ASIA	246 - PTV	20,913.	CHECK		N/A	FMV
(7)			SUB-SAHARAN AFRICA	247 - PTV	62,047.	EFT		N/A	FMV
(8)			SUB-SAHARAN AFRICA	248 - PTV	62,047.	EFT		N/A	FMV
(9)			SUB-SAHARAN AFRICA	249 - PTV	27,488.	EFT		N/A	FMV
(10)			SUB-SAHARAN AFRICA	250 - PTV	3,973,974.	EFT		N/A	FMV
(11)			SUB-SAHARAN AFRICA	251 - PTV	23,858.	EFT		N/A	FMV
(12)			SUB-SAHARAN AFRICA	252 - PTV	18,979.	EFT		N/A	FMV
(13)			SUB-SAHARAN AFRICA	253 - PTV	8,404.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	254 - PTV	6,678.	CHECK		N/A	FMV
(15)			SUB-SAHARAN AFRICA	255 - PTV	13,302.	MONEY ORDER		N/A	FMV
(16)			RUSSIA	256 - PTV	43,765.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	257 - PTV	17,910.	EFT		N/A	FMV
(2)			SUB-SAHARAN AFRICA	258 - PTV	27,331.	MONEY ORDER		N/A	FMV
(3)			SUB-SAHARAN AFRICA	259 - PTV	21,512.	CHECK		N/A	FMV
(4)			SUB-SAHARAN AFRICA	260 - PTV	40,630.	CHECK		N/A	FMV
(5)			SOUTH ASIA	261 - PTV	34,003.	CHECK		N/A	FMV
(6)			SUB-SAHARAN AFRICA	262 - PTV	60,758.	CHECK		N/A	FMV
(7)			SUB-SAHARAN AFRICA	263 - PTV	13,984.	CHECK		N/A	FMV
(8)			SUB-SAHARAN AFRICA	264 - PTV	88,462.	CHECK		N/A	FMV
(9)			SUB-SAHARAN AFRICA	265 - PTV	90,259.	CHECK		N/A	FMV
(10)			SOUTH ASIA	266 - PTV	61,275.	CHECK		N/A	FMV
(11)			SUB-SAHARAN AFRICA	267 - PTV	108,669.	EFT		N/A	FMV
(12)			SUB-SAHARAN AFRICA	268 - PTV	108,669.	EFT		N/A	FMV
(13)			SUB-SAHARAN AFRICA	269 - PTV	216,598.	EFT		N/A	FMV
(14)			SOUTH ASIA	270 - PTV	14,925.	CHECK		N/A	FMV
(15)			SUB-SAHARAN AFRICA	271 - PTV	18,146.	CHECK		N/A	FMV
(16)			SOUTH ASIA	272 - PTV	160,754.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	273 - PTV	462,194.	EFT		N/A	FMV
(2)			SOUTH ASIA	274 - PTV	462,194.	EFT		N/A	FMV
(3)			SOUTH ASIA	275 - PTV	462,194.	EFT		N/A	FMV
(4)			SOUTH ASIA	276 - PTV	5,294.	EFT		N/A	FMV
(5)			SOUTH ASIA	277 - PTV	506,667.	EFT		N/A	FMV
(6)			SOUTH ASIA	278 - PTV	506,667.	EFT		N/A	FMV
(7)			SOUTH ASIA	279 - PTV	506,667.	EFT		N/A	FMV
(8)			SOUTH ASIA	280 - PTV	149,863.	EFT		N/A	FMV
(9)			SOUTH ASIA	281 - PTV	149,863.	EFT		N/A	FMV
(10)			SOUTH ASIA	282 - PTV	567,247.	EFT		N/A	FMV
(11)			SOUTH ASIA	283 - PTV	567,247.	EFT		N/A	FMV
(12)			SOUTH ASIA	284 - PTV	567,247.	EFT		N/A	FMV
(13)			SOUTH ASIA	285 - PTV	567,247.	EFT		N/A	FMV
(14)			SOUTH ASIA	286 - PTV	567,247.	EFT		N/A	FMV
(15)			SOUTH ASIA	287 - PTV	8,164.	EFT		N/A	FMV
(16)			SOUTH ASIA	288 - PTV	8,164.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	289 - PTV	7,036.	EFT		N/A	FMV
(2)			SUB-SAHARAN AFRICA	290 - PTV	40,496.	EFT		N/A	FMV
(3)			SUB-SAHARAN AFRICA	291 - PTV	658,984.	CASH		N/A	FMV
(4)			RUSSIA	292 - PTV	7,836.	EFT		N/A	FMV
(5)			RUSSIA	293 - PTV	8,375.	EFT		N/A	FMV
(6)			SOUTH ASIA	294 - PTV	21,044.	CHECK		N/A	FMV
(7)			CENT. AMERICA/CARIBBEAN	295 - PTV	5,211.	CHECK		N/A	FMV
(8)			SUB-SAHARAN AFRICA	296 - PTV	22,494.	CHECK		N/A	FMV
(9)			SUB-SAHARAN AFRICA	297 - PTV	22,278.	CHECK		N/A	FMV
(10)			SUB-SAHARAN AFRICA	298 - PTV	29,030.	EFT		N/A	FMV
(11)			SUB-SAHARAN AFRICA	299 - PTV	220,395.	EFT		N/A	FMV
(12)			SOUTH ASIA	300 - PTV	6,151.	CHECK		N/A	FMV
(13)			SOUTH ASIA	301 - PTV	12,564.	CHECK		N/A	FMV
(14)			SOUTH ASIA	302 - PTV	19,775.	CHECK		N/A	FMV
(15)			SOUTH ASIA	303 - PTV	23,158.	CHECK		N/A	FMV
(16)			RUSSIA	304 - PTV	5,478.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	305 - PTV	75,939.	CHECK		N/A	FMV
(2)			SUB-SAHARAN AFRICA	306 - PTV	35,477.	EFT		N/A	FMV
(3)			SUB-SAHARAN AFRICA	307 - PTV	18,949.	EFT		N/A	FMV
(4)			SOUTH ASIA	308 - PTV	464,604.	EFT		N/A	FMV
(5)			SOUTH ASIA	309 - PTV	464,604.	EFT		N/A	FMV
(6)			SOUTH ASIA	310 - PTV	464,604.	EFT		N/A	FMV
(7)			SUB-SAHARAN AFRICA	311 - PTV	7,224.	EFT		N/A	FMV
(8)			SUB-SAHARAN AFRICA	312 - PTV	18,325.	CHECK		N/A	FMV
(9)			SUB-SAHARAN AFRICA	313 - PTV	26,566.	MONEY ORDER		N/A	FMV
(10)			SUB-SAHARAN AFRICA	314 - PTV	34,241.	EFT		N/A	FMV
(11)			SUB-SAHARAN AFRICA	315 - PTV	9,763.	EFT		N/A	FMV
(12)			SUB-SAHARAN AFRICA	316 - PTV	10,591.	EFT		N/A	FMV
(13)			RUSSIA	317 - PTV	7,607.	CHECK		N/A	FMV
(14)			RUSSIA	318 - PTV	6,930.	CHECK		N/A	FMV
(15)			RUSSIA	319 - PTV	6,190.	EFT		N/A	FMV
(16)			RUSSIA	320 - PTV	6,873.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	321 - PTV	16,744.	CHECK		N/A	FMV
(2)			RUSSIA	322 - PTV	8,472.	EFT		N/A	FMV
(3)			SUB-SAHARAN AFRICA	323 - PTV	16,462.	CHECK		N/A	FMV
(4)			SUB-SAHARAN AFRICA	324 - PTV	50,256.	CHECK		N/A	FMV
(5)			RUSSIA	325 - PTV	5,050.	EFT		N/A	FMV
(6)			RUSSIA	326 - PTV	13,443.	EFT		N/A	FMV
(7)			SUB-SAHARAN AFRICA	327 - PTV	25,912.	EFT		N/A	FMV
(8)			SUB-SAHARAN AFRICA	328 - PTV	21,713.	EFT		N/A	FMV
(9)			SUB-SAHARAN AFRICA	329 - PTV	12,934.	EFT		N/A	FMV
(10)			SUB-SAHARAN AFRICA	330 - PTV	347,405.	CHECK		N/A	FMV
(11)			SUB-SAHARAN AFRICA	331 - PTV	8,685.	EFT		N/A	FMV
(12)			SUB-SAHARAN AFRICA	332 - PTV	8,462.	CHECK		N/A	FMV
(13)			SUB-SAHARAN AFRICA	333 - PTV	35,168.	EFT		N/A	FMV
(14)			SUB-SAHARAN AFRICA	334 - PTV	10,298.	CHECK		N/A	FMV
(15)			SUB-SAHARAN AFRICA	335 - PTV	15,633.	EFT		N/A	FMV
(16)			SUB-SAHARAN AFRICA	336 - PTV	19,801.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	337 - PTV	18,502.	EFT		N/A	FMV
(2)			SUB-SAHARAN AFRICA	338 - PTV	21,226.	EFT		N/A	FMV
(3)			RUSSIA	339 - PTV	8,045.	EFT		N/A	FMV
(4)			RUSSIA	340 - PTV	5,255.	CHECK		N/A	FMV
(5)			RUSSIA	341 - PTV	9,133.	EFT		N/A	FMV
(6)			SUB-SAHARAN AFRICA	342 - PTV	14,237.	EFT		N/A	FMV
(7)			SUB-SAHARAN AFRICA	343 - PTV	5,502.	CHECK		N/A	FMV
(8)			SUB-SAHARAN AFRICA	344 - PTV	48,985.	EFT		N/A	FMV
(9)			SOUTH ASIA	345 - PTV	95,902.	CHECK		N/A	FMV
(10)			SUB-SAHARAN AFRICA	346 - PTV	44,873.	CHECK		N/A	FMV
(11)			SUB-SAHARAN AFRICA	347 - PTV	27,605.	CHECK		N/A	FMV
(12)			SUB-SAHARAN AFRICA	348 - PTV	50,977.	CHECK		N/A	FMV
(13)			RUSSIA	349 - PTV	10,039.	EFT		N/A	FMV
(14)			SUB-SAHARAN AFRICA	350 - PTV	15,337.	CHECK		N/A	FMV
(15)			SUB-SAHARAN AFRICA	351 - PTV	47,537.	CHECK		N/A	FMV
(16)			SOUTH ASIA	352 - PTV	34,257.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	353 - PTV	21,186.	CHECK		N/A	FMV
(2)			RUSSIA	354 - PTV	40,371.	EFT		N/A	FMV
(3)			SUB-SAHARAN AFRICA	355 - PTV	6,370.	CHECK		N/A	FMV
(4)			SUB-SAHARAN AFRICA	356 - PTV	14,415.	CHECK		N/A	FMV
(5)			SOUTH ASIA	357 - PTV	40,062.	CHECK		N/A	FMV
(6)			SUB-SAHARAN AFRICA	358 - PTV	14,539.	CHECK		N/A	FMV
(7)			SUB-SAHARAN AFRICA	359 - PTV	5,008.	CHECK		N/A	FMV
(8)			RUSSIA	360 - PTV	9,716.	EFT		N/A	FMV
(9)			SOUTH ASIA	361 - PTV	22,229.	CHECK		N/A	FMV
(10)			SOUTH ASIA	362 - PTV	24,817.	CHECK		N/A	FMV
(11)			SUB-SAHARAN AFRICA	363 - PTV	64,257.	EFT		N/A	FMV
(12)			SOUTH ASIA	364 - PTV	15,205.	CHECK		N/A	FMV
(13)			SUB-SAHARAN AFRICA	365 - PTV	7,236.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	366 - PTV	49,364.	CHECK		N/A	FMV
(15)			SUB-SAHARAN AFRICA	367 - PTV	30,562.	CHECK		N/A	FMV
(16)			MIDDLE EAST/NORTH AFRICA	368 - PTV	34,559.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA	369 - PTV	8,451.	EFT		N/A	FMV
(2)			SOUTH ASIA	370 - PTV	5,198.	CHECK		N/A	FMV
(3)			SUB-SAHARAN AFRICA	371 - PTV	38,463.	CHECK		N/A	FMV
(4)			SUB-SAHARAN AFRICA	372 - PTV	52,082.	CHECK		N/A	FMV
(5)			SOUTH ASIA	373 - PTV	12,269.	CHECK		N/A	FMV
(6)			CENT. AMERICA/CARIBBEAN	374 - PTV	84,323.	CHECK		N/A	FMV
(7)			CENT. AMERICA/CARIBBEAN	375 - PTV	76,752.	CHECK		N/A	FMV
(8)			CENT. AMERICA/CARIBBEAN	376 - PTV	50,530.	CHECK		N/A	FMV
(9)			CENT. AMERICA/CARIBBEAN	377 - PTV	80,764.	CHECK		N/A	FMV
(10)			CENT. AMERICA/CARIBBEAN	378 - PTV	27,930.	CHECK		N/A	FMV
(11)			CENT. AMERICA/CARIBBEAN	379 - PTV	104,822.	CHECK		N/A	FMV
(12)			CENT. AMERICA/CARIBBEAN	380 - PTV	22,726.	CHECK		N/A	FMV
(13)			CENT. AMERICA/CARIBBEAN	381 - PTV	18,236.	CHECK		N/A	FMV
(14)			RUSSIA	382 - PTV	9,730.	CHECK		N/A	FMV
(15)			RUSSIA	383 - PTV	17,316.	CHECK		N/A	FMV
(16)			SUB-SAHARAN AFRICA	384 - PTV	7,042.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	385 - PTV	73,998.	CHECK		N/A	FMV
(2)			SUB-SAHARAN AFRICA	386 - PTV	166,740.	CHECK		N/A	FMV
(3)			SOUTH ASIA	387 - PTV	74,674.	CHECK		N/A	FMV
(4)			SOUTH ASIA	388 - PTV	10,393.	CHECK		N/A	FMV
(5)			SOUTH ASIA	389 - PTV	16,217.	CHECK		N/A	FMV
(6)			EAST ASIA/PACIFIC	390 - PTV	8,571.	CHECK		N/A	FMV
(7)			RUSSIA	391 - PTV	8,830.	CHECK		N/A	FMV
(8)			SUB-SAHARAN AFRICA	392 - PTV	28,808.	CHECK		N/A	FMV
(9)			SUB-SAHARAN AFRICA	393 - PTV	25,058.	CHECK		N/A	FMV
(10)			SUB-SAHARAN AFRICA	394 - PTV	40,883.	CHECK		N/A	FMV
(11)			SUB-SAHARAN AFRICA	395 - PTV	26,934.	CHECK		N/A	FMV
(12)			SUB-SAHARAN AFRICA	396 - PTV	160,210.	CHECK		N/A	FMV
(13)			SUB-SAHARAN AFRICA	397 - PTV	29,791.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	398 - PTV	76,595.	CHECK		N/A	FMV
(15)			RUSSIA	399 - PTV	6,368.	CHECK		N/A	FMV
(16)			SUB-SAHARAN AFRICA	400 - PTV	26,598.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	401 - PTV	9,748.	CHECK		N/A	FMV
(2)			SOUTH ASIA	402 - PTV	5,470.	CHECK		N/A	FMV
(3)			SOUTH ASIA	403 - PTV	13,555.	CHECK		N/A	FMV
(4)			SOUTH ASIA	404 - PTV	79,662.	CHECK		N/A	FMV
(5)			SOUTH ASIA	405 - PTV	62,594.	CHECK		N/A	FMV
(6)			SOUTH ASIA	406 - PTV	12,621.	CHECK		N/A	FMV
(7)			SUB-SAHARAN AFRICA	407 - PTV	27,081.	CHECK		N/A	FMV
(8)			SUB-SAHARAN AFRICA	408 - PTV	6,636.	CHECK		N/A	FMV
(9)			SUB-SAHARAN AFRICA	409 - PTV	76,492.	CHECK		N/A	FMV
(10)			SUB-SAHARAN AFRICA	410 - PTV	6,118.	CHECK		N/A	FMV
(11)			SOUTH ASIA	411 - PTV	7,164.	CHECK		N/A	FMV
(12)			SOUTH ASIA	412 - PTV	11,247.	CHECK		N/A	FMV
(13)			SOUTH ASIA	413 - PTV	11,247.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	414 - PTV	6,373.	CHECK		N/A	FMV
(15)			SOUTH ASIA	415 - PTV	5,919.	CHECK		N/A	FMV
(16)			SOUTH ASIA	416 - PTV	83,806.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	417 - PTV	419,129.	CHECK		N/A	FMV
(2)			SOUTH ASIA	418 - PTV	69,092.	CHECK		N/A	FMV
(3)			SOUTH ASIA	419 - PTV	33,611.	CHECK		N/A	FMV
(4)			SOUTH ASIA	420 - PTV	482,769.	CHECK		N/A	FMV
(5)			SUB-SAHARAN AFRICA	421 - PTV	6,588.	CHECK		N/A	FMV
(6)			SUB-SAHARAN AFRICA	422 - PTV	40,053.	CHECK		N/A	FMV
(7)			SUB-SAHARAN AFRICA	423 - PTV	30,642.	CHECK		N/A	FMV
(8)			SUB-SAHARAN AFRICA	424 - PTV	16,705.	CHECK		N/A	FMV
(9)			SOUTH ASIA	425 - PTV	232,440.	CHECK		N/A	FMV
(10)			SOUTH ASIA	426 - PTV	8,542.	CHECK		N/A	FMV
(11)			SOUTH ASIA	427 - PTV	31,819.	CHECK		N/A	FMV
(12)			SOUTH ASIA	428 - PTV	21,937.	CHECK		N/A	FMV
(13)			SOUTH ASIA	429 - PTV	17,337.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	430 - PTV	77,492.	CHECK		N/A	FMV
(15)			SUB-SAHARAN AFRICA	431 - PTV	6,636.	CHECK		N/A	FMV
(16)			SUB-SAHARAN AFRICA	432 - PTV	11,805.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	433 - PTV	11,730.	CHECK		N/A	FMV
(2)			SUB-SAHARAN AFRICA	434 - PTV	16,450.	CHECK		N/A	FMV
(3)			SUB-SAHARAN AFRICA	435 - PTV	74,837.	CHECK		N/A	FMV
(4)			SUB-SAHARAN AFRICA	436 - PTV	28,606.	CHECK		N/A	FMV
(5)			SUB-SAHARAN AFRICA	437 - PTV	28,019.	CHECK		N/A	FMV
(6)			SUB-SAHARAN AFRICA	438 - PTV	45,386.	CHECK		N/A	FMV
(7)			SOUTH ASIA	439 - PTV	44,975.	CHECK		N/A	FMV
(8)			RUSSIA	440 - PTV	9,777.	EFT		N/A	FMV
(9)			RUSSIA	441 - PTV	10,057.	EFT		N/A	FMV
(10)			SUB-SAHARAN AFRICA	442 - PTV	106,902.	CHECK		N/A	FMV
(11)			SUB-SAHARAN AFRICA	443 - PTV	45,483.	CHECK		N/A	FMV
(12)			SOUTH ASIA	444 - PTV	40,410.	CHECK		N/A	FMV
(13)			SOUTH ASIA	445 - PTV	182,644.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	446 - PTV	42,617.	CHECK		N/A	FMV
(15)			SUB-SAHARAN AFRICA	447 - PTV	47,029.	CHECK		N/A	FMV
(16)			SOUTH ASIA	448 - PTV	12,710.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA	449 - PTV	55,192.	EFT		N/A	FMV
(2)			SOUTH ASIA	450 - PTV	8,574.	EFT		N/A	FMV
(3)			SOUTH ASIA	451 - PTV	558,881.	EFT		N/A	FMV
(4)			SUB-SAHARAN AFRICA	452 - PTV	18,377.	EFT		N/A	FMV
(5)			SOUTH ASIA	453 - PTV	5,220.	CHECK		N/A	FMV
(6)			SOUTH ASIA	454 - PTV	5,445.	CHECK		N/A	FMV
(7)			SOUTH ASIA	455 - PTV	7,859.	CHECK		N/A	FMV
(8)			SOUTH ASIA	456 - PTV	18,839.	CHECK		N/A	FMV
(9)			SOUTH ASIA	457 - PTV	19,028.	CHECK		N/A	FMV
(10)			CENT. AMERICA/CARIBBEAN	458 - PTV	66,695.	CHECK		N/A	FMV
(11)			RUSSIA	459 - PTV	10,258.	EFT		N/A	FMV
(12)			SUB-SAHARAN AFRICA	460 - PTV	23,773.	MONEY ORDER		N/A	FMV
(13)			SUB-SAHARAN AFRICA	461 - PTV	1,370,258.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	462 - PTV	49,881.	MONEY ORDER		N/A	FMV
(15)			SUB-SAHARAN AFRICA	463 - PTV	30,207.	MONEY ORDER		N/A	FMV
(16)			SUB-SAHARAN AFRICA	464 - PTV	60,423.	MONEY ORDER		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	465 - PTV	176,645.	MONEY ORDER		N/A	FMV
(2)			SOUTH ASIA	466 - PTV	26,046.	CHECK		N/A	FMV
(3)			SOUTH ASIA	467 - PTV	26,009.	CHECK		N/A	FMV
(4)			SUB-SAHARAN AFRICA	468 - PTV	6,853.	MONEY ORDER		N/A	FMV
(5)			SUB-SAHARAN AFRICA	469 - PTV	10,159.	MONEY ORDER		N/A	FMV
(6)			SUB-SAHARAN AFRICA	470 - PTV	5,054.	EFT		N/A	FMV
(7)			SUB-SAHARAN AFRICA	471 - PTV	19,805.	EFT		N/A	FMV
(8)			SUB-SAHARAN AFRICA	472 - PTV	23,627.	CHECK		N/A	FMV
(9)			SUB-SAHARAN AFRICA	473 - PTV	7,403.	CHECK		N/A	FMV
(10)			SUB-SAHARAN AFRICA	474 - PTV	27,742.	EFT		N/A	FMV
(11)			SUB-SAHARAN AFRICA	475 - PTV	21,549.	MONEY ORDER		N/A	FMV
(12)			SUB-SAHARAN AFRICA	476 - PTV	12,504.	EFT		N/A	FMV
(13)			SUB-SAHARAN AFRICA	477 - PTV	21,716.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	478 - PTV	7,211.	EFT		N/A	FMV
(15)			SOUTH ASIA	479 - PTV	16,116.	CHECK		N/A	FMV
(16)			SOUTH ASIA	480 - PTV	46,093.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	481 - PTV	27,573.	MONEY ORDER		N/A	FMV
(2)			SUB-SAHARAN AFRICA	482 - PTV	10,180.	CASH		N/A	FMV
(3)			SOUTH ASIA	483 - PTV	515,166.	CHECK		N/A	FMV
(4)			SOUTH ASIA	484 - PTV	48,932.	CHECK		N/A	FMV
(5)			SOUTH ASIA	485 - PTV	40,709.	CHECK		N/A	FMV
(6)			SOUTH ASIA	486 - PTV	356,399.	CHECK		N/A	FMV
(7)			SUB-SAHARAN AFRICA	487 - PTV	8,776.	CHECK		N/A	FMV
(8)			SUB-SAHARAN AFRICA	488 - PTV	141,659.	EFT		N/A	FMV
(9)			EAST ASIA/PACIFIC	489 - PTV	7,142.	EFT		N/A	FMV
(10)			SUB-SAHARAN AFRICA	490 - PTV	123,570.	EFT		N/A	FMV
(11)			RUSSIA	491 - PTV	10,050.	EFT		N/A	FMV
(12)			SOUTH ASIA	492 - PTV	121,704.	CHECK		N/A	FMV
(13)			SOUTH ASIA	493 - PTV	382,443.	CHECK		N/A	FMV
(14)			RUSSIA	494 - PTV	10,359.	EFT		N/A	FMV
(15)			SUB-SAHARAN AFRICA	495 - PTV	11,285.	CHECK		N/A	FMV
(16)			SOUTH ASIA	496 - PTV	7,621.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	497 - PTV	5,809.	CHECK		N/A	FMV
(2)			SOUTH ASIA	498 - PTV	5,427.	CHECK		N/A	FMV
(3)			SOUTH ASIA	499 - PTV	37,952.	CHECK		N/A	FMV
(4)			SOUTH ASIA	500 - PTV	6,976.	CHECK		N/A	FMV
(5)			SOUTH ASIA	501 - PTV	16,395.	CHECK		N/A	FMV
(6)			SOUTH ASIA	502 - PTV	21,875.	CHECK		N/A	FMV
(7)			SOUTH ASIA	503 - PTV	46,545.	CHECK		N/A	FMV
(8)			RUSSIA	504 - PTV	12,550.	EFT		N/A	FMV
(9)			SOUTH ASIA	505 - PTV	59,721.	CHECK		N/A	FMV
(10)			SOUTH ASIA	506 - PTV	17,275.	CHECK		N/A	FMV
(11)			SOUTH ASIA	507 - PTV	6,472.	CHECK		N/A	FMV
(12)			SOUTH ASIA	508 - PTV	6,023.	CHECK		N/A	FMV
(13)			SOUTH ASIA	509 - PTV	155,253.	CHECK		N/A	FMV
(14)			SOUTH ASIA	510 - PTV	32,334.	EFT		N/A	FMV
(15)			SOUTH ASIA	511 - PTV	10,556.	CHECK		N/A	FMV
(16)			SOUTH ASIA	512 - PTV	23,640.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA	513 - PTV	10,860.	EFT		N/A	FMV
(2)			SOUTH ASIA	514 - PTV	20,214.	CHECK		N/A	FMV
(3)			SOUTH ASIA	515 - PTV	10,911.	CHECK		N/A	FMV
(4)			SOUTH ASIA	516 - PTV	34,358.	CHECK		N/A	FMV
(5)			RUSSIA	517 - PTV	6,400.	CHECK		N/A	FMV
(6)			MIDDLE EAST/NORTH AFRICA	518 - PTV	13,780.	CHECK		N/A	FMV
(7)			SOUTH ASIA	519 - PTV	118,573.	CHECK		N/A	FMV
(8)			SUB-SAHARAN AFRICA	520 - PTV	11,106.	EFT		N/A	FMV
(9)			SUB-SAHARAN AFRICA	521 - PTV	11,651.	EFT		N/A	FMV
(10)			SOUTH ASIA	522 - PTV	85,771.	CHECK		N/A	FMV
(11)			SOUTH ASIA	523 - PTV	83,354.	CHECK		N/A	FMV
(12)			SOUTH ASIA	524 - PTV	17,320.	CHECK		N/A	FMV
(13)			SOUTH ASIA	525 - PTV	12,027.	CHECK		N/A	FMV
(14)			SOUTH ASIA	526 - PTV	92,036.	CHECK		N/A	FMV
(15)			SOUTH ASIA	527 - PTV	48,542.	CHECK		N/A	FMV
(16)			SOUTH ASIA	528 - PTV	777,466.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	529 - PTV	171,133.	CHECK		N/A	FMV
(2)			SOUTH ASIA	530 - PTV	146,361.	CHECK		N/A	FMV
(3)			SUB-SAHARAN AFRICA	531 - PTV	5,750.	CHECK		N/A	FMV
(4)			SOUTH ASIA	532 - PTV	49,351.	CHECK		N/A	FMV
(5)			SUB-SAHARAN AFRICA	533 - PTV	30,053.	CHECK		N/A	FMV
(6)			SOUTH ASIA	534 - PTV	20,640.	CHECK		N/A	FMV
(7)			SOUTH ASIA	535 - PTV	19,907.	CHECK		N/A	FMV
(8)			SOUTH ASIA	536 - PTV	76,606.	CHECK		N/A	FMV
(9)			SOUTH ASIA	537 - PTV	61,852.	CHECK		N/A	FMV
(10)			SOUTH ASIA	538 - PTV	10,071.	CHECK		N/A	FMV
(11)			SOUTH ASIA	539 - PTV	16,279.	CHECK		N/A	FMV
(12)			SOUTH ASIA	540 - PTV	18,006.	CHECK		N/A	FMV
(13)			SOUTH ASIA	541 - PTV	13,524.	CHECK		N/A	FMV
(14)			SOUTH ASIA	542 - PTV	40,103.	CHECK		N/A	FMV
(15)			SOUTH ASIA	543 - PTV	12,420.	CHECK		N/A	FMV
(16)			SOUTH ASIA	544 - PTV	58,103.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	545 - PTV	41,427.	CHECK		N/A	FMV
(2)			SOUTH ASIA	546 - PTV	23,198.	CHECK		N/A	FMV
(3)			SOUTH ASIA	547 - PTV	44,092.	CHECK		N/A	FMV
(4)			SOUTH ASIA	548 - PTV	178,408.	CHECK		N/A	FMV
(5)			SUB-SAHARAN AFRICA	549 - PTV	60,375.	EFT		N/A	FMV
(6)			SUB-SAHARAN AFRICA	550 - PTV	18,786.	CHECK		N/A	FMV
(7)			SOUTH ASIA	551 - PTV	469,527.	EFT		N/A	FMV
(8)			SOUTH ASIA	552 - PTV	469,527.	EFT		N/A	FMV
(9)			SOUTH ASIA	553 - PTV	35,294.	EFT		N/A	FMV
(10)			SOUTH ASIA	554 - PTV	235,294.	EFT		N/A	FMV
(11)			SOUTH ASIA	555 - PTV	58,716.	EFT		N/A	FMV
(12)			SOUTH ASIA	556 - PTV	34,797.	CHECK		N/A	FMV
(13)			SOUTH ASIA	557 - PTV	10,675.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	558 - PTV	7,493.	EFT		N/A	FMV
(15)			SUB-SAHARAN AFRICA	559 - PTV	212,296.	CHECK		N/A	FMV
(16)			SOUTH ASIA	560 - PTV	7,467.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	561 - PTV	40,899.	EFT		N/A	FMV
(2)			SUB-SAHARAN AFRICA	562 - PTV	10,296.	EFT		N/A	FMV
(3)			SUB-SAHARAN AFRICA	563 - PTV	37,219.	CHECK		N/A	FMV
(4)			CENT. AMERICA/CARIBBEAN	564 - PTV	53,123.	CHECK		N/A	FMV
(5)			RUSSIA	565 - PTV	16,420.	CHECK		N/A	FMV
(6)			SUB-SAHARAN AFRICA	566 - PTV	6,118.	CHECK		N/A	FMV
(7)			SUB-SAHARAN AFRICA	567 - PTV	7,599.	MONEY ORDER		N/A	FMV
(8)			SUB-SAHARAN AFRICA	568 - PTV	11,338.	MONEY ORDER		N/A	FMV
(9)			SOUTH ASIA	569 - PTV	6,030.	CHECK		N/A	FMV
(10)			SUB-SAHARAN AFRICA	570 - PTV	45,201.	MONEY ORDER		N/A	FMV
(11)			SUB-SAHARAN AFRICA	571 - PTV	35,304.	MONEY ORDER		N/A	FMV
(12)			SUB-SAHARAN AFRICA	572 - PTV	45,595.	MONEY ORDER		N/A	FMV
(13)			RUSSIA	573 - PTV	9,905.	EFT		N/A	FMV
(14)			SOUTH ASIA	574 - PTV	22,936.	EFT		N/A	FMV
(15)			SOUTH ASIA	575 - PTV	143,466.	EFT		N/A	FMV
(16)			SUB-SAHARAN AFRICA	576 - PTV	11,887.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	577 - PTV	119,719.	EFT		N/A	FMV
(2)			SUB-SAHARAN AFRICA	578 - PTV	196,405.	EFT		N/A	FMV
(3)			SUB-SAHARAN AFRICA	579 - PTV	155,152.	CHECK		N/A	FMV
(4)			SUB-SAHARAN AFRICA	580 - PTV	9,888.	EFT		N/A	FMV
(5)			SUB-SAHARAN AFRICA	581 - PTV	14,819.	EFT		N/A	FMV
(6)			SUB-SAHARAN AFRICA	582 - PTV	12,099.	EFT		N/A	FMV
(7)			SUB-SAHARAN AFRICA	583 - PTV	15,198.	EFT		N/A	FMV
(8)			SUB-SAHARAN AFRICA	584 - PTV	14,555.	EFT		N/A	FMV
(9)			SUB-SAHARAN AFRICA	585 - PTV	13,084.	EFT		N/A	FMV
(10)			SUB-SAHARAN AFRICA	586 - PTV	18,519.	CHECK		N/A	FMV
(11)			SUB-SAHARAN AFRICA	587 - PTV	24,467.	MONEY ORDER		N/A	FMV
(12)			SUB-SAHARAN AFRICA	588 - PTV	18,411.	CHECK		N/A	FMV
(13)			SUB-SAHARAN AFRICA	589 - PTV	31,503.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	590 - PTV	44,884.	CHECK		N/A	FMV
(15)			SUB-SAHARAN AFRICA	591 - PTV	87,061.	CHECK		N/A	FMV
(16)			SUB-SAHARAN AFRICA	592 - PTV	28,634.	EFT		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	593 - PTV	14,505.	MONEY ORDER		N/A	FMV
(2)			RUSSIA	594 - PTV	6,829.	EFT		N/A	FMV
(3)			SOUTH ASIA	595 - PTV	5,359.	CHECK		N/A	FMV
(4)			RUSSIA	596 - PTV	9,793.	EFT		N/A	FMV
(5)			SUB-SAHARAN AFRICA	597 - PTV	6,550.	MONEY ORDER		N/A	FMV
(6)			SUB-SAHARAN AFRICA	598 - PTV	11,045.	MONEY ORDER		N/A	FMV
(7)			SUB-SAHARAN AFRICA	599 - PTV	5,957.	MONEY ORDER		N/A	FMV
(8)			SUB-SAHARAN AFRICA	600 - PTV	5,168.	MONEY ORDER		N/A	FMV
(9)			SUB-SAHARAN AFRICA	601 - PTV	28,837.	MONEY ORDER		N/A	FMV
(10)			SUB-SAHARAN AFRICA	602 - PTV	9,284.	EFT		N/A	FMV
(11)			SUB-SAHARAN AFRICA	603 - PTV	19,689.	EFT		N/A	FMV
(12)			SUB-SAHARAN AFRICA	604 - PTV	13,884.	EFT		N/A	FMV
(13)			SUB-SAHARAN AFRICA	605 - PTV	15,304.	CHECK		N/A	FMV
(14)			SUB-SAHARAN AFRICA	606 - PTV	11,661.	EFT		N/A	FMV
(15)			SUB-SAHARAN AFRICA	607 - PTV	38,450.	CHECK		N/A	FMV
(16)			SOUTH ASIA	608 - PTV	83,137.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	609 - PTV	41,886.	CHECK		N/A	FMV
(2)			SUB-SAHARAN AFRICA	610 - PTV	24,757.	CHECK		N/A	FMV
(3)			SUB-SAHARAN AFRICA	611 - PTV	17,075.	EFT		N/A	FMV
(4)			SUB-SAHARAN AFRICA	612 - PTV	13,394.	CHECK		N/A	FMV
(5)			RUSSIA	613 - PTV	19,742.	EFT		N/A	FMV
(6)			SOUTH ASIA	614 - PTV	28,759.	CHECK		N/A	FMV
(7)			SOUTH ASIA	615 - PTV	16,528.	CHECK		N/A	FMV
(8)			SOUTH ASIA	616 - PTV	16,937.	CHECK		N/A	FMV
(9)			SOUTH ASIA	617 - PTV	64,613.	EFT		N/A	FMV
(10)			SOUTH ASIA	618 - PTV	10,764.	CHECK		N/A	FMV
(11)			SOUTH ASIA	619 - PTV	80,501.	CHECK		N/A	FMV
(12)			SUB-SAHARAN AFRICA	620 - PTV	57,603.	EFT		N/A	FMV
(13)			SUB-SAHARAN AFRICA	621 - PTV	19,857.	EFT		N/A	FMV
(14)			SUB-SAHARAN AFRICA	622 - PTV	10,881.	EFT		N/A	FMV
(15)			SUB-SAHARAN AFRICA	623 - PTV	22,176.	EFT		N/A	FMV
(16)			SOUTH ASIA	624 - PTV	80,421.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	625 - PTV	21,899.	EFT		N/A	FMV
(2)			RUSSIA	626 - PTV	8,000.	EFT		N/A	FMV
(3)			SUB-SAHARAN AFRICA	627 - PTV	12,017.	EFT		N/A	FMV
(4)			SUB-SAHARAN AFRICA	628 - PTV	34,813.	EFT		N/A	FMV
(5)			RUSSIA	629 - PTV	6,438.	EFT		N/A	FMV
(6)			SUB-SAHARAN AFRICA	630 - PTV	8,381.	CHECK		N/A	FMV
(7)			SUB-SAHARAN AFRICA	631 - PTV	6,118.	CHECK		N/A	FMV
(8)			SUB-SAHARAN AFRICA	632 - PTV	213,625.	EFT		N/A	FMV
(9)			SUB-SAHARAN AFRICA	633 - PTV	26,408.	CHECK		N/A	FMV
(10)			RUSSIA	634 - PTV	5,350.	EFT		N/A	FMV
(11)			RUSSIA	635 - PTV	52,182.	EFT		N/A	FMV
(12)			SUB-SAHARAN AFRICA	636 - PTV	16,368.	EFT		N/A	FMV
(13)			SUB-SAHARAN AFRICA	637 - PTV	65,001.	EFT		N/A	FMV
(14)			SUB-SAHARAN AFRICA	638 - PTV	16,368.	EFT		N/A	FMV
(15)			SOUTH ASIA	639 - PTV	7,122.	CHECK		N/A	FMV
(16)			SUB-SAHARAN AFRICA	640 - PTV	34,648.	CHECK		N/A	FMV

