PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A	or th	1e 201	4 calendar year, or tax year beginning 07/01, 2014, and en	uing		06/30, 20 15
В	Check if a	nnlicable:	C Name of organization COOPERATIVE FOR ASSISTANCE AND RELIEF		1 ' '	tification number
	_		EVERYWHERE (CARE USA), INC.		13-1685	039
	Addre chang		Doing business as			
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	E Telephone num	nber
	-	l return	151 ELLIS ST. NE		(404) 681	L-2552
	Final termin	return/ nated	City or town, state or province, country, and ZIP or foreign postal code			
	Amen returr		ATLANTA, GA 30303-2440		G Gross receipts	\$\$ 661,756,696.
	Applio pendi	cation ing	F Name and address of principal officer: HELENE GAYLE		H(a) Is this a group subordinates?	return for Yes X No
			151 ELLIS STREET ATLANTA, GA 30303		H(b) Are all subordir	
I	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach	a list. (see instructions)
J	Websi	ite: 🕨	WWW.CARE.ORG		H(c) Group exemp	tion number
K	Form o	of orgar	nization: X Corporation Trust Association Other ▶ L Yes	ar of format	tion: 1945 M S	State of legal domicile: DC
P	art I	Su	ımmary			
	1	Briefly	y describe the organization's mission or most significant activities: CARE FIGHTS	ROOT	CAUSES OF	POVERTY IN THE
ė		WOR	LD'S POOREST COMMUNITIES. WE PLACE FOCUS ON WORKING	ALONG	SIDE POOR	
Jan		MOM	EN BECAUSE WITH PROPER RESOURCES WOMEN HAVE POWER T	O HELP	FAMILIES.	
/err	2	Check	k this box F if the organization discontinued its operations or disposed of more	than 25%	of its net assets	
Governance	1		per of voting members of the governing body (Part VI, line 1a)		1	3 22.
	4		per of independent voting members of the governing body (Part VI, line 1b)			4 21.
Activities &	5		number of individuals employed in calendar year 2014 (Part V, line 2a)			5 389.
ξi	1		number of volunteers (estimate if necessary)			6 21.
Ac			unrelated business revenue from Part VIII, column (C), line 12			7a 0
			nrelated business taxable income from Form 990-T, line 34			7b 0
_		1101 01			Prior Year	Current Year
	8	Contr	ibutions and grants (Part VIII, line 1h)	-	522,181,567	7. 512,280,155.
nιe	9		am service revenue (Part VIII, line 2g)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 0
Revenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		13,477,072	
Re	11		revenue (Part VIII, column (A), lines 5, 4, and 70)		4,600,749	
	12				540,259,388	
_			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		.16,671,572	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		10,071,372	0 0
	14		fits paid to or for members (Part IX, column (A), line 4)		.50,543,600	
Expenses	15		ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Sen	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		1,584,022	2. 1,961,832.
EX	1 D		fundraising expenses (Part IX, column (D), line 25) \(\) 24,898,057.) 4 F O F F 4 O F	722 201 221
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		245,855,425	
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		514,654,619	
<u>_ v</u>	19	Rever	nue less expenses. Subtract line 18 from line 12		25,604,769	
ts o nce					nning of Current Ye	
Net Assets or Fund Balances	20		assets (Part X, line 16)		558,557,390	
nd E	21		liabilities (Part X, line 26)		227,307,861	
			ssets or fund balances. Subtract line 21 from line 20.	3	331,249,529	9. 323,547,506.
	ırt II		gnature Block			
Un	der per e. corre	nalties o	of perjury, I declare that I have examined this return, including accompanying schedules and st complete. Declaration of preparer (other than officer) is based on all information of which prepare	atements, a r has anv k	and to the best of nowledge.	my knowledge and belief, it is
	,	T		,		
Sig	ın					
He			Signature of officer		Date	
116	16					
			Type or print name and title			
Dai	1	Print/	Type preparer's name Preparer's signature Date		Check	if PTIN
Paid		AER	RIAL M ORR 03/	04/201		101070100
	parer Only	Firm's	sname ▶ERNST & YOUNG U.S. LLP		Firm's EIN ▶ 3	4-6565596
USE	Only	Firm's	saddress >55 IVAN ALLEN BLVD, SUITE 1000 ATLANTA, GA 30308		Phone no. 40	04-874-8300
May	the I		ccuss this return with the preparer shown above? (see instructions)			Yes X No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.			Form 990 (2014)

	pe the organization's mission:	
ATTACHM	ENT 1	
prior Form 99	nization undertake any significant program services during the year which were not listed on the 10 or 990-EZ?	Yes 🖸
Did the orga services?	anization cease conducting, or make significant changes in how it conducts, any program ribe these changes on Schedule O.	Yes 🖸
Describe the expenses. Se	organization's program service accomplishments for each of its three largest program service action 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alterses, and revenue, if any, for each program service reported.	
(Code:ATTACHM) (Expenses \$ 377,218,131. including grants of \$ 112,854,402.) (Revenue \$ ENT 2	0_)
O (Code:) (Expenses \$ _{94,798,642.} including grants of \$ _{28,320,968.}) (Revenue \$)
ALIACHM		
	ENT 3	
		0_)
C (Code: PUBLIC INI ABOUT WOR)(Expenses \$	0_)
C (Code: PUBLIC INI ABOUT WOR)(Expenses \$	0_)
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c (Code: PUBLIC INI)(Expenses \$	0_)
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c (Code: PUBLIC INI)(Expenses \$	0_)
C (Code: PUBLIC INI ABOUT WORI MARGINALI:)(Expenses \$	0_)
C (Code: PUBLIC INI ABOUT WORN MARGINALI: Other program (Expenses \$) (Expenses \$	0_)
c (Code: PUBLIC INI ABOUT WORI MARGINALI:) (Expenses \$	

Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Χ complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Χ the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Χ Х 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Χ **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	- · · · · · · · · · · · · · · · · · · ·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	х	
04-	employees? If "Yes," complete Schedule J	23	- 2	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
- •	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
50	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_ X
	Officer if Octredule O contains a response of note to any fine in this fact virial factors.		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1,0
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 389			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	Х	
h	account)?	Tu		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	UD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ.
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
я 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from members or snareholders Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Cod		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	406	X	
	rise to conflicts?	12b	Λ.	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		X	
40	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14		
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?	15a	х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ıva	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	· ou		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	,		
17	List the states with which a copy of this Form 990 is required to be filed ▶_ATTACHMENT_4			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 5016	c)(3)s	only)
.0	available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)		3)(0)0	, Omy ,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of ir financial statements available to the public during the tax year.	terest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and recoi	rds:▶		

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Part VII

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

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

- 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.

L	ot Check this box if neither the organization	n nor any related	d organization compensate	ed any current offic	er, director, or trus	stee.

(A) Name and Title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)SUSAN CROWN	3.00									
BOARD MEMBER	0	Х						0	0	0
(2)ALEXANDER B CUMMINGS	3.00									
BOARD MEMBER / TREASURER	0	Х						0	0	0
(3)W BOWMAN CUTTER	3.00									
BOARD MEMBER	2.00	X						0	0	0
(4)LEILA JANAH	3.00									
BOARD MEMBER	0	Х						0	0	0
(5)PAUL J JANSEN	3.00									
BOARD MEMBER / CHAIR	0	Х						0	0	0
(6)MUSIMBI KANYORO	3.00									
BOARD MEMBER	0	Х						0	0	0
(7)DEAN C KEHLER	3.00									
BOARD MEMBER	0	Х						0	0	0
(8)EMERY KOENIG	3.00									
BOARD MEMBER	0	Х						0	0	0
(9)RICHARD A MARIN	3.00									
BOARD MEMBER	0	Х						0	0	0
(10)DORIS MEISSNER	3.00									
BOARD MEMBER	2.00	Х						0	0	0
(11)RANDALL E POND	3.00									
BOARD MEMBER	0	Х						0	0	0
(12)VIRGINIA SALL	3.00									
BOARD MEMBER	0	Х						0	0	0
(13)RANVIR K TREHAN	3.00									
BOARD MEMBER	0	Х						0	0	0
(14)BRUCE C TULLY	3.00									
BOARD MEMBER / VICE CHAIR	0	X						0	0	0

Form **990** (2014)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	more	e than tor/trust e than tor/trust e than tor/trust employee	an	(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		
15) WILLIAM D UNGER	3.00											
BOARD MEMBER	0	Х						0	0	0		
16) DEIDRA WAGER	3.00											
BOARD MEMBER	0	Х						0	0	0		
17) HELENE D GAYLE	40.00											
BOARD MBR / PRESIDENT AND CEO	2.00	Х		Х				435,247.	0	21,642.		
18) MARTHA BROOKS	3.00											
BOARD MEMBER	0	Х						0	0	0		
19) MICHELE FLOURNOY	3.00											
BOARD MEMBER	0	Х						0	0	0		
20) H. CONRAD MEYER III	3.00											
BOARD MEMBER	0	Х						0	0	0		
21) JOANNE K. BRADFORD	3.00											
BOARD MEMBER	0	Х						0	0	0		
22) EDUARDO CASTRO-WRIGHT	3.00											
BOARD MEMBER	0	X						0	0	0		
23) PETER BUIJS	40.00											
CHIEF FINANCIAL OFFICER	0			Χ				214,198.	0	21,415.		
24) CAROL HUDSON	40.00											
CHIEF OF STAFF/BOARD SECRETARY	0			Х				127,153.	0	18,013.		
25) NICHOLAS C OSBORNE	40.00											
VP INTL PROGRAM & OPERATIONS	0				X			215,366.	0	18,987.		
1b Sub-total							\blacktriangleright	0	0	0		
c Total from continuation sheets to Part VII, S							\triangleright	3,660,380.	0	230,853.		
d Total (add lines 1b and 1c)								3,660,380.	0	230,853.		
2 Total number of individuals (including but not reportable compensation from the organization		hose 165		d al	bove	e) who	re	eceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.	ule J for suc	ch ind	livid	ual						Yes No		
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	50,0	00?	. If	"Yes	,"	complete Schedu	le J for such	4 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

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 ► 52

Form **990** (2014)

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week (list any hours for box, unless person is both an officer and a director/trustee) from the						Page 8						
Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	es,	and I	Hig	hest Compensat	ed Employees (d	continue	ed)	
• •	Average hours per week (list any	box,	unle er an	Pos heck ss pe d a d	ition more rson irect	is both or/trust	an tee)	Reportable compensation from	(E) Reportable compensation from related organizations	am	(F) stimated nount of other pensation	f
	organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	org: and	om the anizatio d related anization	d
26) PATRICK SOLOMON	40.00											
SR VP HR & ADMIN	0				X			209,124.	0		21,9	<u> 21.</u>
27) LEE T LOVE VP INDIVIDUAL FNDRAISNG/MRKTNG	40.00				Х			286,418.	0		28,0	06.
28) EMMA M NAYLOR NGUGI REG DIR-EAST, CEN & S AFRICA	40.00	-			Х			244,827.	0		11,7	709.
29) NAVA GYAWALI REGIONAL DIRECTOR OF ASIA REG	40.00	-			Х			189,829.	0		9,6	554.
30) THOMAS REYNOLDS VP PROG PARTNERSHIP LEARNING	40.00	-			Х			187,738.	0		12,4	149.
31) MUHAMMAD MUSA COUNTRY DIRECTOR /CEO INDIA	40.00	-				Х		237,901.	0		9,9	966.
32) YAWO DOUVON COUNTRY DIRECTOR OF MALI	40.00	-				Х		248,682.	0		8,0	032.
33) CHRISTOPHER WILLIAMS DIRECTOR OF SECURITY	40.00	-				Х		243,935.	0		9,1	L98.
34) AFURIKA JUVENAL CHIEF OF PARTY	40.00	-				Х		235,323.	0		8,0)57.
35) RUPERT BLADON PROGRAM MGR CHIEF OF PARTY	40.00	-				X		227,794.	0		4,0	009.
36) JONATHAN W MITCHELL FMR CHIEF OPTG OFFICER/SVP IPO	40.00	-					Х	174,401.	0		17,2	270.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> >					
Total number of individuals (including but not reportable compensation from the organization)		hose 165		ed al	oove	e) who	o re	eceived more than	\$100,000 of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3	Yes	No
4 For any individual listed on line 1a, is the sorganization and related organizations great	sum of repeater than	oortab 1 \$15	ole (com 100?	pen <i>If</i>	satio	n aı	nd other compens	sation from the left of the sation from the			
individual										4	Х	
for services rendered to the organization? If "Ye										5		Х