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

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 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	641 - PTV	27,453.	CHECK		N/A	FMV
(2)			SUB-SAHARAN AFRICA	642 - PTV	24,370.	CHECK		N/A	FMV
(3)			SUB-SAHARAN AFRICA	643 - PTV	81,229.	CHECK		N/A	FMV
(4)			SOUTH ASIA	644 - PTV	11,851.	CHECK		N/A	FMV
(5)			SUB-SAHARAN AFRICA	645 - PTV	27,957.	CHECK		N/A	FMV
(6)			SUB-SAHARAN AFRICA	646 - PTV	19,342.	CHECK		N/A	FMV
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 356.

3 Enter total number of other organizations or entities 290.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US
SCHEDULE F, PART I, #2

CARE MONITORS SUB AGREEMENTS TO DETERMINE WHETHER BOTH CARE AND THE SUB
RECIPIENT ARE PERFORMING ACCORDING TO THE AGREED SCOPE OF WORK AND
APPLICABLE CAPACITY IMPROVEMENT PLANS AND COMPLYING WITH APPLICABLE DONOR
RULES AND REGULATIONS. PERIODIC REVIEWS OF MONITORING RESULTS MUST BE
CONDUCTED BY A SUPERVISORY OFFICIAL (E.G., SUCH AS A MEMBER OF THE DMC).

CARE ALSO PERIODICALLY EVALUATES THE PERFORMANCE OF SUB AGREEMENTS
TOWARDS THE ACHIEVEMENT OF INTENDED OUTCOMES AND CONTRIBUTIONS TO CARE'S
PROGRAM STRATEGY AND IMPACT. MONITORING THROUGH "ON GOING ACTIVITIES",
ALSO KNOWN AS "DURING-THE-AWARD MONITORING" MAY TAKE VARIOUS FORMS. A
FUNDAMENTAL MONITORING TOOL IS INFORMING THE SUB-RECIPIENT OF THE BASIC
AWARD INFORMATION (E.G., GRANT/CONTRACT AGREEMENT NUMBER, TITLE AND
NUMBER AWARD NAME, NAME OF INSTITUTIONAL DONOR'S AGENCY) AND APPLICABLE
COMPLIANCE REQUIREMENTS.

ADDITIONAL MONITORING TOOLS INCLUDE THE FOLLOWING:

1. REVIEWING FINANCIAL AND PERFORMANCE REPORTS SUBMITTED BY THE
SUB-RECIPIENT
2. PERFORMING SITE VISITS TO THE SUB-RECIPIENT TO REVIEW FINANCIAL AND
PROGRAMMATIC RECORDS AND OBSERVE OPERATIONS
3. REGULAR CONTACT WITH THE SUB-RECIPIENT AND MAKING APPROPRIATE
INQUIRIES CONCERNING PROGRAM ACTIVITIES

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

4. ARRANGING FOR AGREED-UPON PROCEDURES AND ENGAGEMENTS FOR CERTAIN ASPECTS OF SUB-RECIPIENT ACTIVITIES SUCH AS ELIGIBILITY DETERMINATION.

DONOR LAWS AND REGULATIONS MAY IMPOSE SUB-RECIPIENT MONITORING REQUIREMENTS SPECIFIC TO A PROGRAM. IN ADDITION, FACTORS SUCH AS THE SIZE OF AWARDS, PERCENTAGE OF THE PASS-THROUGH ENTITY'S TOTAL PROGRAM FUNDS AWARDED TO SUB-RECIPIENTS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, AND RISK OF SUB-RECIPIENT NON-COMPLIANCE AS ASSESSED BY THE PASS-THROUGH ENTITY MAY INFLUENCE THE NATURE AND EXTENT OF MONITORING PROCEDURES.

FORM 990, SCHEDULE F, PART II, COLUMN (D) - PURPOSE

1 IMPLEMENTATION OF THE RURAL DEVELOPMENT IN THE REGION OF RACHA-LECHKHUMI, GEORGIA

2 SUSTAINABLE POVERTY REDUCTION AMONGST MARGINALIZED COMMUNITIES IN GEORGIA, THROUGH STRENGTHENED CIVIL SOCIETY AND LOCAL GOVERNANCE PROCESSES.

3 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY MOBILIZATION)

4 IMPACT MEASUREMENT PROGRAMMER INITIATIVE UNDER AGRICULTURE AND FOOD SECURITY PROGRAM IN GHANA

5 HEALTH AND REPRODUCTIVE HEALTH

6 SEXUAL AND REPRODUCTIVE HEALTH

7 IN 2013, WOMEN MEMBERS OF THE GS IN THE PROVINCES OF NGOZI, KAYANZA, MUYINGA AND KIRUNDO ARE ECONOMICALLY, SOCIALLY AND POLITICALLY EMPOWERED

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

8 PROVIDE EDUCATION AND SERVICES IN SEXUAL AND REPRODUCTIVE HEALTH IN THE
UWIZERO II PROJECTS AREA.

9 ECONOMICAL SECURITY OF 3000 YOUNG EX COMBATANT AND CHILDREN AFFECTED BY
THAT WAR IS IMPROVED

10 LIVELIHOOD SUPPORT TO ARTISANS AND HANDICRAFTS IN RAJASTHAN

11 SUPPORT MICRO-FINANCE

12 SUPPORT PREVENTION OF SEXUAL AND GENDER BASED VIOLENCE INITIATIVES

13 FUNDS OBLIGATED FOR A PARTICULAR YEAR ONCE NOT USED CANNOT BE ROLLED
OVER TO THE SUBSEQUENT YEAR.

14 ROC-KWO (TRANSFORMING LIVES)

15 EMERGENCY SUPPORT

16 FLOOD 2010 RELIEF & RECOVERY PROJECT FOR SINDH

17 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES
USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH
AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN
SCALE UP CITIES.

18 HEALTH INITIATIVE

19 TO DEMONSTRATE EFFECTIVE GOOD PRACTICE MODELS FOR HIV PREVENTION. TO
ENHANCE CAPACITY AND CONTRIBUTE TO GOVERNMENT/ CIVIL SOCIETY
INSTITUTIONS. TO DEVELOP EVIDENCE-BASED ADVOCACY.

20 COMMUNITY-ASSISTED ACCESS TO SUSTAINABLE ENERGY IN RWANDA (CASE)

21 STRENGTHENING LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT
(NRM) AND PROMOTING ACCOUNTABILITY AND LOCAL LEVEL ADVOCACY IN 7
SUB-COUNTIES IN KABAROLE DISTRICT.

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

- 22 REHABILITATION OF THE NIGER RIVER DELTA
- 23 REINFORCE THE MECHANISMS OF PREVENTION AND REHABILITATION OF CASES OF ABUSE IN EIGHT DEPARTMENTS OF BENIN.
- 24 TO REDUCE THE ADVERSE EFFECTS OF HIV/AIDS, POVERTY, EXPLOITATION AND ABUSE ON ORPHANS AND CHILDREN IDENTIFIED AS MOST VULNERABLE.
- 25 IMPLEMENT COMMUNITY BASED MICROFINANCE
- 26 COMBATING CHILD MORTALITY AGAINST BATWA ACCESS TO HEALTH SERVICES.
- 27 STRENGTHENING LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT (NRM) AND PROMOTING ACCOUNTABILITY AND LOCAL LEVEL ADVOCACY IN 7 SUB-COUNTIES IN KABAROLE DISTRICT.
- 28 COMBATING CHILD MORTALITY AGAINST BATWA ACCESS TO HEALTH SERVICES.
- 29 IMPROVE THE QUALITY OF LIFE OF THE VICTIMS OF THE LRA CONFLICT IN NORTHERN UGANDA THROUGH ENSURING EFFICIENCY AND EFFECTIVENESS IN THE REHABILITATION PROCESSES OF THE PEOPLE AFFECTED.
- 30 WAR VICTIMS
- 31 DEMOCRACY AND GOVERNANCE
- 32 HARNESSING OPPORTUNITY TO PROTECT AND END VIOLENCE IN NORTHERN UGANDA
- 33 IMPLEMENTATION OF BEHAVIORS CHANGE COMMUNICATION PROJECT (COMMUNITY MOBILIZATION)
- 34 FLOOD EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE IN SINDH
- 35 IMPROVED ACCESS TO HUMANITARIAN ASSISTANCE AND PROTECTION FOR FLOOD AFFECTED COMMUNITIES
- 36 COLLECTION AND ANALYSIS OF DATA/ ADVOCACY FOR THE ADOPTION OF LAWS, CREATION OF A NATIONAL ALLIANCE, SET UP A PILOT SYSTEM FOR MONITORING

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

CHILD LABOR; CREATION OF A SUB-REGIONAL ALLIANCES.

37 INSTITUTIONAL STRENGTHENING OF THE ASSOCIATION OF WATER MANAGEMENT
BOARDS OF BONITO ORIENTAL. SCOPE: WILL INCREASE THE CAPACITY OF MEMBERS
OF AHAB ESTABLISHING STRATEGIES TO MEET MEMBER NEEDS

38 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE
BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A
COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

39 ARRANGING SPORT PLAYGROUND IN IDP SETTLEMENT OF AKHALSOPELI

40 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA SOCIETY

41 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE
BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A
COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

42 COMMUNITY HEALTH PROGRAM

43 AGRICULTURE DURABLE

44 CAPACITY BUILDING PROGRAM FOR COMMUNITY.

45 CAPACITY BUILDING PROGRAM FOR COMMUNITY.

46 COMMUNITY HEALTH PROGRAM

47 REHABILITATION OF THE NIGER RIVER DELTA

48 EQUITABLE DEVELOPMENT LOCAL GOVERNMENT ORGANIZATION

49 PROMOTION, EXPANSION AND QUALITY CONTROL OF AGREED AND PROVEN VSLA
MECHANISMS

50 SOCIAL AND ECONOMIC EMPOWER OF 20,000 YOUTH GIRLS FROM BUJUMBURA AND
GITEGA PROVINCE OF BURUNDI

51 TO PROMOTE HUMAN RIGHTS, WOMEN RIGHTS AND GENDER IN THE UMWIZEROII

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PROJECT AREA.

52 IN 2013, WOMEN MEMBERS OF THE GS IN THE PROVINCES OF NGOZI, KAYANZA,
MUYINGA AND KIRUNDO ARE ECONOMICALLY, SOCIALLY AND POLITICALLY EMPOWERED

53 WOMEN IN DEVELOPMENT IN BIRAMBIZO

54 WOMEN IN DEVELOPMENT IN BIRAMBIZO

55 HUMAN RIGHTS

56 TO EDUCATE WOMEN THROUGH SOLIDARITY GROUPS MEMBERS FROM WOMEN RIGHTS
ASSOCIATIONS TO HAVE UNDERSTANDING OF WOMEN PROPERTY RIGHTS.

57 WOMEN EMPOWERMENT

58 WOMEN AND GIRLS RIGHTS

59 COMMUNITY HEALTH PROGRAM

60 IMPLEMENT THE COMPONENT OF PSYCHOSOCIAL SUPPORT INCLUDING TRAINING
ACTIVITIES IN NISU PROJECT

61 EQUITABLE DEVELOPMENT LOCAL GOVERNMENT ORGANIZATION

62 APOSH PROVIDES HARM REDUCTION SERVICES AMONG THE INJECTING DRUG USER
(IDU) THROUGH 2 DICS AND ALSO PROVIDES TREATMENTS AND VOCATIONAL TRAINING
SUPPORT THROUGH ONE DETOXIFICATION AND ONE VOCATIONAL TRAINING CENTRE IN
RAJSHAHI.

63 TO PROVIDE TECHNICAL ASSISTANCE TO 450 SMALL PRODUCERS PROSADE PROJECT
IN SUSTAINABLE AGRICULTURAL PRODUCTION COMPONENT, EMPHASIZING INNOVATION
IN AGRICULTURAL PRODUCTION SYSTEMS FOR FOOD SECURITY OF THE BENEFIT

64 PROVIDE TECHNICAL ASSISTANCE TO 675 PRODUCERS AND PRODUCERS PROSADE
PROJECT IN SUSTAINABLE AGRICULTURAL PRODUCTION COMPONENT, EMPHASIZING
INNOVATION IN AGRICULTURAL PRODUCTION SYSTEMS FOR FOOD SECURITY OF

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

BENEFICIARIES OF THE PROJECT

65 IMPLEMENT ORGANIZATIONAL ACTIVITIES, TRAINING AND CAPACITY BUILDING IN RISK MANAGEMENT ISSUES AND CLIMATE CHANGE INCORPORATED INTO WATERSHED PLANS FOR COMMUNITIES AND MUNICIPALITIES WITHIN PRIORITIZED PROSADE AREA.

66 PROVIDE TECHNICAL ASSISTANCE TO WATER BOARDS AND COMMITTEES PROSADE SUPPORT PROJECT IN THE WATER AND SANITATION COMPONENT, EMPHASIZING INNOVATION IN THE PROVISION OF POTABLE WATER FOR FOOD SECURITY OF BENEFICIARIES OF THE PROJECT.

67 TO FINANCE OPERATIONS OF THE ACTIONS RELATED TO THE WELFARE OF CHILDREN, HOME, EDUCATION, HEALTH, NUTRITION AND INTEGRATION OF GIRLS IN THE LAS FLORES CENTER TO SCHOOL, COMMUNITY AND THEIR FAMILIES IN THE VILLAGE OF LA CUESTA AND OTHER AREAS OF THE COUNTRY.

68 WOMEN ENTERPRISE

69 HOPE FOR WOMEN

70 TSUNAMI EMERGENCY RESPONSE

71 TSUNAMI EMERGENCY RESPONSE

72 TRANSFORM THE LIVES OF 370000 POOR AND EXTREME POOR (PEP) HOUSEHOLDS IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY REDUCING THEIR VULNERABILITY TO FOOD INSECURITY.

73 EMERGENCY ASSISTANCE TO FLASH FLOOD AFFECTED POOR AN MARGINALIZED PEOPLE IN NORTHEAST BANGLADESH'

74 PROJECT AIMS TO REDUCE VULNERABILITY AND IMPROVE WELL-BEING OF VULNERABLE FLOOD AFFECTED PEOPLE IN HAOR REGION IN SUNAMGANJ SADAR OF

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

BANGLADESH.

75 TO REDUCE EXTREME POVERTY, FOOD INSECURITY AND VULNERABILITY IN THE
HOAR REGION OF NORTHEAST BANGLADESH, SPECIAL OBJECTIVE: TO SUSTAINABLE
IMPROVED FOOD ACCESS AND UTILIZATION AND REDUCE VULNERABILITY FOR WOMEN
AND THEIR DEPENDENTS IN ULTRA POOR.

76 IMPLEMENT COMMUNITY BASED MICROFINANCE

77 BANKING ON CHANGE IN INDIA

78 NATURAL RESOURCES MANAGEMENT

79 SUPPORT FOR THE GENERAL FOOD DISTRIBUTION

80 IMPLEMENTATION OF CARE FLOODED RESPONSE

81 IMPLEMENTATION OF CARE FLOODED RESPONSE

82 SUPPORT FOR FLOOD VICTIMS OF 2010 IN BENIN

83 SUPPORT FOR THE IMPLEMENTATION OF CARE'S RESPONSE IN FLOODED AREAS

84 BANKING ON CHANGE IN INDIA

85 MICRO INSURANCE

86 TSUNAMI EMERGENCY RESPONSE

87 WORKS WITH GRASS ROOTS IN FOUR PRE-SELECTED COMMUNITIES, CONDUCTS
INFORMATION MEETINGS, SELECTS AND TRAINS 16 WOMEN PER COMMUNITY, FURTHER
BUILDS THE CAPACITY OF 4 CORE ACTIVIST PER COMMUNITY, CONTRIBUTES TO THE
RESEARCH ON 1325 IN THE REGION

88 EMERGENCY ASSISTANCES TENTS + NFI SETS DISTRIBUTED TO 250 HHS IN SWAT
(DUE TO SITUATION 7 HHS SUPPORTED IN SWAT AND REST DISTRIBUTED AT
NOWSHERA)

89 WINTERIZED BEDDING

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

90 EMERGENCY FOOD SECURITY AND LIVELIHOOD SUPPORT TO FLOOD AFFECTED POPULATIONS IN PAKISTAN

91 CBHA EARLY RECOVERY SUPPORT TO FLOOD AFFECTED COMMUNITIES IN PAKISTAN

92 IMPROVED LIVELIHOOD SECURITY IN PIPELINE COMMUNITIES THROUGH AGRICULTURAL SERVICES AND BETTER ACCESS TO MARKETS

93 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

94 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

95 TO TRANSFER THE LIVES OF WOMEN AND MEN IN 370000 HOUSEHOLDS IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS BY REDUCING THEIR VULNERABILITY TO FOOD INSECURITY THROUGH FIVE THEMATIC AREAS.

96 TO IMPROVEMENT IN POLICY AND INSTITUTIONAL ENVIRONMENT TO PREVENT AND RESPOND TO VAW AND VSAW, AND BETTER COORDINATION OF ADVOCACY EFFORTS BETWEEN VARIOUS ORGANIZATIONS AS WELL AS IMPLEMENTING SOME ACTIVITIES OF PROTORODH PROJECT.

97 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

98 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

99 IMPLEMENTATION OF PROJECT UNITY - YOUTH RESOURCE CENTER IN IDP SETTLEMENTS

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

100 TO REDUCE THE ADVERSE EFFECTS OF HIV/AIDS, POVERTY, EXPLOITATION AND ABUSE ON ORPHANS AND CHILDREN IDENTIFIED AS MOST VULNERABLE.

101 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

102 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

103 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

104 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

105 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

106 TO IMPROVE THE LIVELIHOODS OF POOR AND MARGINALIZED HOUSEHOLDS IN KUMI AND BUKEDEA DISTRICTS IN UGANDA THROUGH VSLA

107 TSUNAMI EMERGENCY RESPONSE

108 WELL FOR THE PEACE OF TIMBUKTU

109 EQUITABLE DEVELOPMENT LOCAL GOVERNMENT ORGANIZATION

110 THE PROJECT AIMS TO CONTRIBUTE TO DROUGHT MITIGATION AND IMPROVE QUALITY OF LIFE OF RURAL COMMUNITIES IN PARTS OF SANAG AND SOOL REGIONS THROUGH REHABILITATION OF WATER POINTS AND IMPROVEMENT IN THE SANITATION AND HYGIENE CONDITIONS IN THE TARGETED AREAS

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

111 SOMALIA YOUTH LIVELIHOOD PROGRAM - TRAIN URBAN YOUTH IN BUSINESS
SKILLS

112 SUSTAINABLE IMPROVEMENT IN MATERNAL AND NEW BORN HEALTH

113 ADA STAGE DEVELOPMENT PROJECT

114 GLOBAL WATER INITIATIVE

115 STRENGTHENING LOCAL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT

116 EMERGENCY FOOD SECURITY AND LIVELIHOOD SUPPORT TO FLOOD AFFECTED
POPULATIONS IN PAKISTAN

117 CBHA EARLY RECOVERY SUPPORT TO FLOOD AFFECTED COMMUNITIES IN
PAKISTAN

118 WINTERIZED BEDDING

119 GLOBAL WATER INITIATIVE

120 WORKS WITH GRASS ROOTS IN FOUR PRE-SELECTED COMMUNITIES, CONDUCTS
INFORMATION MEETINGS, SELECTS AND TRAINS 16 WOMEN PER COMMUNITY, FURTHER
BUILDS THE CAPACITY OF 4 CORE ACTIVIST PER COMMUNITY, CONTRIBUTES TO THE
RESEARCH ON 1325 IN THE REGION

121 PROVIDE TECHNICAL ASSISTANCE AND TRAINING TO PROSADE TECHNICAL TEAM,
IN THE COMPONENT OF SUSTAINABLE SOIL AND WATER, EMPHASIZING INNOVATION IN
AGRICULTURAL PRODUCTION SYSTEMS FOR FOOD SECURITY OF BENEFICIARIES

122 IMPROVED IMPACT OF CIVIL SOCIETY ORGANIZATION ON GOVERNMENT POLICY
PROCESSES IN TANZANIA, TO SEE CIVIL SOCIETY ORGANIZATION IN MWANZA
EFFECTIVE MONITORING AND INFLUENCING THE MKUKUTA PROCESSES WITH THE FOCUS
ON THE SERVICES POOR AND MARGINALIZED GIRLS A

123 WASH, LIVELIHOODS, FOOD SECURITY, CSO CAPACITY BUILDING,

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

REINTEGRATION

124 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE
BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A
COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

125 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND
CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND
SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

126 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL
CSOS

127 IMPLEMENTATION OF PROJECT TOGETHER IN COMMON REALITY IN IDP
SETTLEMENTS

128 ADA STAGE DEVELOPMENT PROJECT

129 TO BUILD THE CAPACITY OF TARGETED COMMUNITIES TO BE ABLE TO ENGAGE IN
ACTIVITIES ON THE CONTINUUM FROM PREVENTION TO CARE AND SUPPORT IN
COMPETE AND NON-STIGMATIZING MANNER.

130 FOR THE IMPLEMENTATION OF GOVERNANCE INITIATIVE FOR RIGHTS AND
ACCOUNTABILITY IN FOREST MANAGEMENT

131 GOVERNANCE INITIATIVE FOR RIGHTS AND ACCOUNTABILITY IN FOREST
MANAGEMENT

132 BUILD THE TECHNICAL AND INSTITUTIONAL CAPACITY OF LOCAL ORGANIZATIONS
TO PROVIDE A CORE PACKAGE OF SERVICES FOR OVC AND SUPPORT ORGANIZATIONAL
DEVELOPMENT OF CBOS THAT RESPOND TO THE NEEDS OF OVCS

133 IMPLEMENTATION OF BEHAVIORS CHANGE COMMUNICATION PROJECT (COMMUNITY
MOBILIZATION)

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

134 STRENGTHENING LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT

(NRM) AND PROMOTING ACCOUNTABILITY AND LOCAL LEVEL ADVOCACY IN 7

SUB-COUNTIES IN KABAROLE DISTRICT.

135 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

136 STRENGTHENING LOCAL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT

137 STRENGTHENING LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT

(NRM) AND PROMOTING ACCOUNTABILITY AND LOCAL LEVEL ADVOCACY IN 7

SUB-COUNTIES IN KABAROLE DISTRICT.

138 STRENGTHENING LOCAL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT

139 TO IMPROVE LIVELIHOOD OF PASTORAL COMMUNITIES STATED AS "IMPROVED

LIVING STANDARDS OF PASTORAL AND AGRO-PASTORAL COMMUNITY IN MEATU

DISTRICT

140 TO IMPROVE LIVELIHOOD OF PASTORAL COMMUNITIES STATED AS "EMPOWERING

POOR RURAL PEOPLE AND ENABLING THEM SECURE A SUSTAINABLE LIVELIHOOD".

141 TO IMPROVE THE QUALITY OF LIF FOR COMMUNITY MEMBERS THROUGH

SUPPORTING THEM TO GENERATE, SAVE AND LOAN FUNDS AMONGST THEMSELVES.

142 PROMOTION, EXPANSION AND QUALITY CONTROL OF AGREED AND PROVEN BEST

PRACTICES OF VSLA MECHANISMS.

143 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND

CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND

SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

144 FILLING CRITICAL GAPS FOR MAINLAND TANZANIA IN THE NATIONAL RESPONSE

TO HIV/AIDS IN IMPACT MITIGATION FOR ORPHANS & VULNERABLE CHILDREN, IT

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

REDUCES THE ADVERSE EFFECTS OF HIV/AIDS, POVERTY, EXPLOITATION AND ABUSE
OF ORPHANS AND CHILDREN IDENTIFIED AS MOST
145 HARNESSING OPPORTUNITIES TO PROTECT AND END VIOLENCE IN NORTHERN
UGANDA
146 DEVELOP AND SUPPORT THE VALUE CHAIN OF GROUNDNUTS, SOYA BEANS AND
SESAME SUB-SECTORS BY INCREASING ACCESS TO FINANCIAL SERVICES, FARM
INPUTS, COMPETITIVE MARKETS AND EXTENSION SERVICES TO INCREASE
PROFITABILITY OF SMALL HOLDER FARMERS
147 DISASTER RISK REDUCTION AWARENESS PROGRAM
148 WORKS WITH GRASS ROOTS IN FOUR PRE-SELECTED COMMUNITIES, CONDUCTS
INFORMATION MEETINGS, SELECTS AND TRAINS 16 WOMEN PER COMMUNITY, FURTHER
BUILDS THE CAPACITY OF 4 CORE ACTIVIST PER COMMUNITY, CONTRIBUTES TO THE
RESEARCH ON 1325 IN THE REGION
149 IMPLEMENTATION OF PROJECT TOGETHER IN COMMON REALITY IN IDP
SETTLEMENTS
150 FOOD SECURITY INITIATIVE A GABERO
151 WOMEN EMPOWERMENT PROGRAM
152 WOMEN EMPOWERMENT PROGRAM
153 WOMEN EMPOWERMENT PROGRAM
154 WOMEN EMPOWERMENT PROGRAM
155 WOMEN EMPOWERMENT PROGRAM
156 WOMEN EMPOWERMENT PROGRAM
157 EMERGENCY ASSISTANCE TENTS + NFI SETS DISTRIBUTED TO 250 HHS IN SWAT
(DUE TO SITUATION 7 HHS SUPPORTED IN SWAT AND REST DISTRIBUTED AT

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

NOWSHERA)

158 EMERGENCY ASSISTANCE - TENTS, NFI SETS DISTRIBUTION IN SWAT AND

NOWSHERA

159 EMERGENCY ASSISTANCE - TENTS, NFI SETS DISTRIBUTION IN SWAT AND

NOWSHERA

160 EMERGENCY ASSISTANCE PROVIDE BASIC HEALTH CARE + HEALTH AND HYGIENE

EDUCATION + INSTALLATION OF WATER PURIFICATION

161 PSYCHO SOCIAL SUPPORT TO THE FLOOD AFFECTED CHILDREN OF KHYBER

PAKHTOONKWA

162 HUMANITARIAN ASSISTANCE TO CONFLICT AFFECTED FAMILIES IN FLOOD HIT

AREAS OF KHYBER PAKHTOON KHWA PROVINCE OF PAKISTAN

163 ADDITIONAL RELIEF PAKISTAN FLOODS 2010 - CARE AUSTRALIA APPEAL

164 FLOOD AFFECTED COMMUNITIES IN KHYBER PAKHTUNKWHA

165 WINTERIZED BEDDING FOR FLOOD AFFECTED COMMUNITIES IN SOUTH PUNJAB,

SINGH AND KHYBER PAKHTOONKHWA, PAKISTAN

166 INDIA FLOOD RELIEF

167 INDIA FLOOD RELIEF

168 TSUNAMI EMERGENCY RESPONSE

169 TSUNAMI EMERGENCY RESPONSE

170 TSUNAMI EMERGENCY RESPONSE

171 MICRO INSURANCE

172 TITLE II PHASE OUT IN INDIA

173 IMPROVEMENT OF THE QUALITY OF LIFE OF POOR URBAN AND RURAL

HOUSEHOLDS IN TOGO THROUGH AN INTEGRAL MANAGEMENT OF WATER RESOURCES

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

174 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE
BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A
COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

175 PROVIDING WATER CONNECTIONS TO 300 POOR FAMILIES IN BENI SUEF

176 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA
SOCIETY

177 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA
SOCIETY

178 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES
USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH
AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN
SCALE UP CITIES.