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 ▶

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	plo	yee	es,	and F	lig	hest Compensat	ed Employees	(continu	ied)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	s pei	ition more rson irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n a	(F) Estimated mount of other npensat	of ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or	from the ganizationd relate ganizatio	on ed
37) JEAN MICHEL VIGREUX	40.00											
FMR SRVP PGM QUAL/DIR HAITI	0						Х	182,444.		0	10,	525.
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						* * *					
2 Total number of individuals (including but reportable compensation from the organization)	not limited to t		liste				o re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sc.										3	Х	
4 For any individual listed on line 1a, is to organization and related organizations individual	greater than	\$15	0,00							4	X	
5 Did any person listed on line 1a receive for services rendered to the organization?										5		Х
Complete this table for your five highest of compensation from the organization. Report the second sec											(
year. (A)								(B)		(C)	

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

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 ►

Page 9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII......... (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 432,432. 1b c Fundraising events 241,425 d Related organizations 1d 1e 133,947,962 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above . 1f 377,658,336 g Noncash contributions included in lines 1a-1f: \$ _ 22,589,223. Total. Add lines 1a-1f 512,280,155 Program Service Revenue **Business Code** 2a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, 6,895,019 6,895,019. Income from investment of tax-exempt bond proceeds . 5 110,452. 110,452. (i) Real (ii) Personal 329,691. 273,573 6a Gross rents **b** Less: rental expenses . . . 329,691. 273,573 c Rental income or (loss) d Net rental income or (loss) <u>.</u> ▶ 603,264 603,264 (ii) Other 7a Gross amount from sales of (i) Securities assets other than inventory 134,539,524. 82,511 **b** Less: cost or other basis and sales expenses 131,606,763. 82,511 2,932,761. c Gain or (loss) 3,015,272. 3,015,272. Other Revenue Gross income from fundraising events (not including \$ _____241,425. of contributions reported on line 1c). See Part IV, line 18 a 16,000 298,793 c Net income or (loss) from fundraising events. -282,793 -282,793. 9a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities._____ 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** SALE OF GOODS NON-UBIT 900099 5,441,485 5,441,485. 11a ALL OTHER REVENUE 900099 1.788.286 1,788,286 b С **d** All other revenue 7,229,771 e Total. Add lines 11a-11d Total revenue. See instructions 529,851,140 17,570,985.