179 PROPER MAINTENANCE AND USE OF WATER SOURCES

180 PROPER MAINTENANCE AND USE OF WATER SOURCES

181 RELIEF AND RECOVERY IN SINDH AND SOUTH PUNJAB, FLOODS 2010

182 EARLY RECOVERY SUPPORT TO FLOOD AFFECTED COMMUNITIES IN PAKISTAN

183 TRANSFORM THE LIVES OF 370000 POOR AND EXTREME POOR (PEP) HOUSEHOLDS
IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY
REDUCING THEIR VULNERABILITY TO FOOD INSECURITY.

184 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES
USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH
AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN
SCALE UP CITIES.

185 BUILD THE TECHNICAL AND INSTITUTIONAL CAPACITY OF LOCAL ORGANIZATIONS

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

TO PROVIDE A CORE PACKAGE OF SERVICES FOR OVC AND SUPPORT ORGANIZATIONAL
DEVELOPMENT OF CBOS THAT RESPOND TO THE NEEDS OF OVCS

186 TO IMPROVE LIVELIHOOD OF PASTORAL COMMUNITIES STATED AS "IMPROVED
WELFARE OF PASTORALISTS IN MBULU DISTRICT

187 ROC-KWO (TRANSFORMING LIVES)

188 ROCO KWO IS A WOMEN EMPOWERMENT PROGRAM WITH A GOAL TO IMPROVE THE
LIFE OF WOMEN AND GIRLS OF REPRODUCTIVE AGE AFFECTED BY CONFLICT IN
NORTHERN UGANDA

189 ORIGINAL MEMORANDUM OF UNDERSTANDING PROVIDES FOR TRANSFER OF FUNDS
TO FINANCE EXPENSES RELATED TO ACTIVITIES OF TECHNICAL AND ADMINISTRATIVE
STAFF ASSIGNED TO PROJECT POWER AND TRAINING TO 64 MUNICIPAL COUNCILS.

190 ORIGINAL LETTER OF UNDERSTANDING STATES THAT THIS VALUE WILL BE
TRANSFERRED TO FUND EXPENSES RELATED TO ACTIVITIES OF TECHNICAL AND
ADMINISTRATIVE STAFF ASSIGNED TO PROJECT POWER AND TRAINING 64 MUNICIPAL
COUNCILS.

191 BUILD THE TECHNICAL AND INSTITUTIONAL CAPACITY OF LOCAL ORGANIZATIONS
TO PROVIDE A CORE PACKAGE OF SERVICES FOR OVC AND SUPPORT ORGANIZATIONAL
DEVELOPMENT OF CBOS THAT RESPOND TO THE NEEDS OF OVCS

192 BUILD THE TECHNICAL AND INSTITUTIONAL CAPACITY OF LOCAL ORGANIZATIONS
TO PROVIDE A CORE PACKAGE OF SERVICES FOR OVC AND SUPPORT ORGANIZATIONAL
DEVELOPMENT OF CBOS THAT RESPOND TO THE NEEDS OF OVCS

193 IMPLEMENT THE POWER TO LEAD ALLIANCE ACTING AS A CORE INACTIVE OF THE
POWER WITHIN PROGRAM IN ORDER TO CREATE, STRENGTHEN AND SCALE UP DIVERSE
LEADERSHIP OPPORTUNITIES FOR GIRLS IN INDIA THROUGH EXTRA-CURRICULAR

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ACTIVITIES, SOCIAL NETWORKS AND CIVIC ACTION

194 STRENGTHENING LOCAL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT IN IT
WARE FOREST RESERVE AND MUHOORO WETLANDS IN KABAROLE DISTRICT.

195 STRENGTHENING LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT
(NRM) AND PROMOTING ACCOUNTABILITY AND LOCAL LEVEL ADVOCACY IN 7
SUB-COUNTIES IN KABAROLE DISTRICT.

196 8 NETWORKS OF WOMEN SOLIDARITY GROUPS HAVE STRENGTHENED CAPACITY TO
UNDERTAKE ADVOCACY INITIATIVES WITH WOMEN ASSOCIATIONS AROUND WOMEN TO
PROPERTY.

197 PROTECTION OF CHILD RIGHTS, IMPROVE WORKING CHILDREN ACCESS TO
FUNCTIONAL EDUCATION & LIFE SKILL WITH IMPROVE OF WORKING CONDITION.

198 TO IMPLEMENT COMMUNITY BASED MICROFINANCE

199 1, SOCIAL INCLUSION, 2. ECONOMIC EMPOWERMENT, 3. PRO-POOR GOVERNANCE
& 4. LEARNING AND INFLUENCING

200 TRANSFORM THE LIVES OF 370000 POOR & EXTREME POOR (PEP) HOUSEHOLDS IN
11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS BY REDUCING THEIR
VULNERABILITY TO FOOD INSECURITY, UNDER THE FIVE SPECIFIC OBJECTIVES.

201 ESDO WILL WORK TO ACHIEVE THOSE GOALS AND OBJECTIVE OF THE ADDRESSED
REDUCTION OF POVERTY AND HUNGER FOR THE POOREST AND MOST VULNERABLE
HOUSEHOLDS IN THE PROJECT AREA FUNDED BY EU.

202 TSUNAMI EMERGENCY RESPONSE

203 IMPLEMENT COMMUNITY BASED MICROFINANCE PROJECT

204 PROVIDING WATER CONNECTION TO 223 POOR FAMILIES IN BENI SUIF

205 STRENGTHENING LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

(NRM) AND PROMOTING ACCOUNTABILITY AND LOCAL LEVEL ADVOCACY IN 7

SUB-COUNTIES IN KABAROLE DISTRICT.

206 CONTRIBUTE TO NATIONAL EFFORT IN ORDER TO ACHIEVE THE MILLENNIUM GOAL

IN TERMS OF QUALITY OF PRIMARY SCHOOL IN THE COMMONS OF KALALA AND NIKKI

207 INCREASE PRIVATE SECTOR COMPETIVENESS

208 REINFORCE THE MECHANISMS OF PREVENTION AND REHABILITATION OF CASES OF

ABUSE IN EIGHT DEPARTMENTS OF BENIN

209 IMPROVE LIVELIHOOD AND PEACE AS WELL AS HARMONY ENHANCED AMONG

KILINDI PASTORALIST AND AGRO PASTORALIST COMMUNITIES

210 EMPOWERMENT OF LAS NSAS IN RESPONDING ECONOMIC DEVELOPMENT

OPPORTUNITIES AND CLIMATE CHANGE AND DISASTER VULNERABILITY PROJECT

(PRODUCE)

211 TO IMPROVE THE LIVELIHOOD OF PASTORALIST WOMEN AND YOUTHS IN MONDULI

DISTRICT THROUGH CAPACITY BUILDING ON PASTORALIST, CONFLICT RESOLUTION

AND ADVOCACY FOR THEIR RIGHTS OVER LAND.

212 SOCIO ECONOMIC DEVELOPMENT OF EX-COMBATANTS AND COMMUNITY MEMBERS IN

GOMA AND NYIRAGONGO IN NORTH KIVU

213 COMMUNITY ALLIED AGAINST VIOLENCE AND AIDS (CAVA)

214 HELP REDUCE THE VULNERABILITY OF CHILDREN IN SCHOOLS AFFECTED BY 2011

FLOODS IN BENIN

215 IMPROVEMENT OF THE QUALITY OF LIFE OF POOR URBAN AND RURAL

HOUSEHOLDS IN TOGO THROUGH AN INTEGRAL MANAGEMENT OF WATER RESOURCES

216 ROCO-KWO IS A WOMEN EMPOWERMENT PROGRAM WITH A GOAL TO IMPROVE THE

LIFE OF WOMEN AND GIRLS OF REPRODUCTIVE AGE AFFECTED BY CONFLICT IN

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

NORTHERN UGANDA.

217 HARNESSING OPPORTUNITIES TO PROTECT AND END VIOLENCE IN NORTHERN
UGANDA

218 ROCO-KWO (TRANSFORMING LIVES)

219 PROMOTION, EXPANSION AND QUALITY CONTROL OF AGREED AND PROVEN BEST
PRACTICES OF VSLA MECHANISMS

220 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY
MOBILIZATION)

221 HARNESSING OPPORTUNITIES TO PROTECT AND END VIOLENCE IN NORTHERN
UGANDA

222 GOVERNANCE INITIATIVE FOR RIGHTS AND ACCOUNTABILITY IN FOREST
MANAGEMENT

223 CONSERVATION AGRICULTURE PROJECT

224 SUPPORT WOMEN FARMERS IN TOGO TO BUILD THEIR AGRICULTURAL CAPACITY,
INCREASE THEIR FOOD AND LIVELIHOOD, IMPROVE NUTRITION AND HEALTH IN THEIR
FAMILIES

225 DEVELOPMENT EDUCATION GIRLS EMPOWERMENT

226 DEVELOPMENT EDUCATION GIRLS EMPOWERMENT

227 PROJET WASH IN SCHOOL

228 BUILD THE TECHNICAL AND INSTITUTIONAL CAPACITY OF LOCAL ORGANIZATIONS
TO PROVIDE A CORE PACKAGE OF SERVICES FOR OVC AND SUPPORT ORGANIZATIONAL
DEVELOPMENT OF CBOS THAT RESPOND TO THE NEEDS OF OVCS

229 MILK PRODUCTION

230 CHILD SURVIVAL AND HEALTH GRANT PROGRAM

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

231 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

232 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

233 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

234 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

235 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

236 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

237 IMPROVED ACCESS TO HUMANITARIAN ASSISTANCE AND PROTECTION FOR FLOOD AFFECTED COMMUNITIES

238 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA SOCIETY

239 IMPLEMENTATION OF PROJECT TOGETHER IN COMMON REALITY IN IDP SETTLEMENTS

240 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA SOCIETY

241 1, SOCIAL INCLUSION, 2. ECONOMIC EMPOWERMENT, 3. PRO-POOR GOVERNANCE

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

& 4. LEARNING AND INFLUENCING

242 TRANSFORM THE LIVES OF 370000 POOR & EXTREME POOR (PEP) HOUSEHOLDS IN
11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS BY REDUCING THEIR
VULNERABILITY TO FOOD INSECURITY, UNDER THE FIVE SPECIFIC OBJECTIVES.

243 SUSTAINABLE IMPROVEMENT IN MATERNAL AND NEW BORN HEALTH

244 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES
USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH
AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN
SCALES UP CITIES.

245 SUSTAINABLE IMPROVEMENT IN MATERNAL AND NEW BORN HEALTH

246 HEALTH INITIATIVE

247 FOOD SECURITY THROUGH THE PROMOTION OF IRRIGATION

248 FOOD SECURITY THROUGH THE PROMOTION OF IRRIGATION

249 REHABILITATION NIGER RIVER DELTA

250 COMMUNITY HEALTH PROGRAM

251 ROCO-KWO (TRANSFORMING LIVES)

252 ROCO-KWO IS A WOMEN EMPOWERMENT PROGRAM WITH A GOAL TO IMPROVE THE
LIFE OF WOMEN AND GIRLS OF REPRODUCTIVE AGE AFFECTED BY CONFLICT IN
NORTHERN UGANDA

253 HARNESSING OPPORTUNITIES TO PROTECT AND END VIOLENCE IN NORTHERN
UGANDA

254 TO CONTRIBUTE TO THE IMPROVEMENT OF THE WELFARE AND LIVELIHOOD OF
PASTORAL COMMUNITIES.

255 IMPLEMENT THE COMPONENT OF CHILD RIGHTS AND PROTECTION IN NISU

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PROJECT

256 WORKS WITH GRASS ROOTS IN FOUR PRE-SELECTED COMMUNITIES, CONDUCTS INFORMATION MEETINGS, SELECTS AND TRAINS 16 WOMEN PER COMMUNITY, FURTHER BUILDS THE CAPACITY OF 4 CORE ACTIVIST PER COMMUNITY, CONTRIBUTES TO THE RESEARCH ON 1325 IN THE REGION

257 FLOOD RESPONSE AND SUPPORT

258 WOMEN AFFECTED BY CONFLICT IN UGANDA AND NEPAL ARE ABLE TO EXERCISE WOMEN RIGHTS BY EMPOWERMENT

259 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

260 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

261 SHELTER ASSISTANCE AND RESTORATION OF SANITATION FOR THE CYCLONE AILA AFFECTED POOR AND MARGINALIZED PEOPLE IN BANGLADESH. REDUCED VULNERABILITY AND IMPROVED WELL-BEING OF VULNERABLE PEOPLE AFFECTED BY CYCLONE AILA IN NOAKHALI DISTRICT OF BANGLADESH.

262 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY MOBILIZATION)

263 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY MOBILIZATION)

264 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY MOBILIZATION)

265 IMPROVE WATER AND SANITATION CONDITIONS THROUGH WATER SYSTEM

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ESTABLISHMENT, SANITATION IMPROVEMENT AND HYGIENE PROMOTION IN 300
HOUSEHOLDS

266 HUMANITARIAN ASSISTANCE TO CYCLONE AILA AFFECTED POPULATION IN WEST
BENGAL INDIA

267 TO REDUCE THE ADVERSE EFFECTS OF HIV/AIDS, POVERTY, EXPLOITATION AND
ABUSE OF ORPHANS AND CHILDREN IDENTIFIED AS MOST VULNERABLE.

268 TO CONTRIBUTE TO THE IMPROVEMENT OF THE WELFARE AND LIVELIHOOD OF
PASTORAL COMMUNITIES.

269 TO REDUCE THE ADVERSE AFFECTS OF HIV/AIDS, POVERTY, EXPLOITATION AND
ABUSE ON ORPHANS AND CHILDREN IDENTIFIED AS MOST VULNERABLE.

270 BALASAYOHA PHASE II

271 SUPPORT WOMEN FARMERS IN TOGO TO BUILD THEIR AGRICULTURAL CAPACITY,
INCREASE THEIR FOOD AND LIVELIHOOD, IMPROVE NUTRITION AND HEALTH IN THEIR
FAMILIES

272 STRENGTHENING AWARENESS, KNOWLEDGE AND SKILLS FOR HIV/AIDS
MANAGEMENT

273 EMERGENCY ASSISTANCE TENTS + NFI SETS DISTRIBUTED TO 250 HHS IN SWAT
(DUE TO SITUATION 7 HHS SUPPORTED IN SWAT AND REST DISTRIBUTED AT
NOWSHERA)

274 EMERGENCY ASSISTANCE PROVIDE BASIC HEALTH CARE + HEALTH AND HYGIENE
EDUCATION + INSTALLATION OF WATER PURIFICATION

275 EMERGENCY ASSISTANCE PROVIDE BASIC HEALTH CARE + HEALTH AND HYGIENE
EDUCATION + INSTALLATION OF WATER PURIFICATION

276 EMERGENCY RELIEF FOR FLOOD AFFECTED PEOPLE IN KHYBER PAKHTUNKHWA

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

277 ADDITIONAL RELIEF PAKISTAN FLOODS 2010 - CARE AUSTRALIA APPEAL

278 HUMANITARIAN ASSISTANCE TO CONFLICT AFFECTED FAMILIES IN FLOOD HIT
AREAS OF KHYBER PAKHTOON KHWA PROVINCE OF PAKISTAN

279 PSYCHO SOCIAL SUPPORT TO THE FLOOD AFFECTED CHILDREN OF KHYBER
PAKHTOONKWA

280 HUMANITARIAN ASSISTANCE TO CONFLICT AFFECTED FAMILIES IN FLOOD HIT
AREAS OF KHYBER PAKHTOON KHWA PROVINCE OF PAKISTAN

281 FLOOD AFFECTED COMMUNITIES IN KHYBER PAKHTUNKWA

282 FLOOD AFFECTED COMMUNITIES IN KHYBER PAKHTUNKWA

283 SUPPORT TO FLOOD AFFECTED COMMUNITIES IN KHYBER PAKHTOONKHWA

284 ADDITIONAL RELIEF PAKISTAN FLOODS 2010 - CARE AUSTRALIA APPEAL

285 HUMANITARIAN ASSISTANCE TO CONFLICT AFFECTED FAMILIES IN FLOOD HIT
AREAS OF KHYBER PAKHTOON KHWA PROVINCE OF PAKISTAN

286 PSYCHO SOCIAL SUPPORT TO THE FLOOD AFFECTED CHILDREN OF KHYBER
PAKHTOONKWA

FORM 990, SCHEDULE F, PART II, COLUMN (D) - PURPOSE

287 EMERGENCY ASSISTANCE PROVISION OF 250 NFI WITH TRANSITIONAL TENTS TO
THE FLOOD AFFECTED PEOPLE 6UCS (MADIAN, FATEH PUR, THERAT, MIADAM,
BEHRAIN, BESHIGRAM) OF DISTRICT SWAT AS AN INITIAL SUPPORT.

288 EMERGENCY RESPONSE TO THE MONSOON FLOOD AFFECTED AREAS IN 2 DISTRICTS
OF KHYBER PAKHTOONKHWA, PAKISTAN

289 EMERGENCY ASSISTANCE - TENTS, NFI SETS DISTRIBUTION IN SWAT AND
NOWSHERA

290 SUPPORT MECHANISM FOR THE PROMOTION OF VILLAGE SAVINGS AND LOAN

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ASSOCIATIONS IN BUSIA AND BUGIRI DISTRICT.

291 ENTERPRISE, ENVIRONMENT AND EQUITY IN THE VIRUNGA LANDSCAPE FO THE
GREAT LAKES

292 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE
BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A
COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

293 EARLY RECOVERY ASSISTANCE TO CYCLONE AILA AFFECTED POOR AND
MARGINALIZED PEOPLE IN BANGLADESH. THIS WILL BE ACHIEVED BY INCOME
SUPPORT THROUGH CASH FOR WORK AND RISING HOME STEAD PLINTH, WATSAN,
INCOME GENERATION ACTIVITIES AND NFI DISTRIBUTION.

294 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA
SOCIETY

295 SURE START AN INTEGRATED APPROACH TO MATERNAL AND NEWBORN HEALTH
WITHIN A BROADER CONTINUUM OF HEALTH SERVICES AND PROGRAMS

296 PROVIDE TECHNICAL ASSISTANCE AND TRAINING TO PROSADE TECHNICAL TEAM,
IN THE COMPONENT OF SUSTAINABLE SOIL AND WATER, EMPHASIZING INNOVATION IN
AGRICULTURAL PRODUCTION SYSTEMS FOR FOOD SECURITY OF BENEFICIARIES OF THE
PROJECT

297 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY
MOBILIZATION)

298 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY
MOBILIZATION)

299 STRENGTHENING LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT
(NRM) AND PROMOTING ACCOUNTABILITY AND LOCAL LEVEL ADVOCACY IN 7

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SUB-COUNTIES IN KABAROLE DISTRICT.

300 GLOBAL WATER INITIATIVE

301 TITLE II PHASE OUT IN INDIA

302 INCREASED UNDERSTANDING OF GENDER NORMS, PRACTICES AND BEHAVIORS

REGARDING MARRIAGE THAT CONTRIBUTE TO VAW, BEHAVIOR CHANGE COMMUNICATIONS

CAMPAIGN PREVENTING VAW DEVELOPED AND IMPLEMENTED.

303 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES

USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH

AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN

SCALES UP CITIES.

304 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES

USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH

AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN

SCALES UP CITIES.

305 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE

BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A

COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

306 TO TRANSFER THE LIVES OF WOMEN AND MEN IN 370000 HOUSEHOLDS IN 11 OF

THE POOREST AND MOST MARGINALIZED DISTRICTS BY REDUCING THEIR

VULNERABILITY TO FOOD INSECURITY THROUGH FIVE THEMATIC AREAS.

307 STRENGTHENING LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT

(NRM) AND PROMOTING ACCOUNTABILITY AND LOCAL LEVEL ADVOCACY IN 7

SUB-COUNTIES IN KABAROLE DISTRICT.

308 STRENGTHEN LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

- 309 RELIEF AND RECOVERY IN SINDH AND SOUTH PUNJAB, FLOODS 2010
- 310 INTEGRATED WASH AND HEALTH RESPONSE TO FLOOD AFFECTED POPULATIONS
- 311 EMERGENCY FOOD ASSISTANT FAMILIES AFFECTED BY THE MOONSOON IN PAKISTAN
- 312 TO IMPROVE QUALITY OF LIFE OF RURAL POOR HOUSE HOLD IN TANZANIA THROUGH ENSURING ACCESS TO FINANCIAL SERVICES
- 313 PILOTING REDD IN ZANZIBAR THROUGH COMMUNITY FOREST MANAGEMENT
- 314 FRAME YOUTH IN ORDER TO BE SENSITIVE TO VIOLENCE AGAINST WOMEN AND GIRLS
- 315 PROMOTION, EXPANSION AND QUALITY CONTROL OF AGREED AND PROVEN BEST PRACTICES IN VSLA MECHANISMS
- 316 STRENGTHENING LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT (NRM) AND PROMOTING ACCOUNTABILITY AND LOCAL LEVEL ADVOCACY IN 7 SUB-COUNTIES IN KABAROLE DISTRICT.
- 317 STRENGTHENING LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT (NRM) AND PROMOTING ACCOUNTABILITY AND LOCAL LEVEL ADVOCACY IN 7 SUB-COUNTIES IN KABAROLE DISTRICT.
- 318 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA SOCIETY
- 319 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA SOCIETY
- 320 IMPLEMENTATION OF PROJECT YOUTH FROM SHIDA KARTLI FOR PEACEFUL LIVING TOGETHER IN IDP SETTLEMENTS
- 321 IMPLEMENTATION OF PROJECT YOUTH FROM SHIDA KARTLI FOR PEACEFUL LIVING

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

TOGETHER IN IDP SETTLEMENTS

322 LINKED FOR LEARNING - TO ENABLE A SEAMLESS TRANSITION FROM HOME TO PRESCHOOLS AND FROM PRESCHOOLS TO SCHOOLS FOR CHILDREN FROM MARGINALIZED COMMUNITIES IN THE BIHAR STATE OF INDIA

323 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA SOCIETY

324 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

325 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

326 SUSTAINABLE POVERTY REDUCTION AMONGST MARGINALIZED COMMUNITIES IN GEORGIA, THROUGH STRENGTHENED CIVIL SOCIETY AND LOCAL GOVERNANCE PROCESSES.