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total enginees (8b), 9b, and 10b of Part VIII. (10b) 1 Cents and other assistance to domestic individuals. See Part V, line 12 6,601,484. 6,601,484. 6,601,484. 7.00 more reported in expension and promotion of the provincial expension and other assistance to domestic individuals. See Part V, line 12 and 16 0 134,573,886. 134,573,886. 134,573,886. 134,573,886. 134,573,886. 134,573,886. 134,573,886. 134,573,886. 134,573,886. 134,573,886. 171,1335. 171,335.		Check if Schedule O contains a response or note to any line in this Part IX							
and domestic governments. See Part N. line 21		- · · · · · · · · · · · · · · · · · · ·	(A) Total expenses	Program service					
and domestic governments. See Part N, line 21	1	Grants and other assistance to domestic organizations			-				
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 134,573,886 134,573,		_	6,601,484.	6,601,484.					
S Grants and other assistance to foreign organizations, foreign operaments, and foreign individuals. See Part IV, lines 15 and 16 . 4 Benefits paid to or for members . 5 Compensation of current officers, directors, trustees, and key employees . 5 Compensation in included above, to disquatified persons (as defined under section 4958(fi)1) and persons described in section 4968(fi)(3)8(fi) . 7 Other salaries and wages . 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer centributions section 401(k) and 403(b) employer centributions . 9 Other employee benefits . 103,720,902 . 90,028,168 . 9,183,433 . 4,509,301 . 273,510	2	Grants and other assistance to domestic							
organizations, foreign governments, and foreign individuals See Peart IV, line 15 and 16. 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees trustees, and key employees. 6 Compensation not included above, to disqualified persons (see Sidened under section 4968(k(1)) and persons described in section 4968(k(1)) and persons 40 (1) and 403(k) employee contributions of the section 4968(k(1)) and 273, 290, 290, 281, 461, 481, 381, 381, 381, 381, 381, 381, 381, 3		individuals. See Part IV, line 22	0						
individuals. See Part IV, lines 15 and 16	3	Grants and other assistance to foreign							
Sements paid to or for members Compensation of current officers, directors, trustees, and key employees 2,540,884. 1,182,119. 1,187,430. 171,335.		organizations, foreign governments, and foreign							
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above, to disqualited persons (as celeined under section 4988(p(1))) and persons described in section 4988(p(1)) and persons described in section 4988(p(1))) and persons described in section 4018) and 403(p) employer contributions (include se		individuals. See Part IV, lines 15 and 16	134,573,886.	134,573,886.					
trustees, and key employees	4	Benefits paid to or for members	0						
6 Compensation not included above, to disqualified persons (as defined under section 498(f)(1) and persons described in section 498(f)(1) and persons described in section 498(f)(1) and persons described in section 498(f)(1) and (10,1) and (1	5	•							
persons as defined under section 4988(c)(3)(8) 7 Other sadaries and wages 8 Pension plan accruais and contributions (include section 4018(i)) and 4010(b) employer contributions 9 Other employee benefits 9 Other employee benefits 10,37,20,902. 90,028,168. 9,183,433. 4,509,301. 5,599,464. 4,881,385. 456,418. 261,661. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512. 746,512. 747,737. 746,512. 747,737. 746,512. 747,737. 746,512		trustees, and key employees	2,540,884.	1,182,119.	1,187,430.	171,335.			
Pension plan accruals and wages 103,720,902. 90,028,168. 9,183,433. 4,509,301.	6	Compensation not included above, to disqualified							
7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 401(k) and 403(k) ambly perpotention (solid section 401(k) ambly perpotention (
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits									
section 401(k) and 403(b) employer contributions 5,599,464 4,881,385 456,418 261,661 746,512 7	7	Other salaries and wages	103,720,902.	90,028,168.	9,183,433.	4,509,301.			
3	8		E 500 464	4 001 005	456 430	061 661			
10 Payroll taxes		, , , , , , , , , , , , , , , , , , , ,							
11 Fees for services (non-employees): a Management b Legal									
a Management		-	5,025,457.	4,183,875.	527,809.	313,7/3.			
b Legal									
d Lobbying 28,675. 28,675. 28,675. 1,961,832. 1,961,83			620 402	467 027	66 560	0F 000			
d Lobbying						65,906.			
e Professional fundraising services. See Part IV, line 17. f Investment management fees 277,152. 277,152. 277,152. 9 Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule Q). 24,206,357. 20,585,525. 3,150,266. 470,566. 24,006,357. 20,585,525. 3,150,266. 470,566. 320,713,724. 16,166,009. 2,306,703. 14,241,012. 41,175,577. 3,032,592. 664,235. 478,750. 41,175,577. 3,032,592. 664,235. 478,750. 41,175,577. 3,032,592. 664,235. 478,750. 41,175,577. 3,032,592. 664,235. 478,750. 41,175,577. 3,032,592. 664,235. 478,750. 41,175,577. 3,032,592. 664,235. 478,750. 41,175,577. 3,032,592. 664,235. 478,750. 41,175,279. 41,					2,317,172.				
f Investment management fees 277,152. 277,152. g Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). 24,206,357. 20,585,525. 3,150,266. 470,566. 24 Advertising and promotion 5,345,875. 4,780,002. 215,657. 350,216. 30 Office expenses 32,713,724. 16,166,009. 2,306,703. 14,241,012. 41 Information technology. 4,175,577. 3,032,592. 664,235. 478,750. 58 Oyalties 0				20,075.		1 061 922			
9 Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		_			277 152	1,901,032.			
(A) amount. list line 11g expenses on Schedule O.). 24, 206, 357. 20, 585, 525. 3, 150, 266. 470, 566. 240 veritsing and promotion 5, 345, 875. 4, 780, 002. 215, 657. 350, 216. 30 (ffice expenses 32, 713, 724. 16, 166, 009. 2, 306, 703. 14, 241, 012. 14 Information technology 4, 175, 577. 3, 032, 592. 664, 235. 478, 750. 15 Royalties 0 16 Occupancy 11, 352, 960. 10, 113, 271. 752, 410. 487, 279. 17 Travel 35, 697, 414. 33, 806, 319. 1, 311, 795. 579, 300. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 13, 170, 063. 13, 107, 178. 49, 014. 13, 871. 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 5, 382, 178. 4, 043, 384. 1, 251, 008. 87, 786. 23 Insurance 986, 138. 885, 847. 76, 230. 24, 061. 4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EMERGENCY SUPPLIES 60, 510, 238.			211,152.		2///152.				