327 ROAD REHABILITATION

328 STRENGTHENING LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT (NRM) AND PROMOTING ACCOUNTABILITY AND LOCAL LEVEL ADVOCACY IN 7 SUB-COUNTIES IN KABAROLE DISTRICT.

329 PROMOTION, EXPANSION AND QUALITY CONTROL OF AGREED AND PROVEN BEST PRACTICES IN VSLA MECHANISMS

330 HARNESSING OPPORTUNITIES TO PROTECT AND END VIOLENCE IN NORTHERN UGANDA

331 CONSTRUCTION OF EARLY CHILDHOOD DEVELOPMENT CENTRE

332 ESTABLISHMENT OF EARLY CHILDHOOD DEVELOPMENT CENTERS

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

333 ESTABLISHMENT OF EARLY CHILDHOOD DEVELOPMENT CENTERS

334 PROMOTION, EXPANSION AND QUALITY OF AGREED AND PROVEN BEST PRACTICES
OF VSLA MECHANISM.

335 TO IMPROVE LIVELIHOOD OF PASTORAL COMMUNITIES STATED AS "IMPROVING
THE LIVELIHOOD OF PASTORALISTS IN KITETO

336 STRENGTHENING LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT
(NRM) AND PROMOTING ACCOUNTABILITY AND LOCAL LEVEL ADVOCACY IN 7
SUB-COUNTIES IN KABAROLE DISTRICT.

337 TO CONTRIBUTE TO THE IMPROVEMENT OF WELFARE AND LIVELIHOOD OF
PASTORAL COMMUNITIES IN KITETO DISTRICT

338 ROCO-KWO (TRANSFORMING LIVES)

339 ROCO-KWO IS A WOMEN EMPOWERMENT PROGRAM WITH A GOAL TO IMPROVE THE
LIFE OF WOMEN AND GIRLS OF REPRODUCTIVE AGE AFFECTED BY CONFLICT IN
NORTHERN UGANDA

340 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE
BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A
COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

341 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA
SOCIETY

342 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE
BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A
COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

343 PROMOTION, EXPANSION AND QUALITY CONTROL OF AGREED AND PROVEN BEST
PRACTICES IN VSLA MECHANISMS

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

344 BUILD THE TECHNICAL AND INSTITUTIONAL CAPACITY OF LOCAL ORGANIZATIONS
TO PROVIDE A CORE PACKAGE OF SERVICES FOR OVC AND SUPPORT ORGANIZATIONAL
DEVELOPMENT OF CBOS THAT RESPOND TO THE NEEDS OF OVCS

345 SUPPORT WAR VICTIMS

346 ASSISTANCE FOR RETURNEES IN NORTHERN SRI LANKA

347 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL
CSOS

348 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND
CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND
SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

349 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY
MOBILIZATION)

350 ICE CREAM BUSINESS

351 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND
CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND
SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

352 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL
CSOS

353 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES
USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH
AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN
SCALES UP CITIES.

354 HEALTH INITIATIVE

355 IMPROVED LIVELIHOOD SECURITY IN PIPELINE COMMUNITIES THROUGH

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

AGRICULTURAL SERVICES AND BETTER ACCESS TO MARKETS

356 TO IMPROVE LIVELIHOOD OF PASTORAL COMMUNITIES STATED AS "IMPROVED LIVELIHOOD SECURITY OF PASTORALIST IN AN UNDERSERVED AND MARGINALIZED AREA IN LONGIDO DISTRICT".

357 TO STRENGTHEN THE PASTORALISTS COMMUNITY CAPACITY IN PEACE AND RECONCILIATION TO BE ABLE TO PARTICIPATE IN PREVENTING AND RESOLVING CONFLICTS AND SUSTAINABLE PEACE MAINTENANCE.

358 TO TRANSFER THE LIVES OF WOMEN AND MEN IN 370000 HOUSEHOLDS IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS BY REDUCING THEIR VULNERABILITY TO FOOD INSECURITY THROUGH FIVE THEMATIC AREAS.

359 BUILD THE TECHNICAL AND INSTITUTIONAL CAPACITY OF LOCAL ORGANIZATIONS TO PROVIDE A CORE PACKAGE OF SERVICES FOR OVC AND SUPPORT ORGANIZATIONAL DEVELOPMENT OF CBOS THAT RESPOND TO THE NEEDS OF OVCS

360 BUILD THE TECHNICAL AND INSTITUTIONAL CAPACITY OF LOCAL ORGANIZATIONS TO PROVIDE A CORE PACKAGE OF SERVICES FOR OVC AND SUPPORT ORGANIZATIONAL DEVELOPMENT OF CBOS THAT RESPOND TO THE NEEDS OF OVCS

361 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

362 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN SCALES UP CITIES.

363 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH
AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN
SCALES UP CITIES.

364 SUSTAINABLE AGRICULTURE DEVELOPMENT PROJECT

365 MSCS PROVIDES STI SERVICES FOR THE INJECTING DRUG USERS (IDU) THROUGH
35 DIC(S) OF CARE-B CONSORTIUM IN 12 DISTRICTS.

366 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND
CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND
SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

367 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL
CSOS

368 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL
CSOS

369 PROVIDING WATER CONNECTIONS TO 500 POOR FAMILIES IN BENISUEF

370 AUTO SERVICE

371 TSUNAMI EMERGENCY RESPONSE

372 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL
CSOS

373 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND
CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND
SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

374 MAB PROVIDES ESSENTIAL SERVICES FOR HIV POSITIVE INJECTING USERS
(IDU) THROUGH RESCUE AND REFERRAL SERVICE, OPPORTUNISTIC INFECTION
MANAGEMENT, NUTRITIONAL SUPPORT, COUNSELING AND FUNERAL SERVICES AS

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

WELL.

375 WATER AND SANITATION INFRASTRUCTURE

376 WATER AND SANITATION INFRASTRUCTURE

377 WATER AND SANITATION INFRASTRUCTURE

378 WATER AND SANITATION INFRASTRUCTURE

379 WATER AND SANITATION INFRASTRUCTURE

380 WATER AND SANITATION INFRASTRUCTURE

381 WATER AND SANITATION INFRASTRUCTURE

382 WATER AND SANITATION INFRASTRUCTURE

383 SUSTAINABLE POVERTY REDUCTION AMONGST MARGINALIZED COMMUNITIES IN

GEORGIA, THROUGH STRENGTHENED CIVIL SOCIETY AND LOCAL GOVERNANCE

PROCESSES.

384 IMPLEMENTATION OF THE RURAL DEVELOPMENT IN THE REGION OF

RACHA-LECHKHUMI, GEORGIA

385 IMPACT MEASUREMENT PROGRAM INITIATIVE UNDER AGRICULTURE AND FOOD

SECURITY PROGRAM IN GHANA

386 TO CONTRIBUTE TO THE FIGHT AGAINST POVERTY BY ENSURING ACCESS TO FOOD

FOR ALL AND INCREASED SOCIAL PROTECTION IN NORTHERN GHANA

387 TO BUILD THE CAPACITY OF TARGETED COMMUNITIES TO BE ABLE TO ENGAGE IN

ACTIVITIES ON THE CONTINUUM FROM PREVENTION TO CARE AND SUPPORT IN A

COMPETE AND NON-STIGMATIZING MANNER.

388 TRANSFORM THE LIVES OF 370000 POOR & EXTREME POOR (PEP) HOUSEHOLDS IN

11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS BY REDUCING THEIR

VULNERABILITY TO FOOD INSECURITY, UNDER THE FIVE SPECIFIC OBJECTIVES.

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

389 SURE START AN INTEGRATED APPROACH TO MATERNAL AND NEWBORN HEALTH
WITHIN A BROADER CONTINUUM OF HEALTH SERVICES AND PROGRAMS

390 SURE START AN INTEGRATED APPROACH TO MATERNAL AND NEWBORN HEALTH
WITHIN A BROADER CONTINUUM OF HEALTH SERVICES AND PROGRAMS

391 DISASTER RISK REDUCTION AWARENESS PROGRAM

392 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA
SOCIETY

393 PILOTING REDD IN ZANZIBAR THROUGH COMMUNITY FOREST MANAGEMENT

394 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND
CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND
SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

395 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL
CSOS

396 HARNESSING OPPORTUNITIES TO PROTECT AND END VIOLENCE IN NORTHERN
UGANDA

397 IMPLEMENT PUBLIC POLICY INFORMATION MONITORING AND ADVOCACY PROJECT

398 COMMUNITY HEALTH PROGRAM

399 COMMUNITY HEALTH PROGRAM

400 IMPLEMENTATION OF THE RURAL DEVELOPMENT IN THE REGION OF
RACHA-LECHKHUMI, GEORGIA

401 EDUCATION ET FORMATION

402 DEVELOP AND SUPPORT THE VALUE CHAIN OF GROUNDNUTS, SOYA BEANS AND
SESAME SUB-SECTORS BY INCREASING ACCESS TO FINANCIAL SERVICES, FARM
INPUTS, COMPETITIVE MARKETS AND EXTENSION SERVICES TO INCREASE

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PROFITABILITY OF SMALL HOLDER FARMERS

403 CAPACITY BUILDING PROGRAM FOR COMMUNITY

404 LIVELIHOOD RELATED TRAINING.

405 CAPACITY BUILDING PROGRAM FOR COMMUNITY.

406 CAPACITY BUILDING PROGRAM FOR COMMUNITY,

407 CAPACITY BUILDING PROGRAM FOR COMMUNITY

408 PROMOTION, EXPANSION AND QUALITY CONTROL OF AGREED AND PROVEN VSLA

MECHANISMS

409 THE ADAPTATION LEARNING PROGRAM FOR AFRICA (ALP) IN GHANA

410 TO CONTRIBUTE TO THE FIGHT AGAINST POVERTY BY ENSURING ACCESS TO FOOD

FOR ALL AND INCREASED SOCIAL PROTECTION IN NORTHERN GHANA

411 SCALING UP VSLA'S - A MODEL COMMUNITY MANAGED MICROFINANCE SERVICES

TARGETING POOR HOUSEHOLDS IN GHANA

412 SUSTAINABLE IMPROVEMENT IN MATERNAL AND NEW BORN HEALTH

413 FLOOD 2010 RELIEF & RECOVERY PROJECT FOR SINDH

414 EMERGENCY SUPPORT

415 TO IMPROVE QUALITY OF LIFE OF RURAL POOR HOUSEHOLD IN TANZANIA

THROUGH ENSURING ACCESS TO FINANCIAL SERVICES.

416 SUSTAINABLE IMPROVEMENT IN MATERNAL AND NEW BORN HEALTH

417 THE OVERARCHING GOAL OF THE PROJECT IS TO IMPROVE THE STATUS OF

UNDERWEIGHT CHILDREN UNDER AGE 2 AND ADDRESS RELATED MATERNAL NUTRITION

PRACTICES TO ACHIEVE MDG 1.

418 TO REDUCE EXTREME POVERTY, FOOD INSECURITY AND VULNERABILITY IN THE

HOAR REGION OF NORTHEAST BANGLADESH. TO SUSTAINABLY IMPROVED FOOD ACCESS

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

AND UTILIZATION AND REDUCE VULNERABILITY FOR WOMEN AND THEIR DEPENDENTS.

419 TO TRANSFER THE LIVES OF WOMEN AND MEN IN 370000 HOUSEHOLDS IN 11 OF
THE POOREST AND MOST MARGINALIZED DISTRICTS BY REDUCING THEIR
VULNERABILITY TO FOOD INSECURITY THROUGH FIVE THEMATIC AREAS.

420 EMERGENCY ASSISTANCE TO FLASH FLOOD AFFECTED POOR AN MARGINALIZED
PEOPLE IN NORTHEAST BANGLADESH'

421 PROJECT AIMS TO REDUCE VULNERABILITY AND IMPROVED WELL-BEING OF
VULNERABLE PEOPLE AFFECTED BY FLOOD AFFECTED AREA IN KISHOREGONJ DISTRICT
OF BANGLADESH.

422 TO IMPROVE LIVELIHOOD OF PASTORAL COMMUNITIES STATED AS "ENHANCED
LIVELIHOODS OF PASTORALISTS AND AGRO-PASTORALISTS IN SAME DISTRICT".

423 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL
CSOS

424 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND
CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND
SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

425 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL
CSOS

426 PHDT IS THE IMPLEMENTATION PARTNER OF PLANTATION COMMUNITY
EMPOWERMENT PROJECT AND THE PARTNER IS MAINLY HANDLING THE SOCIAL
MOBILIZATION PART OF THE PROJECT.

427 PHDT IS THE IMPLEMENTATION PARTNER OF PLANTATION COMMUNITY
EMPOWERMENT PROJECT AND THE PARTNER IS MAINLY HANDLING THE SOCIAL
MOBILIZATION PART OF THE PROJECT.

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

428 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES
USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH
AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN
SCALE UP CITIES.

429 HEALTH INITIATIVE

430 WORK TOWARDS A HOLISTIC DAIRY DEVELOPMENT IN THE REGION THROUGH
ESTABLISHMENT OF SUSTAINABLE INPUTS PROVISION AND COMMUNICATION.

431 TO CONTRIBUTE TO THE FIGHT AGAINST POVERTY BY ENSURING ACCESS TO FOOD
FOR ALL AND INCREASED SOCIAL PROTECTION IN NORTHERN GHANA

432 THE ADAPTATION LEARNING PROGRAM FOR AFRICA (ALP) IN GHANA

433 IMPACT MEASUREMENT PROGRAM INITIATIVE UNDER AGRICULTURE AND FOOD
SECURITY PROGRAM IN GHANA

434 SCALING UP VSLA'S - A MODEL COMMUNITY MANAGED MICROFINANCE SERVICES
TARGETING POOR HOUSEHOLDS IN GHANA

435 IMPACT MEASUREMENT PROGRAM INITIATIVE UNDER AGRICULTURE AND FOOD
SECURITY PROGRAM IN GHANA

436 TO CONTRIBUTE TO THE FIGHT AGAINST POVERTY BY ENSURING ACCESS TO FOOD
FOR ALL AND INCREASED SOCIAL PROTECTION IN NORTHERN GHANA

437 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY
MOBILIZATION)

438 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY
MOBILIZATION)

439 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY
MOBILIZATION)

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

440 PROYAS PROVIDES HARM REDUCTION SERVICES FOR THE INJECTING DRUG USERS (IDU) THROUGH 3 DICS IN RAJSHAHI AND CHAPAINAWABGONJ DISTRICTS.

441 IMPLEMENTATION OF PROJECT PSYCHO-SOCIAL SUPPORT TO IDPS FOR STABILIZATION AND INTEGRATION INTO SOCIETY IN IDP SETTLEMENTS

442 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA SOCIETY

443 IMPROVE WATER AND SANITATION CONDITIONS THROUGH WATER SYSTEM ESTABLISHMENT, SANITATION IMPROVEMENT AND HYGIENE PROMOTION IN 300 HOUSEHOLDS

444 SOMALIA YOUTH LIVELIHOOD PROGRAM - TRAIN URBAN YOUTH IN BUSINESS SKILLS

445 HUMANITARIAN ASSISTANCE TO CYCLONE AILA AFFECTED POPULATION IN WEST BENGAL INDIA

446 1. SOCIAL INCLUSION, 2. ECONOMIC EMPOWERMENT, 3. PRO-POOR GOVERNANCE & 4. LEARNING AND INFLUENCING

447 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

448 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

449 SURE START AN INTEGRATED APPROACH TO MATERNAL AND NEWBORN HEALTH WITHIN A BROADER CONTINUUM OF HEALTH SERVICES AND PROGRAMS

450 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

451 FLOOD 2010 RELIEF & RECOVERY PROJECT FOR SINDH

452 INTEGRATED WASH AND HEALTH RESPONSE TO FLOOD AFFECTED POPULATIONS

453 PROMOTION, EXPANSION AND QUALITY CONTROL OF AGREED AND PROVEN BEST PRACTICES OF VSLA MECHANISMS.

454 TSUNAMI EMERGENCY RESPONSE

455 MICRO FINANCE SERVICES TO TSUNAMI AFFECTED COMMUNITIES

456 MICRO INSURANCE

457 INDIA FLOOD RELIEF

458 BANKING ON CHANGE IN INDIA

459 WATER AND SANITATION INFRASTRUCTURE

460 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA SOCIETY

461 FRAME YOUTH IN ORDER TO BE SENSITIVE TO VIOLENCE AGAINST WOMEN AND GIRLS IN BURUNDIAN SOCIETY

462 SUPPORT MICRO-FINANCE

463 CIVIL SOCIETY ORGANIZATION (CSO) NETWORKS ARE INFLUENCING KEY DECISION-MAKERS AT NATIONAL, REGIONAL AND INTERNATIONAL LEVEL IN FORMULATING AND IMPROVING FOOD SECURITY AND NUTRITION (FSN) IN BURUNDI, ZAMBIA AND MALAWI.

464 CIVIL SOCIETY ORGANIZATION (CSO) NETWORKS ARE INFLUENCING KEY DECISION-MAKERS AT NATIONAL, REGIONAL AND INTERNATIONAL LEVEL IN FORMULATING AND IMPROVING FOOD SECURITY AND NUTRITION (FSN) IN BURUNDI, ZAMBIA AND MALAWI.

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

465 TO CONTRIBUTE TO REDUCE POVERTY AND FOOD INSECURITY

466 TO CONTRIBUTE TO REDUCE POVERTY AND THE FOOD INSECURITY OF THE HOUSEHOLDS FROM 5 TOWNSHIPS OF THE PROVINCE OF MUYINGA TO BURUNDI.

467 TO TRANSFER THE LIVES OF WOMEN AND MEN IN 370000 HOUSEHOLDS IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS BY REDUCING THEIR VULNERABILITY TO FOOD INSECURITY THROUGH FIVE THEMATIC AREAS.

468 TO DEMONSTRATE EFFECTIVE GOOD PRACTICE MODELS FOR HIV PREVENTION. TO ENHANCE CAPACITY AND CONTRIBUTE TO GOVERNMENT/ CIVIL SOCIETY INSTITUTIONS. TO DEVELOP EVIDENCE-BASED ADVOCACY.

469 SOCIAL AND ECONOMIC EMPOWER OF 20,000 YOUTH GIRLS FROM BUJUMBURA AND GITEGA PROVINCE OF BURUNDI

470 IN 2013, WOMEN MEMBERS OF THE GS IN THE PROVINCES OF NGOZI, KAYANZA, MUYINGA AND KIRUNDO ARE ECONOMICALLY, SOCIALLY AND POLITICALLY EMPOWERED

471 THE PURPOSE OF THIS GRANT IS TO IMPROVE BATWA ACCESS TO HEALTH SERVICES.

472 PROMOTION, EXPANSION AND QUALITY CONTROL OF AGREED AND PROVEN BEST PRACTICES OF VSLA MECHANISMS.

473 TO CONTRIBUTE TO THE FIGHT AGAINST POVERTY BY ENSURING ACCESS TO FOOD FOR ALL AND INCREASED SOCIAL PROTECTION IN NORTHERN GHANA

474 SCALING UP VSLA'S - A MODEL COMMUNITY MANAGED MICROFINANCE SERVICES TARGETING POOR HOUSEHOLDS IN GHANA

475 PROMOTION, EXPANSION AND QUALITY CONTROL OF AGREED AND PROVEN BEST PRACTICES OF VSLA MECHANISMS.

476 LAND REGULARIZATION PROCESS, AGRICULTURE BASED ENTERPRISE DEVELOPMENT

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

AND LITERACY PROGRAM

477 TO CONTRIBUTE TO THE IMPROVEMENT OF THE WELFARE AND LIVELIHOOD OF PASTORAL COMMUNITIES.

478 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY MOBILIZATION)

479 TO IMPROVE QUALITY OF RURAL POOR HOUSEHOLDS IN TANZANIA THROUGH ENSURING ACCESS TO FINANCIAL SERVICES

480 INDIA FLOOD RELIEF

481 INDIA FLOOD RELIEF

482 MEN ENGAGEMENT FOR WOMEN EMPOWERMENT.

483 COMMUNITY ALLIED AGAINST VIOLENCE AND AIDS (CAVA)

484 TO REDUCE EXTREME POVERTY, FOOD INSECURITY AND VULNERABILITY IN THE HOAR REGION OF NORTHEAST BANGLADESH.

485 TRANSFORM THE LIVES OF 370000 POOR AND EXTREME POOR (PEP) HOUSEHOLDS IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY REDUCING THEIR VULNERABILITY TO FOOD INSECURITY.