12 Advertising and promotion	Q		24 206 357	20.585.525	3.150.266	470.566			
13 Office expenses 32,713,724. 16,166,009. 2,306,703. 14,241,012. 14 Information technology. 4,175,577. 3,032,592. 664,235. 478,750. 15 Royalties. 0	12								
14 Information technology. 4,175,577. 3,032,592. 664,235. 478,750. 15 Royalties. 0 10 Occupancy 11,352,960. 10,113,271. 752,410. 487,279. 17 Travel. 35,697,414. 33,806,319. 1,311,795. 579,300. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 13,170,063. 13,107,178. 49,014. 13,871. 19 Conferences, conventions, and meetings 13,170,063. 13,107,178. 49,014. 13,871. 20 Interest 0 0 86,124. 357. 85,767. 11 Payments to affiliates. 0 0 0 22 Depreciation, depletion, and amortization 5,382,178. 4,043,384. 1,251,008. 87,786. 23 Insurance 986,138. 885,847. 76,230. 24,061. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 60,510,238. 60,510,238. 60,510,238. 60,510,238. 60,510,238. 60,510,238. 60,510,238. 60,510,238. 60,510,238. 60,510,238. 60,510,238.									
15 Royalties. 0 16 Occupancy 11,352,960. 10,113,271. 752,410. 487,279. 17 Travel 35,697,414. 33,806,319. 1,311,795. 579,300. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 13,170,063. 13,107,178. 49,014. 13,871. 20 Interest 86,124. 357. 85,767. 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 5,382,178. 4,043,384. 1,251,008. 87,786. 23 Insurance 986,138. 885,847. 76,230. 24,061. 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EMERGENCY SUPPLIES 60,510,238. 60,510,238. bAGRICULTURAL COMMODITIES (FOREIGN EXCHANGE LOSS 7,811,810. 7,811,810. dVEHICLES 1,972,901. 1,972,901. 0,967,907. 10,853,013. 114,894. 25 Total functional expenses. Add lines 1 through 24e 527,583,913. 477,715,363. 24,970,493. 24,898,057. 24,898,057. 24,898,057.									
16 Occupancy 11,352,960. 10,113,271. 752,410. 487,279. 17 Travel			0	-,,	, , , , , , , , , , , , , , , , , , , ,				
17 Travel			11,352,960.	10,113,271.	752,410.	487,279.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings									
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 13,170,063. 13,107,178. 49,014. 13,871. 20 Interest 21 Payments to affiliates. 0 22 Depreciation, depletion, and amortization 5,382,178. 4,043,384. 1,251,008. 87,786. 23 Insurance 986,138. 885,847. 76,230. 24,061. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EMERGENCY SUPPLIES 60,510,238. 60,510,238. bAGRICULTURAL COMMODITIES 14,680,994. cFOREIGN EXCHANGE LOSS 7,811,810. 7,811,810. dVEHICLES 1,972,901. 1,972,901. 1,972,901. e All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if						· · · · · · · · · · · · · · · · · · ·			
19 Conferences, conventions, and meetings		•	0						
20 Interest	19		13,170,063.	13,107,178.	49,014.	13,871.			
21 Payments to affiliates			86,124.	357.	85,767.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EMERGENCY SUPPLIES b AGRICULTURAL COMMODITIES cFOREIGN EXCHANGE LOSS dVEHICLES e All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here iff	21		0						
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EMERGENCY SUPPLIES 60,510,238. 60,510,238. b AGRICULTURAL COMMODITIES 14,680,994. 14,680,994. CFOREIGN EXCHANGE LOSS 7,811,810. 7,811,810. dVEHICLES 1,972,901. 1,972,901. e All other expenses 10,967,907. 10,853,013. 114,894. 25 Total functional expenses. Add lines 1 through 24e 527,583,913. 477,715,363. 24,970,493. 24,898,057. 24,898,057. 24,898,057.	22	Depreciation, depletion, and amortization	5,382,178.	4,043,384.	1,251,008.	87,786.			
above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EMERGENCY SUPPLIES 60,510,238. bAGRICULTURAL COMMODITIES 14,680,994. cFOREIGN EXCHANGE LOSS 7,811,810. dVEHICLES 1,972,901. e All other expenses 10,967,907. 10,853,013. 25 Total functional expenses. Add lines 1 through 24e 527,583,913. 477,715,363. 24,970,493. 24,898,057. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	23		986,138.	885,847.	76,230.	24,061.			
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EMERGENCY_SUPPLIES bAGRICULTURAL COMMODITIES cFOREIGN_EXCHANGE_LOSS dVEHICLES e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	24	Other expenses. Itemize expenses not covered							
(A) amount, list line 24e expenses on Schedule O.) a EMERGENCY_SUPPLIES bAGRICULTURAL COMMODITIES cFOREIGN_EXCHANGE LOSS dVEHICLES e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e from a combined educational campaign and fundraising solicitation. Check here if		above (List miscellaneous expenses in line 24e. If							
a EMERGENCY SUPPLIES b AGRICULTURAL COMMODITIES cFOREIGN EXCHANGE LOSS dVEHICLES e All other expenses Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Total functional expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if									
bAGRICULTURAL COMMODITIES 14,680,994. 14,680,994. cFOREIGN EXCHANGE LOSS 7,811,810. 7,811,810. dVEHICLES 1,972,901. 1,972,901. e All other expenses 10,967,907. 10,853,013. 114,894. 25 Total functional expenses. Add lines 1 through 24e 527,583,913. 477,715,363. 24,970,493. 24,898,057. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if if if		(A) amount, list line 24e expenses on Schedule O.)							
cFOREIGN EXCHANGE LOSS 7,811,810. 7,811,810. dVEHICLES 1,972,901. 1,972,901. e All other expenses 10,967,907. 10,853,013. 114,894. 25 Total functional expenses. Add lines 1 through 24e 527,583,913. 477,715,363. 24,970,493. 24,898,057. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if									
e All other expenses									
e All other expenses									
25 Total functional expenses. Add lines 1 through 24e 527,583,913. 477,715,363. 24,970,493. 24,898,057. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	C	VEHICLES							
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if		•			0.4.070				
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if			527,583,913.	477,715,363.	24,970,493.	24,898,057.			
from a combined educational campaign and fundraising solicitation. Check here ▶ if	26								
		from a combined educational campaign and							
following SOR 08 2 (ASC 058 720)		·							
following SOP 98-2 (ASC 958-720)	JSA	TOTIOWING SOF 90-2 (ASC 930-720)	0			Form QQD (2014)			

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Form **990** (2014)

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Form 990 (2014)

Part X Ba Page **11**

Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X								
_		230k ii 35.ii34dio 3 35.ii4diii a 160poilise 01		1.5 arry into in titlo 1 d	(A)		(B)		
					Beginning of year		End of year		
	1	Cash - non-interest-bearing			143,064.	1	146,565.		
	2	Savings and temporary cash investments			60,660,411.	2	71,813,084.		
	3	Pledges and grants receivable, net	115,417,278.	3	81,271,450.				
	4	Accounts receivable, net			49,815,368.	4	29,433,443.		
	5	Loans and other receivables from current and f	orme	r officers, directors,					
		trustees, key employees, and highest co	mpei	nsated employees.					
		Complete Part II of Schedule L			0	5	0		
	6	Loans and other receivables from other disqualified persons (as defined under section							
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu							
		organizations (see instructions). Complete Part II of Sche			0	6	0		
ets	7	Notes and loans receivable, net			2,845,568.	7	343,816.		
Assets	8	Inventories for sale or use			6,342,611.	8	1,453,852.		
_	9	Prepaid expenses and deferred charges			5,662,115.	9	4,727,477.		
	10 a	Land, buildings, and equipment: cost or							
		other basis. Complete Part VI of Schedule D	10a						
	b	Less: accumulated depreciation	10b	49,406,512.	21,608,775.	10c	19,706,843.		
	11	Investments - publicly traded securities			156,785,826.	11	164,840,001.		
	12	Investments - other securities. See Part IV, line 11			0	12	0		
	13	Investments - program-related. See Part IV, line 11			5,521,206.	13	5,102,987.		
	14	Intangible assets			0	17	0		
	15	Other assets. See Part IV, line 11			133,755,168.	15	128,627,529.		
	16	Total assets. Add lines 1 through 15 (must equal			558,557,390.	16	507,467,047.		
	17	Accounts payable and accrued expenses			71,307,704.	17	64,130,565.		
	18	Grants payable			109,071,609.	18	77,777,002.		
	19	Deferred revenue			0		0		
	20	Tax-exempt bond liabilities			0		0		
Liabilities	21	Escrow or custodial account liability. Complete Pa			U	21	0		
ij	22	Loans and other payables to current and for trustees, key employees, highest compens							
E:		disqualified persons. Complete Part II of Schedule			0	22	0		
	23	Secured mortgages and notes payable to unrelate			0	23	0		
	24	Unsecured notes and loans payable to unrelated t			0	24	0		
	25	Other liabilities (including federal income tax,							
		parties, and other liabilities not included on lines							
		of Schedule D		'	46,928,548.	25	42,011,974.		
	26	Total liabilities. Add lines 17 through 25			227,307,861.	26	183,919,541.		
		Organizations that follow SFAS 117 (ASC 958),	checl						
ÇĚ	27	complete lines 27 through 29, and lines 33 and			72 002 400	07	70 400 507		
alaı	27 28	Unrestricted net assets	73,893,490. 112,104,076.	27	78,422,527. 104,316,297.				
Ä	29	Temporarily restricted net assets Permanently restricted net assets			145,251,963.	28 29	140,808,682.		
ŭ,	23	Organizations that do not follow SFAS 117 (ASC 958)			143,231,903.	29	140,808,082.		
Net Assets or Fund Balances		complete lines 30 through 34.	, criec	k nere					
ts (30	Capital stock or trust principal, or current funds				30			
sse	31	Paid-in or capital surplus, or land, building, or equ				31			
ţ Ā	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32			
Š	33	Total net assets or fund balances			331,249,529.	33	323,547,506.		
					558,557,390.	34	507,467,047.		

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		529,8		40.
2	Total expenses (must equal Part IX, column (A), line 25)	2	!	527,5	83,9	913.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,2	67,2	227.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		331,2	49,5	29.
5	Net unrealized gains (losses) on investments	5		-4,6	33,3	397.
6	Donated services and use of facilities	6			-7,1	L54.
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-5,3	28,6	599.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		323,5	47,5	06.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	kplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	vers	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	fort	h in			
	the Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Х	

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization COO

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

OMB No. 1545-0047
2014
Open to Public Inspection

Nam	ne of	the organization COOPERAT	IVE FOR ASSIS	STANCE AND RELII	EF		Employer ider	tification number
EVI	ERYV	WHERE (CARE USA), IN	NC.				13	-1685039
Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions	8.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 11, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E.)				
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170((b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An organization that norma	ally receives: (1) m	nore than 331/3 % of	its supp	ort from	contributions, memb	ership fees, and gross
		receipts from activities rela	ated to its exemp	t functions - subject	to certa	in excep	otions, and (2) no mo	ore than 331/3% of its
		support from gross invest	tment income an	d unrelated business	taxable	e income	e (less section 511	tax) from businesses
		acquired by the organizatio	n after June 30, 19	975. See section 509	(a)(2). (C	Complete	Part III.)	
10		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
11		An organization organized	and operated excl	usively for the benefit o	of, to per	rform the	functions of, or to ca	rry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	509(a)(1) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check
		the box in lines 11a through	n 11d that describe	es the type of support	ing orga	nization	and complete lines 11	e, 11f, and 11g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	· ·	•	-			
		organization. You must co				, ,		
b		Type II. A supporting org	-		nnection	with its	supported organizati	on(s), by having
		control or management of	-					
		organization(s). You must		=		•		0 11
С		Type III functionally integ			ited in co	onnectio	n with, and functiona	lly integrated with.
	_	its supported organization						,,
d		Type III non-functionally		•				ted organization(s)
	_	that is not functionally inte			-			
		requirement (see instruct	-		_		•	
е		Check this box if the orga		=				II. Type III
		functionally integrated, or						, . , p =
f	En	ter the number of supported						
g		ovide the following information	_					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
		-		(described on lines 1-9	-	ur governing	support (see	other support (see
				above or IRC section (see instructions))	docui	ment?	instructions)	instructions)
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No		
(A)								
(B)								
· _ `								
(C)								
· · ·								
(D)								
·-·								
(E)								
Tota	al							