486 EMERGENCY ASSISTANCE TO FLASH FLOOD AFFECTED POOR AN MARGINALIZED PEOPLE IN NORTHEAST BANGLADESH'

487 PROJECT AIMS TO REDUCE VULNERABILITY AND IMPROVE WELL-BEING OF VULNERABLE PEOPLE AFFECTED BY FLOOD AFFECTED AREA IN NETRAKONA DISTRICT OF BANGLADESH.

488 EDUCATION SUPPORT

489 GLOBAL WATER INITIATIVE

490 STRENGTHENING STATE AND CIVIL SOCIETY CAPACITY FOR COMPREHENSIVE

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

RESPONSE TO HIV AND AIDS.

491 POOR RURAL COMMUNITIES IN ARID AND SEMI ARID ZONES TO REDUCE THEIR VULNERABILITY TO WATER-RELATED SHOCKS AND IMPROVE THEIR QUALITY OF LIFE THROUGH INTEGRATED WATER RESOURCE MANAGEMENT IN TANZANIA.

492 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA SOCIETY

493 EMERGENCY FOOD SECURITY & LIVELIHOOD OPTIONS (CFW, AGRICULTURE, LIVESTOCK, FISHERIES ETC.) WERE VEHEMENTLY AFFECTED FROM AILA ATTACK IN KOYRA, KHULNA, BANGLADESH.

494 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA SOCIETY

495 SOCIO ECONOMIC DEVELOPMENT OF EX-COMBATANTS AND COMMUNITY MEMBERS IN GOMA AND NYIRAGONGO IN NORTH KIVU

496 TITLE II PHASE OUT IN INDIA

497 TSUNAMI EMERGENCY RESPONSE

498 TSUNAMI EMERGENCY RESPONSE

499 TSUNAMI EMERGENCY RESPONSE

500 MICRO FINANCE SERVICES TO TSUNAMI AFFECTED COMMUNITIES

501 SURE START AN INTEGRATED APPROACH TO MATERNAL AND NEWBORN HEALTH WITHIN A BROADER CONTINUUM OF HEALTH SERVICES AND PROGRAMS

502 IMPLEMENT THE POWER TO LEAD ALLIANCE ACTING AS A CORE IMITATIVE OF THE POWER WITHIN PROGRAM IN ORDER TO CREATE, STRENGTHEN AND SCALE UP DIVERSE LEADERSHIP OPPORTUNITIES FOR GIRLS IN INDIA THROUGH EXTRA-CURRICULAR ACTIVITIES, SOCIAL NETWORKS AND CIVIC ACTION

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

503 GIRLS EDUCATION PROJECT

504 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA

SOCIETY

505 INDIA FLOOD RELIEF

506 HEALTH INITIATIVE

507 TITLE II PHASE OUT IN INDIA

508 TO SUPPORT ANIMAL HEALTH PROGRAM IN RURAL VILLAGES IN THE STATE OF

ORISSA, INDIA

509 BALASAYOHA PHASE II

510 EARLY RECOVERY SUPPORT TO FLOOD AFFECTED COMMUNITIES IN PAKISTAN

511 TSUNAMI EMERGENCY RESPONSE

512 TSUNAMI EMERGENCY RESPONSE

513 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA

SOCIETY

514 HEALTH INITIATIVE

515 SUSTAINABLE IMPROVEMENT IN MATERNAL AND NEW BORN HEALTH

516 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES

USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH

AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN

SCALE UP CITIES.

517 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA

SOCIETY

518 PROVIDING WATER CONNECTION FOR 200 POOR FAMILIES IN BENI SUIF

519 TO INCREASE WORKERS CAPACITY TO READ AND WRITE, TO INCREASE THE

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PRODUCTIVITY OF THE WORKERS, TO RAISE WORKERS SELF ESTEEM, REPRODUCTIVE
HEALTH

520 IMPROVING THE LIVELIHOOD OF PASTORALIST AND AGRO PASTORALIST IN
KAHAMA WITH SPECIAL REFERENCE TO LAND RIGHTS AND ENVIRONMENTAL CONTROL

521 TO CONTRIBUTE TO THE IMPROVEMENT OF THE WELFARE AND LIVELIHOOD OF THE
PASTORAL COMMUNITIES,

522 IMPROVING PRIMARY EDUCATION AND INCREASE INCOME OPPORTUNITIES FOR
FARMERS

523 IMPROVING PRIMARY EDUCATION AND INCREASE INCOME OPPORTUNITIES FOR
FARMERS

524 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES
USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH
AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN
SCALE UP CITIES.

525 TITLE II PHASE OUT IN INDIA

526 EMPOWERMENT OF LAS NSAS IN RESPONDING ECONOMIC DEVELOPMENT
OPPORTUNITIES AND CLIMATE CHANGE AND DISASTER VULNERABILITY PROJECT
(PRODUCE)

527 WORK TO ACHIEVE THOSE GOALS AND OBJECTIVES OF THE ADDRESSED BUILDING
PRO-POOR, INCLUSIVE AND GENDER SENSITIVE LOCAL GOVERNANCE PROJECT.

528 WORK TO ACHIEVE THOSE GOALS AND OBJECTIVE OF THE ADDRESSED REDUCTION
OF POVERTY AND HUNGER FOR THE POOREST AND MOST VULNERABLE HOUSEHOLDS IN
THE PROJECT AREA.

529 1, SOCIAL INCLUSION, 2. ECONOMIC EMPOWERMENT, 3. PRO-POOR GOVERNANCE

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

& 4. LEARNING AND INFLUENCING.

530 TO TRANSFER THE LIVES OF WOMEN AND MEN IN 370000 HOUSEHOLDS IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS BY REDUCING THEIR VULNERABILITY TO FOOD INSECURITY THROUGH FIVE THEMATIC AREAS.

531 TO IMPROVE LIVELIHOOD OF PASTORAL COMMUNITIES STATED AS "ARUSHA-MERU FARMERS AND PASTORALISTS' CONFLICT RESOLUTION"

532 TRANSFORM THE LIVES OF 370000 POOR AND EXTREME POOR (PEP) HOUSEHOLDS IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY REDUCING THEIR VULNERABILITY TO FOOD INSECURITY.

533 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY MOBILIZATION)

534 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN SCALES UP CITIES.

535 CAPACITY BUILDING PROGRAM FOR COMMUNITY.

536 CAPACITY BUILDING PROGRAM FOR COMMUNITY

537 TO TRANSFER THE LIVES OF WOMEN AND MEN IN 370000 HOUSEHOLDS IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS BY REDUCING THEIR VULNERABILITY TO FOOD INSECURITY THROUGH FIVE THEMATIC AREAS.

538 TSUNAMI EMERGENCY RESPONSE

539 INCREASED UNDERSTANDING OF GENDER NORMS, PRACTICES AND BEHAVIORS REGARDING MARRIAGE THAT CONTRIBUTE TO VAW, BEHAVIOR CHANGE COMMUNICATIONS CAMPAIGN PREVENTING VAW DEVELOPED AND IMPLEMENTED.

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

540 HEALTH INITIATIVE

541 SURE START AN INTEGRATED APPROACH TO MATERNAL AND NEWBORN HEALTH
WITHIN A BROADER CONTINUUM OF HEALTH SERVICES AND PROGRAMS

542 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES
USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH
AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN
SCALE UP CITIES.

543 IMPLEMENT THE POWER TO LEAD ALLIANCE ACTING AS A CORE IMITATIVE OF
THE POWER WITHIN PROGRAM IN ORDER TO CREATE, STRENGTHEN AND SCALE UP
DIVERSE LEADERSHIP OPPORTUNITIES FOR GIRLS IN INDIA THROUGH
EXTRA-CURRICULAR ACTIVITIES, SOCIAL NETWORKS AND CIVIC ACTION

544 TO TRANSFER THE LIVES OF WOMEN AND MEN IN 370000 HOUSEHOLDS IN 11 OF
THE POOREST AND MOST MARGINALIZED DISTRICTS BY REDUCING THEIR
VULNERABILITY TO FOOD INSECURITY THROUGH FIVE THEMATIC AREAS.

545 SOMALIA YOUTH LIVELIHOOD PROGRAM VOCATIONAL SKILLS AND YOUTH
EMPLOYMENT PROMOTION SERVICES

546 CHILD SURVIVAL AND HEALTH GRANT PROGRAM

547 IN PARTNERSHIP WITH CARE, SAP-BD WILL IMPLEMENT AND MONITOR THE
ACTION IN THE TARGETED AREAS TO BRING AREAS TO BRING THE EXPECTED
RESULTS.

548 1. SOCIAL INCLUSION, 2. ECONOMIC EMPOWERMENT, 3. PRO-POOR GOVERNANCE
& 4. LEARNING AND INFLUENCING

549 SUPPORT MECHANISM FOR THE PROMOTION OF VILLAGE SAVINGS AND LOAN
ASSOCIATIONS IN BUSIA AND BUGIRI DISTRICT.

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

550 PILOTING REDD IN ZANZIBAR THROUGH COMMUNITY FOREST MANAGEMENT

551 FLOOD RESPONSE AND SUPPORT

552 WINTERIZED BEDDING

553 EMERGENCY FOOD SECURITY AND LIVELIHOOD SUPPORT TO FLOOD AFFECTED POPULATIONS IN PAKISTAN

554 EMERGENCY ASSISTANCE - TENTS, NFI SETS DISTRIBUTION IN SWAT AND NOWSHERA

555 EARLY RECOVERY SUPPORT TO FLOOD AFFECTED COMMUNITIES IN PAKISTAN

556 TRAINING ON INFRASTRUCTURE FACILITIES FOR THE YOUTH IN HAMBANTOTA DISTRICT.

557 IMPROVING ECONOMIC CONDITION OF 40 HOUSEHOLDERS IN SOORIYAWEWA DS DIVISION THROUGH INVOLVING YOUTH IN GAINFUL EMPLOYMENT.

558 THE PURPOSE IS TO IMPROVE BATWA ACCESS TO HEALTH SERVICES.

559 TO CONTRIBUTE TO THE PARTICIPATORY ASSISTANCE RENDERED TOWARDS WATER AND SANITATION IMPROVEMENT AND HYGIENE PROMOTION FOR POOR PASTORALISTS, IDPS AND VULNERABLE GROUPS IN HUDUN, TALEH AND LAS-ANOD DISTRICTS.

560 MICRO INSURANCE

561 RELIEF AND RECOVERY IN SINDH AND SOUTH PUNJAB, FLOODS 2010

562 TO CONTRIBUTE TO THE IMPROVEMENT OF WELFARE AND LIVELIHOOD OF PASTORAL COMMUNITIES IN SAME DISTRICT.

FORM 990, SCHEDULE F, PART II, COLUMN (D) - PURPOSE

563 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY MOBILIZATION)

564 PROVIDE TECHNICAL ASSISTANCE TO 675 SMALL PRODUCERS PROSADE PROJECT,

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

IN THE COMPONENT OF SUSTAINABLE AGRICULTURAL PRODUCTION, EMPHASIZING
 INNOVATION IN AGRICULTURAL PRODUCTION SYSTEMS FOR FOOD SECURITY OF
 BENEFICIARIES

565 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA
 SOCIETY

566 SCALING UP VSLA'S - A MODEL COMMUNITY MANAGED MICROFINANCE SERVICES
 TARGETING POOR HOUSEHOLDS IN GHANA

567 EDUCATION AND HIV/AIDS INITIATIVE

568 EDUCATION AND HIV/AIDS INITIATIVE

569 MICRO INSURANCE

570 HUMAN RIGHTS

571 WOMEN EMPOWERMENT

572 STRENGTHENING GBV ADVOCACY IN GREAT LAKES REGION

573 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE
 BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A
 COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

574 EMERGENCY ASSISTANCE - TENTS, NFI SETS DISTRIBUTION IN SWAT AND
 NOWSHERA

575 FLOOD RESPONSE AND SUPPORT

576 SUPPORT PASTORALIST CIVIL SOCIETY COLLABORATION TO STRENGTHEN LAND
 RIGHTS AND PASTORALIST LIVELIHOOD

577 TO REDUCE THE ADVERSE EFFECTS OF HIV/AIDS, POVERTY, EXPLOITATION AND
 ABUSE OF ORPHANS AND CHILDREN IDENTIFIED AS MOST VULNERABLE.

578 TO REDUCE THE ADVERSE EFFECTS OF HIV/AIDS, EXPLOITATION AND ABUSE ON

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ORPHANS AND CHILDREN IDENTIFIED AS MOST VULNERABLE.

579 TO CONTRIBUTE TO REDUCED POVERTY AND IMPROVED SOCIAL JUSTICE IN ZANZIBAR; INCOME INCREASED AND SOCIAL, CULTURAL AND POLITICAL BARRIERS TO WOMEN EMPOWERMENT PROGRESSIVELY OVERCOME

580 PARTICIPATORY TRAININGS OF PASTORALISTS AND LOCAL AUTHORITIES IN KILOSA DISTRICT ON PASTORALIST OPTIONS IN TANZANIA

581 TO CONTRIBUTE TO THE IMPROVEMENT OF WELFARE AND LIVELIHOOD OF PASTORAL COMMUNITIES IN SAME DISTRICT.

582 VILLAGES CAPACITY BUILDING ON LAND RIGHTS IN NGORONGORO DISTRICT

583 TO CONTRIBUTE TO THE IMPROVEMENT OF WELFARE AND LIVELIHOOD OF PASTORAL COMMUNITIES IN SAME DISTRICT.

584 TO IMPROVE LIVELIHOOD OF PASTORAL COMMUNITIES STATED AS "IMPROVED PASTORALIST LIVELIHOOD THROUGH EMPOWERMENT OF PASTORALIST WOMEN IN

CONFLICT MEDIATION SKILLS AND LAND RIGHT KNOWLEDGE IN HANDENI DISTRICT

585 TO CONTRIBUTE TO THE IMPROVEMENT OF THE WELFARE AND LIVELIHOOD OF THE PASTORAL COMMUNITIES

586 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

587 LAND REGISTRATION PROCESS

588 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

589 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

590 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

591 SUPPORT WOMEN FARMERS IN TOGO TO BUILD THEIR AGRICULTURAL CAPACITY, INCREASE THEIR FOOD AND LIVELIHOOD, IMPROVE NUTRITION AND HEALTH IN THEIR FAMILIES

592 STRENGTHENING LOCAL LEVEL GOVERNANCE IN NATURAL RESOURCES MANAGEMENT (NRM) AND PROMOTING ACCOUNTABILITY AND LOCAL LEVEL ADVOCACY IN 7 SUB-COUNTIES IN KABAROLE DISTRICT.

593 ECONOMICAL SECURITY OF 3000 YOUNG EX COMBATANT AND CHILDREN AFFECTED BY THE WAR IS IMPROVED

594 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

595 TITLE II PHASE OUT IN INDIA

596 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

597 INTERACTIVE THEATRE

598 INTERACTIVE THEATRE

599 INTERACTIVE THEATRE

600 ECONOMICAL SECURITY OF 3000 YOUNG EX COMBATANT AND CHILDREN AFFECTED BY THE WAR IS IMPROVED

601 TO IMPROVE EQUITABLE GENDER ATTITUDE AND BEHAVIOR AT HOUSE HOLD LEVEL.

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

602 ENTERPRISE, ENVIRONMENT AND EQUITY IN THE VIRUNGA LANDSCAPE OF THE
GREAT LAKES

603 SUPPORT MECHANISM FOR THE PROMOTION OF VILLAGE SAVINGS AND LOAN
ASSOCIATIONS IN BUSIA AND BUGIRI DISTRICT.

604 TO CONTRIBUTE TO THE IMPROVEMENT OF THE WELFARE AND LIVELIHOOD OF THE
PASTORAL COMMUNITIES.

605 TO IMPROVE LIVELIHOOD OF PASTORAL COMMUNITIES STATED AS "IMPROVED
QUALITY OF LIFE OF PASTORAL COMMUNITIES IN KILOSA DISTRICT".

606 SEXUAL AND GENDER BASED VIOLENCE.

607 ENHANCE CAPACITY OF THE UNIVERSITY OF HARGEISA RESEARCH DEPARTMENT

608 TRANSFORM THE LIVES OF 370000 POOR AND EXTREME POOR (PEP) HOUSEHOLDS
IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY
REDUCING THEIR VULNERABILITY TO FOOD INSECURITY.

609 PROVIDES HARM REDUCTION SERVICES FOR THE INJECTING DRUG USERS (IDU)
THROUGH 3 DIC(S) IN MAULOVIBAZAR AND SYLHET DISTRICTS.

610 WASH, LIVELIHOODS, FOOD SECURITY, CSO CAPACITY BUILDING,
REINTEGRATION IN UPPER NILE REGION

611 UGANDA VSLA IMPLEMENTATION FOR VANILLA FARMERS

612 TO IMPROVE LIVELIHOOD OF PASTORAL COMMUNITIES

613 ENHANCE POSITIVE RELATIONS BETWEEN BP AND COMMUNITIES ALONG THE
BTC/SCP PIPELINE ROUTE BY INVESTING IN COMMUNITIES THAT DEMONSTRATE A
COMMITMENT TO BECOME MODELS FOR SUSTAINABLE COMMUNITY DEVELOPMENT

614 TSUNAMI EMERGENCY RESPONSE

615 SUSTAINABLE IMPROVEMENT IN MATERNAL AND NEW BORN HEALTH

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

616 ENABLE WOMEN AND MEN TO CHOOSE THE TIMING AND NUMBER OF PREGNANCIES USING PROVIDERS AND METHODS OF THEIR CHOICE - IMPLEMENT CLIENT OUTREACH AND COMMUNITY MOBILIZATION ACTIVITIES IN SELECTED SLUMS OF THE SEVEN SCALES UP CITIES.

617 TRADITIONAL AID ASSISTANCE IN SINDH - AGRICULTURAL RECOVERY AND SANITATION ACTIVITIES

618 BALASAYOHA PHASE II

619 BALASAYOHA PHASE II

620 ROCO-KWO (TRANSFORMING LIVES)

621 ROCO-KWO IS A WOMEN EMPOWERMENT PROGRAM WITH A GOAL TO IMPROVE THE LIFE OF WOMEN AND GIRLS OF REPRODUCTIVE AGE AFFECTED BY CONFLICT IN NORTHERN UGANDA

622 SUPPORT TO THE EC-FUNDED SUSTAINABLE AGRICULTURE DEVELOPMENT IN KOINADUGU DISTRICT PROJECT (SADEV)

623 SUPPORT WAR VICTIMS

624 BALASAYOHA PHASE II

625 SUPPORT MECHANISM FOR THE PROMOTION OF VILLAGE SAVINGS AND LOAN ASSOCIATIONS IN BUSIA AND BUGIRI DISTRICT.

626 STABILIZATION AND INTEGRATION OF IDPS INTO MAINSTREAM GEORGIA SOCIETY

627 ROCO KWO IS A WOMEN EMPOWERMENT PROGRAM WITH A GOAL TO IMPROVE THE LIFE OF WOMEN AND GIRLS OF REPRODUCTIVE AGE AFFECTED BY CONFLICT IN NORTHERN UGANDA

628 WOMEN EMPOWERMENT PROGRAM

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

629 IMPLEMENTATION OF PROJECT FROM INTERNALLY DISPLACED TO FULLY PARTICIPATION IN IDP SETTLEMENTS

630 TO IMPROVE LIVELIHOOD OF PASTORAL COMMUNITIES STATED AS "IMPROVEMENT OF LIVELIHOOD AND SECURITY OF WOMEN AND GIRLS IS ASSURED".

631 SCALING UP VSLA'S - A MODEL COMMUNITY MANAGED MICROFINANCE SERVICES TARGETING POOR HOUSEHOLDS IN GHANA

632 TO REDUCE THE ADVERSE EFFECTS OF HIV/AIDS, POVERTY, EXPLOITATION AND ABUSE OF CHILDREN IDENTIFIED AS MOST VULNERABLE.

633 PROMOTE AND IMPLEMENT THE EPWS INITIATIVE TO BE A MECHANISM FOR WATERSHED MANAGEMENT AND CONTRIBUTE TO POVERTY REDUCTION THE COMMUNITIES SURROUNDING THE RESPECTIVE WATERSHED

634 CONFLICT PREVENTION PROJECT

635 WORKS WITH GRASS ROOTS IN FOUR PRE-SELECTED COMMUNITIES, CONDUCTS INFORMATION MEETINGS, SELECTS AND TRAINS 16 WOMEN PER COMMUNITY, FURTHER BUILDS THE CAPACITY OF 4 CORE ACTIVIST PER COMMUNITY, CONTRIBUTES TO THE RESEARCH ON 1325 IN THE REGION

636 CHILDREN NUTRITION PROGRAM

637 SUSTAINABLE AGRICULTURE

638 CHILDREN NUTRITION PROGRAM

639 TITLE II PHASE OUT IN INDIA

640 IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION PROJECT (COMMUNITY MOBILIZATION)

641 WASH, LIVELIHOODS, FOOD SECURITY, CSO CAPACITY BUILDING, REINTEGRATION

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

642 PROVIDE BASIC HEALTH CARE AND PALLIATIVE SERVICES TO MEN, WOMEN AND CHILDREN LIVING WITH HIV&AIDS; SUPPORT INSTITUTIONAL DEVELOPMENT AND SERVICE STRENGTHENING OF COMMUNITY BASED ORGANIZATIONS

643 MITIGATE THE IMPACT OF HIV/AIDS AND PROVIDE TARGETED SUPPORT TO LOCAL CSOS

644 SURE START AN INTEGRATED APPROACH TO MATERNAL AND NEWBORN HEALTH WITHIN A BROADER CONTINUUM OF HEALTH SERVICES AND PROGRAMS

645 THE OBJECTIVE OF THE PROJECT WAS TO MEET IMMEDIATE HOUSEHOLD NEEDS OF NEWLY DISPLACED IDPS THROUGH THE PROVISION OF NON-FOOD ITEMS.