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	560,907,732.	541,567,076.	471,675,545.	522,181,567.	512,280,155.	2,608,612,075.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	560,907,732.	541,567,076.	471,675,545.	522,181,567.	512,280,155.	2,608,612,075.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)						433,991,098.
Sec	Public support. Subtract line 5 from line 4. tion B. Total Support						2,174,620,977.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	560,907,732.	541,567,076.	471,675,545.	522,181,567.	512,280,155.	· · · ·
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,283,670.	10,012,008.	11,225,595.	5,282,878.	7,608,735.	45,412,886.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	17,836.					17,836.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,055,831.	5,314,163.	3,543,734.	4,761,514.	7,229,771.	29,905,013.
11	Total support. Add lines 7 through 10						2,683,947,810.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	149,157.
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2014 (li		•			14	81.02%
15	Public support percentage from 2013					15	82.53%
16a	331/3% support test - 2014. If the o	-					
	this box and stop here . The organizati						
b	331/3% support test - 2013. If the o	•					
47.	check this box and stop here. The org	•					
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	
	Part VI how the organization meets t			_		· · · · · ·	supported
h	organization						and line
D	10%-facts-and-circumstances test - 2	_	=				
	15 is 10% or more, and if the organization in Part VI how the organization						-
40	Explain in Part VI how the organization supported organization						▶ □
18	Private foundation. If the organization 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.)

	·			• •			
	tion A. Public Support	(-) 0040	(1-) 0044	(-) 0040	(-1) 2042	(-) 0044	(0 T-4-1
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
<i>i</i> a	, , ,						
b	received from disqualified persons Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support			T	T	T	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6.						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				6:60	.: 504	() (Q)
14	First five years. If the Form 990 is for	-			•		
	organization, check this box and stop here						>
	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8,					15	%
16	Public support percentage from 2013 Sche					16	%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2014 (lin					17	%
18	Investment income percentage from 2013	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2014. If the org					re than 331/3%,	and line
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2013. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization		•	•			

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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

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Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	/1		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		ons):	
•	Astivities Test American (a) and (b) heleve		Yes	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b		

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Schedule A (Form 990 or 990-EZ) 2014

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Page 6 Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con	•	·	structions. All
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y-integra	ited Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2014

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Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014:						
а							
b							
С							
d							
е	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2014 distributable amount						
i	Carryover from 2009 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2014 from Section						
	D, line 7: \$						
а	Applied to underdistributions of prior years						
	Applied to 2014 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2015. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а							
b							
С							
d	Excess from 2013						

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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 \$7,229,771 CONSISTS OF \$5,441,485 LIST RENTAL

REVENUE AND \$1,788,286 OF MISCELLANEOUS INCOME GENERATED FROM THE COUNTRY

OFFICES PRIMARILY THROUGH SALE OF ASSETS.

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA), INC. 13-1685039

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organization is covered by the General Rule or a Special Rule . Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule								
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a stributions.							
Special Rules								
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) he amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
contributor, during the	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Employer identification number 13-1685039

Part I	Contributors ((see instructions).	Use duplicate cop	ies of Part I if additiona	I space is needed.
--------	----------------	---------------------	-------------------	----------------------------	--------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 _		\$25,350,004.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2 _		\$13,152,776.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3 _		\$11,109,380.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$25,963,747.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$14,192,064.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)			
No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution

Name of organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA), INC.

Employer identification number 13-1685039

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is need	Part I	Contributors (s	ee instructions).	Use duplicate	copies of Part I if	additional	space is neede
--	--------	-----------------	-------------------	---------------	---------------------	------------	----------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7 _		\$46,826,822.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8 _		\$106,915,682.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9 -		\$36,461,816.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA), INC.

Employer identification number 13-1685039

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

		'	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	HYGIENE/WATER PURIFICATION KITS	\$181,299.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	AGRICULTURAL COMMODITIES	\$52,900.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	AGRICULTURAL COMMODITIES	\$13,203,993.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of or	rganization COOPERATIVE FOR ASSIST	ANCE AND RELIE	F	Employer identification number
	EVERYWHERE (CARE USA),			13-1685039
Part III	Exclusively religious, charitable, etc.			
	that total more than \$1,000 for the y			
	following line entry. For organizations			
	contributions of \$1,000 or less for th			ee instructions.) ► \$
(a) No.	Use duplicate copies of Part III if addit	ionai space is neede	eu.	T
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
<u> </u>				
		(e) Transf	fer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	fer of gift	
	Transferee's name, address, at	nd 7ID ± 4	Polatio	nship of transferor to transferee
	Transieree 3 name, address, an	14 ZII + 4	Kelatio	namp of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held
Part I	(a) tarpeed a gas	(0, 000		(ii) - coorporer or new gardeness
		(e) Transf	fer of gift	
			-	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
1 4111				
		·	_	
		(e) Transf	fer of gift	
	Townstee 1	- J 71D . 4		makin at the material to the
	Transferee's name, address, at	1a ZIP + 4	Relatio	nship of transferor to transferee

JSA 4E1255 1.000 Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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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

Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

•	(see separate instructions), ther Section 501(c)(4), (5), or (6) orga		, , .	,	
		E FOR ASSISTANCE AND RE	T.TEF	Employer ide	ntification number
	ERYWHERE (CARE USA),			13-16	85039
		organization is exempt under	section 501(c) or		
1	-	organization's direct and indirect p			
2	•				
3					
Par		organization is exempt under			
1		cise tax incurred by the organizatio			
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
b	If "Yes," describe in Part IV.				
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	<u>).</u>
1		expended by the filing organization			
2	Enter the amount of the filir	ng organization's funds contributedes	d to other organizati	ons for section	
3	Total exempt function expeline 17b	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL, ▶\$	
5	Enter the names, addresses organization made payment the amount of political conf	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom nd or a political action committee (per (EIN) of all section liter the amount paid aptly and directly de	on 527 political organized from the filing organized from the filing organized for a separate po	ations to which the filing cation's funds. Also enter olitical organization, such
	(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)					

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 COOPERATIVE FOR ASSISTANCE AND RELIEF	13-1	.685039 Page 2
Part II-A Complete if the organization is exempt under section 501(c)(3) and section 501(h)).	filed Form 5768 (ele	ction under
A Check ▶ if the filing organization belongs to an affiliated group (and list in Paname, address, EIN, expenses, and share of excess lobbying expendence)		roup member's
B Check ▶ if the filing organization checked box A and "limited control" provisi	ons apply.	
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
12 Total lobbying expenditures to influence public opinion (grass roots lobbying)		

		ying Experiences	aranization's totals	aroun totals
	· · · · · · · · · · · · · · · · · · ·	eans amounts paid or incurred.)	organization's totals	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)		
С	Total lobbying expenditures (add lines 1	a and 1b)		
d	Other exempt purpose expenditures			
		d lines 1c and 1d)		
		e amount from the following table in both		
	columns.			
	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	5% of line 1f)		
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting section 4911 tax for this year?			Yes 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 separate instructions for lines 2a through 2f.)