646 BUILD THE TECHNICAL AND INSTITUTIONAL CAPACITY OF LOCAL ORGANIZATIONS TO PROVIDE A CORE PACKAGE OF SERVICES FOR OVC AND SUPPORT ORGANIZATIONAL DEVELOPMENT OF CBOS THAT RESPOND TO THE NEEDS OF OVCS

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete 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.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF**
EVERYWHERE (CARE USA)

Employer identification number
13-1685039

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 DONOR DIGITAL	EMAIL CULTIVATION		X	800,000.	112,000.	688,000.
2 RED ENGINE	WEB MKTING DIRECT MAIL		X	600,000.	157,667.	442,333.
3 SCA DIRECT	CONSULTS ON DIRECT MAIL		X	22,543,895.	1,564,160.	20,979,735.
4 MDS COMMUNICATION CORP	TELEMARKTNG		X	2,166,671.	554,849.	1,611,822.
5 DONOR SERVICES GROUP	TELEMARKTNG		X	675,234.	485,334.	189,900.
6						
7						
8						
9						
10						
Total				26,785,800.	2,874,010.	23,911,790.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		MOVE 2011 (event type)	NATIONAL CONF (event type)	3. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	14,220.	967,722.	13,395.	995,337.
	2 Less: Charitable contributions	11,115.	942,372.	10,590.	964,077.
	3 Gross income (line 1 minus line 2)	3,105.	25,350.	2,805.	31,260.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	576.	37,903.	0.	38,479.
	6 Rent/facility costs	0.	0.	2,428.	2,428.
	7 Food and beverages	0.	320,780.	4,113.	324,893.
	8 Entertainment	4,590.	89,309.	0.	93,899.
	9 Other direct expenses	2,026.	484,565.	7,975.	494,566.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(954,265.)
	11 Net income summary. Combine line 3, column (d), and line 10				-923,005.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

PROFESSIONAL FUNDRAISING SERVICE AMOUNT (V) VS. FUNDRAISING EXPENSE

SCH G, PART I, 2B

FUNDRAISING EXPENSE AMOUNT PER VENDOR (DIFFERENT FROM FUNDRAISING SERVICE AMOUNT REPORTED IN SCHEDULE G, PART I, 2B (V)).:

FOR BELOW VENDORS, FUNDRAISING EXPENSE INCLUDES MEDIA:

DONOR DIGITAL = \$114,516

RED ENGINE = \$77,680

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FOR BELOW VENDORS, FUNDRAISING EXPENSE INCLUDES PRINTING, POSTAGE, ENVELOPES, ETC.:

SCA DIRECT = \$12,075,894

MDS COMMUNICATION CORPORATION = \$262,199

DONOR SERVICES GROUP = \$16,787

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

DESCRIPTION OF HOW PROFESSIONAL FUNDRAISING SERVICE AMOUNT (REPORTED IN SCH G, PART I, 2B(V)) IS DISTINGUISHED FROM FUNDRAISING EXPENSE AMOUNT FOR ALL FUNDRAISERS LISTED ABOVE:

- FOR MDS COMMUNICATION CORPORATION, CONTRACT STATES CARE WILL PAY COST BY COMPLETED CALLS. INVOICES BREAKOUT COSTS BETWEEN FUNDRAISING SERVICE

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

VS. FUNDRAISING EXPENSES.

- FOR ALL OTHER VENDORS ABOVE, EACH FUNDRAISER'S CONTRACT CLEARLY DEFINES THE EXACT COSTS FOR PROFESSIONAL FUNDRAISING SERVICES. ALL OTHER COSTS ARE CONSIDERED FUNDRAISING EXPENSES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE (CARE USA)**

Employer identification number
13-1685039

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	INTERNATIONAL RESCUE COMMITTEE (IRC) EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	1,487,374.				1 - PT IV
(2)	CATHOLIC RELIEF SERVICE (CRS) 228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	703,150.				2 - PT IV
(3)	AGHA KHAN FOUNDATION (AKF) 1825 K ST NW, STE 901 WASHINGTON, DC 20006	52-1231983	501(C)(3)	437,803.				3 - PT IV
(4)	ADRA 12501OLD COLUMBIA PIKE, SILVER SPRNG, MD20904	52-1314847	501(C)(3)	19,565.				4 - PT IV
(5)	WWF - WORLD WILDLIFE FUND, INC. 1250 24TH STREET, NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	144,515.				5 - PT IV
(6)	INTERNATIONAL RESCUE COMMITTEE EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	224,999.				6 - PT IV
(7)	POPULATION SERVICES INTERNATIONAL 1120 19TH ST NW, #600 WASHINGTON, DC 20036	56-0942853	501(C)(3)	4,413,266.				7 - PT IV
(8)	INTERNATIONAL RESEARCH & EXCHANGE BOARD 2121 K ST NW, STE 700 WASHINGTON, DC 20037	22-3087809	501(C)(3)	45,095.				8 - PT IV
(9)	ABT ASSOCIATES INC 55 WHEELER ST CAMBRIDGE, MA 02138	04-2347643		1,645,965.				9 - PT IV
(10)	OXFAM AMERICA 226 CAUSEWAY ST, 5TH FL BOSTON, MA 02114	23-7069110	501(C)(3)	141,195.				10 - PT IV
(11)	CATHOLIC RELIEF SERVICES (CRS) 228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	419,076.				11 - PT IV
(12)	CATHOLIC RELIEF SERVICES (CRS) 228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	194,098.				12 - PT IV

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE (CARE USA)**

Employer identification number
13-1685039

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	AAH (ACTION AGAINST HUNGER) 247W 37TH ST, 10TH FL NEW YORK, NY 10018	13-3327220	501(C)(3)	593,407.				13 - PT IV
(2)	CATHOLIC RELIEF SERVICES (CRS) 228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	653,471.				14 - PT IV
(3)	SAVE THE CHILDREN UK (SCUK) 54 WILTON RD. WESTPORT, CT 06880	06-0726487	501(C)(3)	649,917.				15 - PT IV
(4)	CATHOLIC RELIEF SERVICES (CRS) 228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	969,872.				16 - PT IV
(5)	SAVE THE CHILDREN UK (SCUK) 54 WILTON RD. WESTPORT, CT 06880	06-0726487	501(C)(3)	400,001.				17 - PT IV
(6)	TUFTS UNIVERSITY 20 PROFESSORS ROW MEDFORD, MA 02155	04-2103634	501(C)(3)	286,619.				18 - PT IV
(7)	TUFTS UNIVERSITY 20 PROFESSORS ROW MEDFORD, MA 02155	04-2103634	501(C)(3)	232,786.				19 - PT IV
(8)	CATHOLIC RELIEF SERVICES/ETHIOPIA CRS 228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	867,522.				20 - PT IV
(9)	SAVE THE CHILDREN UK/ETHIOPIA 54 WILTON RD. WESTPORT, CT 06880	06-0726487	501(C)(3)	409,373.				21 - PT IV
(10)	FOOD FOR HUNGRY / ETHIOPIA (FH/E) 1224 E. WASHINGTON ST. PHOENIX, AZ 85034	95-2680390	501(C)(3)	983,012.				22 - PT IV
(11)	ICRW 1120 20TH ST NW, #500 WASHINGTON, DC 20036	52-1081455	501(C)(3)	160,754.				23 - PT IV
(12)	WORLD VISION 34834WEYERHAEUSER WAY FEDERAL WAY, WA 98001	95-3202116	501(C)(3)	9,274.				24 - PT IV

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE (CARE USA)**

Employer identification number
13-1685039

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WORLD VISION 34835WEYERHAEUSER WAY FEDERAL WAY, WA 98001	95-3202116	501(C)(3)	30,706.				25 - PT IV
(2)	SAVE THE CHILDREN USA 54 WILTON RD. WESTPORT, CT 06880	06-0726487	501(C)(3)	17,988.				26 - PT IV
(3)	INTRAHEALTH 6340 QUADRANGLE DR#200,CHAPEL HILL,NC 27517	55-0825466	501(C)(3)	176,190.				27 - PT IV
(4)	JOHNS HOPKINS UNIVERSITY CCP 111 MARKET PL, STE 310 BALTIMORE, MD 21202	52-0595110	501(C)(3)	754,275.				28 - PT IV
(5)	CATHOLIC RELIEF SERVICES (CRS) 228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	85,761.				29 - PT IV
(6)	CARITAS 1301 W 22ND ST, STE 800 OAK BROOK, IL 60523	36-2826768	501(C)(3)	161,028.				30 - PT IV
(7)	AFRICARE 440 R STREET NW WASHINGTON, DC 20001	23-7116952	501(C)(3)	631,778.				31 - PT IV
(8)	WWF - WORLD WILDLIFE FUND, INC. 1250 24TH STREET, NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	487,902.				32 - PT IV
(9)	CATHOLIC RELIEF SERVICES (CRS) 228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	95,000.				33 - PT IV
(10)	ADRA 12501OLD COLUMBIA PIKE,SILVER SPRNG,MD20904	52-1314847	501(C)(3)	2,566,675.				34 - PT IV
(11)	ABT ASSOCIATES 55 WHEELER ST CAMBRIDGE, MA 02138	04-2347643		4,012,409.				35 - PT IV
(12)	WORLD WIDE FUND FOR NATURE 1250 24TH STREET, NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	26,408.				36 - PT IV

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE (CARE USA)**

Employer identification number
13-1685039

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	INNOVATIONS FOR POVERTY ACTION 1731 CONNECTICUT AVE WASHINGTON, DC 20009	06-1660068	501(C)(3)	298,086.				37 - PT IV
(2)	EMORY UNIVERSITY 1599 CLIFTON RD NE. ATLANTA, GA 30322	58-0566256	501(C)(3)	582,903.				38 - PT IV
(3)	WORLD VISION INTERNATIONAL 800 WEST CHESTNUT AVE MONROVIA, CA 91016	95-3202116	501(C)(3)	45,592.				39 - PT IV
(4)	US FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	184,004.				40 - PT IV
(5)	CONSERVATION INTERNATIONAL 2011 CRYSTAL DR, #500 ARLINGTON, VA 22202	52-1497470	501(C)(3)	18,707.				41 - PT IV
(6)	CONSERVATION INTERNATIONAL 2011 CRYSTAL DR, #500 ARLINGTON, VA 22202	52-1497470	501(C)(3)	366,326.				42 - PT IV
(7)	INTERN'L UNION FOR CONSERVATION OF NATURE 1630 CONNECTICUT AVE NW WASHINGTON, DC 20009	52-1443147	501(C)(3)	286,364.				43 - PT IV
(8)	CARE ACTION NOW 1825 I STREET NW, SUITE 301	26-1728410	501(C)(4)	603,595.				44 - PT IV
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations 23

3 Enter total number of other organizations 2

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FORM 990, SCHEDULE I

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS
CARE MONITORS SUB AGREEMENTS TO DETERMINE WHETHER BOTH CARE AND THE SUB
RECIPIENT ARE PERFORMING ACCORDING TO THE AGREED SCOPE OF WORK AND
APPLICABLE CAPACITY IMPROVEMENT PLANS AND COMPLYING WITH APPLICABLE DONOR
RULES AND REGULATIONS. PERIODIC REVIEWS OF MONITORING RESULTS MUST BE
CONDUCTED BY A SUPERVISORY OFFICIAL (E.G., SUCH AS A MEMBER OF THE DMC).

CARE ALSO PERIODICALLY EVALUATES THE PERFORMANCE OF SUB AGREEMENTS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

TOWARDS THE ACHIEVEMENT OF INTENDED OUTCOMES AND CONTRIBUTIONS TO CARE'S PROGRAM STRATEGY AND IMPACT. MONITORING THROUGH "ON GOING ACTIVITIES", ALSO KNOWN AS "DURING-THE-AWARD MONITORING" MAY TAKE VARIOUS FORMS. A FUNDAMENTAL MONITORING TOOL IS INFORMING THE SUB-RECIPIENT OF THE BASIC AWARD INFORMATION (E.G., GRANT/CONTRACT AGREEMENT NUMBER, TITLE AND NUMBER AWARD NAME, NAME OF INSTITUTIONAL DONOR'S AGENCY) AND APPLICABLE COMPLIANCE REQUIREMENTS.

ADDITIONAL MONITORING TOOLS INCLUDE THE FOLLOWING:

1. REVIEWING FINANCIAL AND PERFORMANCE REPORTS SUBMITTED BY THE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SUB-RECIPIENT

- 2. PERFORMING SITE VISITS TO THE SUB-RECIPIENT TO REVIEW FINANCIAL AND PROGRAMMATIC RECORDS AND OBSERVE OPERATIONS
- 3. REGULAR CONTACT WITH THE SUB-RECIPIENT AND MAKING APPROPRIATE INQUIRIES CONCERNING PROGRAM ACTIVITIES
- 4. ARRANGING FOR AGREED-UPON PROCEDURES AND ENGAGEMENTS FOR CERTAIN ASPECTS OF SUB-RECIPIENT ACTIVITIES SUCH AS ELIGIBILITY DETERMINATION.

DONOR LAWS AND REGULATIONS MAY IMPOSE SUB-RECIPIENT MONITORING REQUIREMENTS SPECIFIC TO A PROGRAM. IN ADDITION, FACTORS SUCH AS THE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SIZE OF AWARDS, PERCENTAGE OF THE PASS-THROUGH ENTITY'S TOTAL PROGRAM FUNDS AWARDED TO SUB-RECIPIENTS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, AND RISK OF SUB-RECIPIENT NON-COMPLIANCE AS ASSESSED BY THE PASS-THROUGH ENTITY MAY INFLUENCE THE NATURE AND EXTENT OF MONITORING PROCEDURES.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FORM 990, SCHEDULE I, PART II, GRANT PURPOSE

1 COMMUNITY BASED EDUCATION IN AFGHANISTAN

2 COMMUNITY BASED EDUCATION IN AFGHANISTAN

3 COMMUNITY BASED EDUCATION IN AFGHANISTAN

4 STRENGTHENING CIVIL SOCIETY AND GOVERNMENT CAPACITY TO PROMOTE GOOD GOVERNANCE AND EQUITABLE DEVELOPMENT

5 CONSTRUCTION PROJECT AMAZONIAN TRI-NATIONAL

6 RAPID EXPANSION OF ACCESS TO HIV/AIDS PCT INTERVENTION IN NW COTE D'IVOIRE

7 SCALING UP OF INTERVENTIONS TO COMBAT MALARIA IN COTE D'IVOIRE IN THE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

CONTEXT OF NATIONAL RECONSTRUCTION

8 MEDIA ARE AWARE OD BEST PRACTICES AND PROCESSES IN PROVIDING CITIZENS WITH OBJECTIVE BALANCED AND FACT-BASED INFORMATION ON LOCAL AFFAIR.

SELECT JOURNALISTS HAVE WORKING KNOWLEDGE OF LAWS AND REGULATIONS GOVERNING THEIR ACTIVITIES

9 RIGHT TO DRINK WATER, HELP IN PROVIDING WATER CONNECTIONS TO THE POOREST COMMUNITIES EGYPT.

10 EMPOWER FOR WATER (GLOBAL WATER INITIATIVE)

11 EMPOWER FOR WATER (GLOBAL WATER INITIATIVE)

12 EMPOWER FOR WATER (GLOBAL WATER INITIATIVE)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

13 RUNNING DRY-EMPOWERING POOR PEOPLE TO MANAGE WATER IN ARID AND SEMI ARID LANDS

14 BRINGING ULTIMATE YIELDS THROUGH INTEGRATED NETWORKS FOR THE IMPLEMENTATION OF LINKING POOR RURAL HOUSEHOLD TO MICROFINANCE AND MARKET

15 BRINGING ULTIMATE YIELDS THROUGH INTEGRATED NETWORKS FOR THE IMPLEMENTATION OF LINKING POOR RURAL HOUSEHOLD TO MICROFINANCE AND MARKET

16 BRINGING ULTIMATE YIELDS THROUGH INTEGRATED NETWORKS FOR THE IMPLEMENTATION OF LINKING POOR RURAL HOUSEHOLD TO MICROFINANCE AND MARKET

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MARKET

17 BRINGING ULTIMATE YIELDS THROUGH INTEGRATED NETWORKS FOR THE IMPLEMENTATION OF LINKING POOR RURAL HOUSEHOLD TO MICROFINANCE AND

MARKET

18 BRINGING ULTIMATE YIELDS THROUGH INTEGRATED NETWORKS FOR THE IMPLEMENTATION OF LINKING POOR RURAL HOUSEHOLD TO MICROFINANCE AND

MARKET

19 BRINGING ULTIMATE YIELDS THROUGH INTEGRATED NETWORKS FOR THE IMPLEMENTATION OF LINKING POOR RURAL HOUSEHOLD TO MICROFINANCE AND

MARKET

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

20 ADMINISTRATION OF COMMUNITY DEVELOPMENT FUND (CDF) IN SUPPORT OF THE
PRODUCTIVE SAFETY NET PROGRAM

21 ADMINISTRATION OF COMMUNITY DEVELOPMENT FUND (CDF) IN SUPPORT OF THE
PRODUCTIVE SAFETY NET PROGRAM

22 ADMINISTRATION OF COMMUNITY DEVELOPMENT FUND (CDF) IN SUPPORT OF THE
PRODUCTIVE SAFETY NET PROGRAM

23 STRENGTHENING AWARENESS, KNOWLEDGE AND SKILLS FOR HIV/AIDS MANAGEMENT

24 FOR THE PRACTICE OF CONFLICT-SENSITIVITY CONCEPT TO IMPACT

25 FOR THE PRACTICE OF CONFLICT-SENSITIVITY CONCEPT TO IMPACT

26 FOR THE PRACTICE OF CONFLICT-SENSITIVITY CONCEPT TO IMPACT

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

27 STRENGTHENING AWARENESS, KNOWLEDGE AND SKILLS FOR HIV/AIDS MANAGEMENT

28 STRENGTHENING AWARENESS, KNOWLEDGE AND SKILLS FOR HIV/AIDS MANAGEMENT

29 GLOBAL WATER INITIATIVE

30 GLOBAL WATER INITIATIVE

31 TO TAKE SAVING S-LED MICROFINANCE MODELS TO SCALE, DEMONSTRATE THE SUSTAINABILITY AND REPLICABILITY OF THE METHODOLOGIES TO REDUCE TRANSACTION COSTS AND SIGNIFICANTLY INCREASE THE FINANCIAL

32 SUPPORT TO SUSTAINABLE RURAL LIVELIHOODS IN THE DISTRICTS OF ANGOCHE AND MOMA IN THE AREA OF THE PRIMEIRAS AND SEGUNDAS ARCHIPELAGO, MOZAMBIQUE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

33 IMPLEMENT THE WEST AFRICA GLOBAL WATER INITIATIVE

34 FIGHT AIDS, TBC AND MALARIA

35 PROVIDE SUPPORT TO IMPROVE PAKISTAN'S ENABLING ENVIRONMENT FOR

INCREASED, EQUITABLE ECONOMIC GROWTH "EMPOWER PAKISTAN JOBS"

36 PROMOTE AND IMPLEMENT THE EPWS INITIATIVE TO BE A MECHANISM FOR

WATERSHED MANAGEMENT AND CONTRIBUTE TO POVERTY REDUCTION THE COMMUNITIES

SURROUNDING THE RESPECTIVE WATERSHED

37 INCORPORATE WOMEN INTO VILLAGE SAVING AND LOAN ASSOCIATIONS IN RURAL

AREAS IN TANZANIA

38 SUSTAINING AND SCALING SCHOOL, WATER, SANITATION AND HYGIENE PLUS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

COMMUNITY IMPACT (SWASH)

39 IMPLEMENT AN EMERGENCY CAPACITY BUILDING INITIATIVE THROUGH AN
INDONESIA CONSORTIUM AND AGENCY-LEVEL ACTIVITIES

40 REDUCING THE IMPACT OF CLIMATE CHANGE TO DEVELOP SOCIAL AND
ENVIRONMENTAL QUALITY STANDARDS TO REDUCE EMISSIONS FROM DEGRADATION OF
FORESTS AND DEFORESTATION

41 DEVELOPMENT OF SOCIAL AND ENVIRONMENTAL QUALITY STANDARDS FOR
GOVERNMENTAL PROGRAM TO REDUCE EMISSIONS FROM DEFORESTATION AND FOREST
DEGRADATION (REDD)

42 REDUCE EMISSIONS FROM DEGRADATION OF FORESTS AND DEFORESTATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

43 EMPOWER FOR WATER (GLOBAL WATER INITIATIVE)

44 RAISE AWARENESS ABOUT THE IMPORTANCE OF FIGHTING GLOBAL POVERTY AND SOCIAL INJUSTICE AROUND THE WORLD.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)**

Employer identification number
13-1685039

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 HELENE GAYLE	(i)	394,610.	0.	14,885.	19,600.	1,088.	430,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 VICKIE J BARROW KLEIN	(i)	206,994.	0.	421.	16,770.	2,631.	226,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 LISA T DEAN	(i)	207,799.	0.	47,358.	8,143.	676.	263,975.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 CATHEREN WOOLARD	(i)	161,276.	0.	76,202.	19,177.	2,587.	259,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 NICHOLAS C OSBORNE	(i)	145,292.	0.	86,298.	8,161.		239,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 STEVEN HOLLINGWORTH	(i)	220,377.	0.	461.	17,965.	4,189.	242,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MARC DE LAMOTTE	(i)	138,981.	0.	60,030.	10,106.	676.	209,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JOSEPH J IAROCCHI	(i)	193,346.	0.	396.	16,000.	6,650.	216,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 PATRICK SOLOMON	(i)	193,107.	0.	395.	15,985.	6,707.	216,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 PETER BUIJS	(i)	157,709.	0.	3,525.	10,518.	484.	172,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 JEAN MICHEL VIGREUX	(i)	155,203.	0.	278.	12,480.	4,870.	172,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 THOMAS JOSEPH	(i)	314,794.	0.	40,022.	7,157.	192.	362,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 MUHAMMAD MUSA	(i)	208,953.	0.	79,656.	6,178.	57.	294,844.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 KYMBERLY WOLFF	(i)	237,535.	0.	332.	14,754.	65.	252,686.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 MAURIZIO CRIVELLARO	(i)	131,882.	0.	96,364.	7,299.	736.	236,281.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 ABDULMALIK M SWALEH	(i)	169,040.	0.	58,167.	5,129.	378.	232,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2010

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, QUESTION 1A

1A. FIRST CLASS TRAVEL IS ALLOWED FOR PRESIDENT AND CEO AS APPROVED BY THE BOARD OF DIRECTORS. COSTS ASSOCIATED WITH FIRST CLASS TRAVEL ARE NOT INCLUDED IN THE EMPLOYEE'S INCOME.

1A. HOUSING IS PROVIDED FOR QUALIFIED INTERNATIONAL STAFF RESIDING OUTSIDE THEIR HOME COUNTRY. THE COSTS ASSOCIATED WITH HOUSING ARE INCLUDED IN THE EMPLOYEE'S INCOME.

1A. QUALIFIED INTERNATIONAL STAFF ARE TAX INDEMNIFIED FOR HOST COUNTRY TAX OBLIGATIONS. THE AMOUNT OF TAX PAID TO THE HOST COUNTRY IS INCLUDED IN THE EMPLOYEE'S INCOME.

1A. HEALTH CLUB FEES, NOT TO EXCEED \$20/MONTH, ARE REIMBURSABLE TO ALL EMPLOYEES. HEALTH CLUB REIMBURSEMENTS ARE INCLUDED IN THE EMPLOYEE'S INCOME.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SEVERANCE PAYMENTS

SCHEDULE J, PART I, QUESTION 4A

4A. CATHEREN WOOLARD, EXEC VICE PRESIDENT GLOBAL ADVOCACY AND EXTERNAL RELATIONS, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$63,211, UPON TERMINATION.

SUPPLEMENTAL NON-QUALIFIED PENSION PLAN

SCHEDULE J, PART I, QUESTION 4B

4B. HELENE GAYLE, PRESIDENT AND CEO, PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED PENSION PLAN. CONTRIBUTION AMOUNT WAS \$13,104.

BASE COMPENSATION FOR CERTAIN INTERNATIONAL EMPLOYEES

SCHEDULE J, PART II, COLUMN B(I)

THE FOLLOWING COMMENTS ARE RELATED TO SCHEDULE J, PART I, QUESTION 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS:

1A. QUALIFIED INTERNATIONAL STAFF ARE TAX INDEMNIFIED FOR HOST COUNTRY TAX OBLIGATIONS.

THE BASE COMPENSATION FOR CERTAIN QUALIFIED INTERNATIONAL STAFF LISTED IN

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J INCLUDES A PORTION OF TAXES PAID TO THE COUNTRY'S TAX
AUTHORITIES IN WHICH THEY RESIDE. TAXES ARE PAID BY THE ORGANIZATION ON
BEHALF OF THE EMPLOYEE. COMPENSATION INCLUDES SIGNIFICANT TAX PAYMENTS
FOR THOSE QUALIFIED INTERNATIONAL STAFF LISTED IN SCHEDULE J THAT RESIDE
IN SOUTH AFRICA, THAILAND AND INDIA. AMOUNTS PER PERSON RANGE FROM \$80K
- \$198K.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF**
EVERYWHERE (CARE USA)

Employer identification number
13-1685039

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BOWMAN CUTTER & BRUCE TULLY	SEE SCH L, PART V	340,198.	SEE SCH L, PART V		X
(2) VICKIE BARROW KLEIN & JEAN MICHEL VIGREUX	SEE SCH L, PART V	6,095,020.	SEE SCH L, PART V		X
(3) MICROVEST CAPITAL MANAGEMENT LLC	CARE OWNS 45%	400,000.	SEE SCH L, PART V	X	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

TRANSACTIONS WITH INTERESTED PERSONS

SCHEDULE L, PART IV

- INTERESTED PERSONS - BOWMAN CUTTER & BRUCE TULLY

RELATIONSHIP - BOTH ON BOARD OF MICROVEST (A RELATED PARTY)

TRANSACTION - INVESTMENT IN MICROVEST I LLP & MICROVEST II LLP

- INTERESTED PERSON - VICKIE BARROW KLEIN & JEAN MICHEL VIGREUX

RELATIONSHIP - BOTH MEMBERS & VICKIE BARROW KLEIN ALSO TREASURER FOR

ACCESS AFRICA FUND, LLC (A RELATED PARTY)

TRANSACTION - INVESTMENT IN ACCESS AFRICA LLC

- INTERESTED PERSONS - MICROVEST CAPITAL MANAGEMENT LLC

TRANSACTION - CARE ENTERED INTO A MANAGEMENT AGREEMENT WITH AN INTERESTED

PERSON, MICROVEST, TO MANAGE THE ACCESS AFRICA FUND, WHICH IS A CARE

PROGRAM-RELATED INVESTMENT USED TO PROVIDE MICRO LENDING SERVICES TO

PEOPLE AT THE BASE OF THE ECONOMIC PYRAMID IN SUB-SAHARAN AFRICA.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)**

Employer identification number
13-1685039

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1.	9,965.	COST/SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	263.	3,380,757.	COST/SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	15.	27,233,862.	COST/SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		1.	8,837,315.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

NON FOOD IN-KIND

SCH M, PART I

WE ARE UNABLE TO QUANTIFY THE NUMBER OF GIFTS FOR THE NON FOOD IN-KIND
DONATIONS.

THIRD PARTY USED TO PROCESS & SELL DONATIONS

SCHEDULE M, PART I, LINE 32A

WE USE A THIRD PARTY TO PROCESS AND SELL OUR DONATED SECURITIES.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
NON FOOD IN-KIND	X	1.	8,837,315.	COST/SELLING PRICE
TOTALS		<u>1.</u>	<u>8,837,315.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization EVERYWHERE (CARE USA)	COOPERATIVE FOR ASSISTANCE AND RELIEF	Employer identification number 13-1685039
---------------------------------------------------	---------------------------------------	----------------------------------------------

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, QUESTION 4C & 4D

4C, DEVELOPMENT: CARE APPLIES A HOLISTIC APPROACH TO DEVELOPMENT AIMING AT CREATING LASTING POSITIVE IMPACT AT LARGE SCALE, COMMITTING TO SERVE POOR COMMUNITIES LONG ENOUGH TO PRODUCE SYSTEMIC SOCIAL CHANGES. EDUCATION, ECONOMIC DEVELOPMENT, WATER AND SANITATION, AGRICULTURE AND NATURAL RESOURCE MANAGEMENT, HIV AND AIDS PREVENTION AND RESPONSE AND MATERNAL HEALTH ARE ALL DEVELOPMENT PROGRAMS IMPLEMENTED BY CARE. CARE WORKS ALONGSIDE COMMUNITIES, GOVERNMENTS, CORPORATE AND NON-PROFIT PARTNER ORGANIZATIONS AT MANY LEVELS TO ADDRESS ALL ASPECTS OF OUR DEVELOPMENT WORK. CARE HELPS FAMILIES SECURE ACCESS TO QUALITY FOOD. CARE INITIATES COMMUNITY SAVINGS AND LOAN PROGRAMS AND PROVIDES TECHNICAL TRAINING TO HELP PEOPLE BEGIN OR EXPAND SMALL BUSINESSES. CARE ENDEAVORS TO EMPOWER WOMEN AND PROMOTE GIRLS' LEADERSHIP THROUGH ALL ITS PROGRAMS.

4D, PUBLIC INFORMATION: PUBLIC INFORMATION IS AIMED AT INFORMING AND EDUCATING PERSONS ABOUT WORLD POVERTY AND THE SYSTEMATIC DISCRIMINATION AND MARGINALIZATION OF WOMEN AND GIRLS IN THE WORLD.

LIST OF FOREIGN COUNTRIES

FORM 990, PART V, QUESTION 4B

AFGHANISTAN, ANGOLA, BANGLADESH, BENIN, BOLIVIA, BOSNIA & HERZEGOVINA, CROATIA, BURUNDI, GEORGIA, DEMOCRATIC REPUBLIC OF CONGO, COTE D'IVOIRE,

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)	Employer identification number 13-1685039
--------------------------------------------------------------------------------------------	----------------------------------------------

ECUADOR, EGYPT, EL SALVADOR, ETHIOPIA, GHANA, TOGO, GUATEMALA, HAITI,
 HONDURAS, INDIA, JORDAN, KOSOVO, LIBERIA, MADAGASCAR, MALAWI, MALI,
 MOZAMBIQUE, NEPAL, NICARAGUA, NIGER, PAKISTAN, PERU, RWANDA, SIERRA
 LEONE, KENYA, SOUTH SUDAN, SOMALIA, LESOTHO, SOUTH AFRICA, SRI LANKA,
 SUDAN, TANZANIA, THAILAND, UGANDA, ISRAEL, WEST BANK, YEMEN

DESCRIPTION OF DIRECTORS' RELATIONSHIPS WITH EACH OTHER

PART VI, LINE 2

- BRUCE TULLY & RICHARD MARIN - BUSINESS RELATIONSHIP
- RICHARD MARIN, BOWMAN CUTTER, BRUCE TULLY & DEAN KEHLER - BUSINESS
RELATIONSHIP
- AFAF MELEIS & DEAN KEHLER - BUSINESS RELATIONSHIP
- RICH MARIN & DEAN KEHLER - BUSINESS RELATIONSHIP

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

FORM 990, PART VI, QUESTION 7A

AT EACH ANNUAL MEETING OF THE BOARD OF DIRECTORS, THE BOARD WILL ELECT
 DIRECTORS.

DESCRIP OF PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990

FORM 990, PART VI, QUESTION 11

CARE'S AUDIT COMMITTEE REVIEWS THE 990 AT THEIR FIRST MEETING FOLLOWING
 THE COMPLETION OF THE RETURN. THE 990 IS SENT TO THE FULL BOARD OF
 DIRECTORS PRIOR TO FILING WITH THE IRS.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)	Employer identification number 13-1685039
--------------------------------------------------------------------------------------------	----------------------------------------------

FORM 990, PART VI, QUESTION 12C

THE BOARD OF DIRECTORS (BOD) REVIEWS A CONFLICT OF INTEREST POLICY EACH YEAR AND ATTESTS THAT THEY UNDERSTAND IT AND HAVE PROVIDED INFORMATION ON ANY POTENTIAL CONFLICTS. MEMBERS ARE OBLIGATED TO DISCLOSE ALL POTENTIAL AND ACTUAL CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS, REMOVE THEMSELVES FROM ALL DISCUSSIONS AND VOTING ON ANY RELATED MATTER. IN ADDITION, THE BOD AND KEY EMPLOYEES COMPLETE A DISCLOSURE/CONFLICT OF INTEREST FORM EACH YEAR REGARDING RELATED PARTY TRANSACTIONS AND CONFLICTS OF INTEREST. ALL CARE STAFF ARE INFORMED OF THE CONFLICTS OF INTEREST POLICY WHEN HIRED. MONITORING AND AVOIDING CONFLICTS OF INTEREST IS ALSO PART OF OUR SUB-AGREEMENT AND PROCUREMENT POLICIES AND PROCEDURES. APPROPRIATE ACTION IS TAKEN WHEN A CONFLICT OF INTEREST IS IDENTIFIED. APPROPRIATE ACTION IS TAKEN, WHICH CAN BE UP TO AND INCLUDING TERMINATION.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USE & YEAR PROCESS WAS BEGUN
FORM 990, PART VI, QUESTION 15A AND 15B

THE BOARD OF DIRECTORS REVIEWS PERFORMANCE AND SETS THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. ALSO, CARE UNDERTAKES PERIODIC THIRD-PARTY COMPARATIVE STUDIES OF ITS COMPENSATION AND COMPENSATION POLICIES FOR EXECUTIVES AND KEY EMPLOYEES. THE OVERALL COMPENSATION STRUCTURE OF SENIOR STAFF IS OVERSEEN BY THE COMPENSATION COMMITTEE (PART OF OUR BOARD OF DIRECTORS). SENIOR STAFF'S COMPENSATION IS APPROVED BY THIS COMMITTEE AS WELL AS TOP MANAGEMENT IN HUMAN RESOURCES. THE LAST COMPARATIVE STUDY WAS DONE APPROXIMATELY ONE YEAR AGO. THE EXECUTIVE COMPENSATION COMMITTEE DOCUMENTS THEIR MEETINGS VIA MINUTES. FOR ALL SENIOR STAFF,

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)	Employer identification number 13-1685039
--------------------------------------------------------------------------------------------	----------------------------------------------

DECISIONS AROUND COMPENSATION ARE DOCUMENTED IN OUR INTERNAL RECORDS.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMT TO GEN PUBLIC
FORM 990, PART VI, QUESTION 19

AUDITED FINANCIAL STATEMENTS ARE POSTED ON CARE'S WEB SITE. OTHER
DOCUMENTS ARE AVAILABLE UPON REQUEST.

REPORTABLE COMPENSATION FOR CERTAIN INTERNATIONAL EMPLOYEES

PART VII, SECTION A (D)

SEE SCHEDULE J, PART III SUPPLEMENTAL NOTE ON TAX PAYMENTS INCLUDED IN
REPORTABLE COMPENSATION FOR CERTAIN INTERNATIONAL EMPLOYEES.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 5

THIS AMOUNT IS COMPRISED OF:

THE CHANGE IN VALUE OF TRUSTS OF \$18,640,566,

LOAN MADE TO SUBSIDIARY REPORTED AS LIABILITY FOR FINANCIAL STATEMENT

PURPOSES BUT ELIMINATED FOR TAX \$14,462,000,

MINORITY INTEREST IN SUBSIDIARY OF (\$51,497) OFFSET BY THE SAME AMOUNT

REPORTED AS REDUCTION OF FUNCTIONAL EXPENSES,

INTEREST AND DIVIDENDS ON GIFT ANNUITY INVESTMENTS OF \$771,846,

ACTUARIAL LOSS ON ANNUITY OBLIGATIONS OF (\$1,147,285),

ACTUARIAL GAIN ON SPLIT INTEREST AGREEMENTS OF \$235,045,

NET REALIZED AND UNREALIZED GAIN ON INVESTMENTS \$25,418,375 WHICH

INCLUDES NET REALIZED GAIN OF \$1,503,119 ALREADY IN FORM 990 PART VIII

LINE 7,

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)	Employer identification number 13-1685039
--------------------------------------------------------------------------------------------	----------------------------------------------

INVESTMENT FEES OF \$482,881 REPORTED IN STATEMENT OF FUNCTIONAL EXPENSE,

NET CHANGE IN PENSION LIABILITY OF (\$230,977),

\$175 OTHER

CARE USA RECEIVED PUBLIC SERVICE ANNOUNCEMENT OF \$10,703,820 (THESE WERE FREE AIRTIME MEANT TO PROVIDE INFORMATION ABOUT CARE USA'S MISSION) AND OTHER DONATED SERVICES OF \$214,005 INCLUDED IN CARE FINANCIAL STATEMENTS IN ACCORDANCE WITH GAAP AS OPERATING REVENUE AND EXPENSE

ATTACHMENT 1

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

OUR MISSION IS TO SERVE INDIVIDUALS AND FAMILIES IN THE POOREST COMMUNITIES IN THE WORLD. DRAWING STRENGTH FROM OUR GLOBAL DIVERSITY, RESOURCES AND EXPERIENCE, WE PROMOTE INNOVATIVE SOLUTIONS AND ARE ADVOCATES FOR GLOBAL RESPONSIBILITY. WE FACILITATE LASTING CHANGE BY:

- STRENGTHENING CAPACITY FOR SELF-HELP
- PROVIDING ECONOMIC OPPORTUNITY
- DELIVERING RELIEF IN EMERGENCIES
- INFLUENCING POLICY DECISIONS AT ALL LEVELS
- ADDRESSING DISCRIMINATION IN ALL ITS FORMS

GUIDED BY THE ASPIRATIONS OF LOCAL COMMUNITIES, WE PURSUE OUR MISSION WITH BOTH EXCELLENCE AND COMPASSION BECAUSE THE PEOPLE WHOM WE SERVE DESERVE NOTHING LESS.

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE (CARE USA)

Employer identification number
13-1685039

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, TX, UT, VA, WA, WV, WI,

ATTACHMENT 3

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 LISA T DEAN REGIONAL DIRECTOR SOUTH AFRICA	40.00				X			255,156.	0.	8,819.
30 CATHEREN WOOLARD EXEC VP GLOB ADV/EXT RELATION	40.00				X			237,478.	0.	21,765.
31 NICHOLAS C OSBORNE REGIONAL DIRECTOR ASIA	40.00				X			231,591.	0.	8,161.
32 STEVEN HOLLINGWORTH COO/EXEC VP GLOBAL OPERATIONS	40.00				X			220,838.	0.	22,154.
33 MARC DE LAMOTTE REGIONAL DIRECTOR WEST AFRICA	40.00				X			199,011.	0.	10,782.
34 JOSEPH J IAROCCI CHIEF OF STAFF/SVP GLOB ADVCY	40.00				X			193,742.	0.	22,650.
35 PATRICK SOLOMON SR VP GLOBAL SUPPORT SERVICES	40.00				X			193,502.	0.	22,692.
36 PETER BUIJS REG DIR LATIN AMER/CARRIBEAN	40.00				X			161,234.	0.	11,002.
37 JEAN MICHEL VIGREUX SR VP PROGRAM QUALITY & IMPACT	40.00				X			155,481.	0.	17,350.
38 THOMAS JOSEPH COUNTRY DIRECTOR	40.00				X			354,816.	0.	7,349.
39 MUHAMMAD MUSA COUNTRY DIRECTOR	40.00				X			288,609.	0.	6,235.
40 KYMBERLY WOLFF SR VP EXTERNAL RELATIONS	40.00				X			237,867.	0.	14,819.
41 MAURIZIO CRIVELLARO COUNTRY DIRECTOR	40.00				X			228,246.	0.	8,035.
42 ABDULMALIK M SWALEH REG CONTROLLER MID EAST EUROPE	40.00				X			227,207.	0.	5,507.

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA)	Employer identification number 13-1685039
--------------------------------------------------------------------------------------------	----------------------------------------------

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SCA DIRECT, INC. 11200 WAPLES MILL ROAD, SUITE 150 FAIRFAX, VA 22030	DIRECT MAILING SVCS	13,159,366.
AMERICAN EXPRESS 18850 NORTH 56TH STREET PHOENIX, AZ 85054	FINANCIAL SERVICES	2,966,730.
ERNST & YOUNG LLP 55 IVAN ALLEN JUNIOR BOULEVARD ATLANTA, GA 30313	AUDIT SERVICES	2,679,889.
ORACLE AMERICA INC. 500 ORACLE PARKWAY REDWOOD, CA 94065	COMPUTER SOFTWARE	1,924,991.
PARADYSZ MATERA & CO, INC. 5 HANOVER SQUARE, 6TH FLOOR NEW YORK, NY 10004	DIRECT MAILING SVCS	1,428,816.
TOTAL COMPENSATION		<u>22,159,792.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE (CARE USA)**

Employer identification number
13-1685039

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CARE INDIA TRUST 27 HAUZ KHAS VILLAGE 110016 NEW DELHI, IN	CHARITABLE	IN	501 (C) (3)	4	CARE	X	
(2) MOFAD MICROFINANCE COMPANY STREET # 11 TAIMANI DISTRICT 4 KABUL, AF	CHARITABLE	AF	501 (C) (3)	4	CARE	X	
(3) CARE ACTION NOW INC 1726 M STREET NW WASHINGTON, 20036 26-1728410	ADVOCACY	GA	501 (C) (4)	N/A	CARE	X	
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MICROVEST_GP_HLDG_CO_263623234 BETHESDA, MD 20814	MICROFINANCE	DE	N/A	RELATED MNGT FEE	227,910.	441,729.		X	160,918.	X		45.0000
(2) MICROVEST_I_LP_75-3134922 BETHESDA, MD 20814	MICROFINANCE	DE	MICROVEST GP	RELATED INVESTMENT I	1,018,535.	4,542,514.		X	25,677.		X	28.3400
(3) MICROVEST_II_LP_26-3623466 BETHESDA, MD 20814	MICROFINANCE	DE	MICROVEST GP	RELATED INVESTMENT I	53,882.	1,414,269.		X	0.		X	28.3200
(4) ACCESS_AFRICA_LP_27-3080676 7514 WISCONSIN AVE STE 400	MICROFINANCE	DE	CARE	RELATED INVESTMENT I	-918,921.	2,835,120.		X	0.	X		100.0000
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SEEDFINANCE_CORP UNIT 49 PARK HOUSE BLDG 227 EDSA GREENHILLS, RP	MICROFINANCE	RP	N/A	C CORP	65,081.	8,396,875.	60.1400
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SEED FINANCE	D	350,129.	COST
(2) CARE ACTION NOW	B	603,595.	COST/FMV
(3) ACCESS AFRICA LLC	B	695,020.	COST
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(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		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