	Lobbying Expen	ditures During 4-Y	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a 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					

Schedule C (Form 990 or 990-EZ) 2014

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	dule C (Form 990 or 990-EZ) 2014					Page 3
Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768	3	
Eor	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
	cription of the lobbying activity.	Yes	No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?	Х				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
С	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?	Х				2,105
е	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?	X			22	9,575
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				7,383
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X				8,430
i	Other activities?	X			1	0,757
j	Total. Add lines 1c through 1i				25	8,250
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
	501(c)(6).					
					Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (b) Pa	rt III-A,	line 3,	is
	answered "Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ınts (of			
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es .		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng			
	and political expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
	t IV Supplemental Information					
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	up list	.); Part I	I-A, lines	1 and
2 (se	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
SEI	E PAGE 4					

Schedule C (Form 990 or 990-EZ) 2014

JSA 4E1266 2.000

2197HI 2217

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, 1D

USE OF PAID CONSULTANTS TO DEVELOP AND DISSEMINATE E-MAIL COMMUNICATIONS
TO MEMBERS ON SPECIFIC LEGISLATION.

SCHEDULE C, PART II-B, 1F

CARE'S ADVOCACY PRIORITIES HARNESS ITS BROAD EXPERIENCE IN THE DEVELOPING WORLD, AND IS FOCUSED ON FOREIGN ASSISTANCE BUDGETING, FOOD SECURITY, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND WOMEN'S EMPOWERMENT, AND HUMANITARIAN ASSISTANCE. CARE'S PRIMARY LOBBYING IS CONDUCTED BY WAY OF A GRANT TO CARE ACTION NOW, A RELATED, SEPARATELY INCORPORATED 501(C)(4) ORGANIZATION. LOBBYING ACTIVITIES INCLUDED INFLUENCING POLICYMAKERS THROUGH CONGRESSIONAL TESTIMONY, BRIEFINGS, REPORTS AND MEETINGS, AND TARGETED ENGAGEMENT OF THE PUBLIC AT LARGE.

SCHEDULE C, PART II-B, 1G

AMOUNT CONSISTS OF TRAVEL EXPENSES RELATED TO MEETINGS WITH MEMBERS OF CONGRESS TO LOBBY ON CARE PRIORITY ISSUES.

SCHEDULE C, PART II-B, 1H

AMOUNT CONSISTS OF TRAVEL EXPENSES RELATED TO ATTENDING CARE CONFERENCE TO SUPPORT CARE'S LOBBYING ACTIVITIES.

SCHEDULE C, PART II-B, 1I

2197HI 2217

AMOUNT CONSISTS OF \$2.4K WHICH WAS CARE'S CONTRIBUTION TO THE HIRING OF

AN OUTSIDE CONSULTANT TO HELP WITH GRASSROOTS LOBBYING. \$8.3K COSTS

RELATING TO CONSULTING FOR LOBBYING COALITION BUILDING ACTIVITIES.

Schedule C (Form 990 or 990-EZ) 2014

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service COOPERATIVE FOR ASSISTANCE AND RELIEF

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Name of the organization EVERYWHERE (CARE USA), INC. 13-1685039 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 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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:

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:

Revenue included in Form 990, Part VIII, line 1 **\$**____ ▶ \$

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

Schedule D (Form 990) 2014

Page 2 Schedule D (Form 990) 2014

Par	rt III Organizations Maintai	ning Collections of	Art, Historical T	reasures,	or Other Simi	lar Assets	(conti	nued)	_
3	Using the organization's acquis	eition accession and a	other records char	k any of the	following that	aro a cianifi	cant u	o of ite	
3	Using the organization's acquis collection items (check all that a		other records, chec	k any or the	e following that	are a signin	cant us	e or its	,
_	Public exhibition	ippiy).	d Loon	or ovehenge	programa				
a				or exchange					
b			e Other						
C	Preservation for future ge			41 £41	4h	-1		: D	
4	Provide a description of the or	ganization's collections	and explain now	tney furtner	the organization	rs exempt p	ourpose	in Par	ι
_	XIII.	-4ili-i4i		: +		:1			
5	During the year, did the organiza] v		_
Do	assets to be sold to raise funds r rt IV						Yes	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_
rai	rt IV Escrow and Custodial or reported an amount			iizalion ans	wered res to	Form 990,	raitiv	, illie s	Ι,
	or reported an amount	OII I OIIII 990, Fait A	K, IIIIC 21.						_
1.	Is the organization an agent tru	ustoo gustodian or othe	or intermediary for a	ontributions	or other assets n	ot			
ıa	Is the organization an agent, tru		-				Vac	□ Na	_
L	included on Form 990, Part X?	at in Dort VIII and some	loto the following to				Yes	X No)
D	If "Yes," explain the arrangement	nt in Part XIII and comp	piete the following ta	ole.		A			—
	Designing helenes				/	Amount			—
	Beginning balance								_
	Additions during the year								—
e	, , ,								—
f	Ending balance					1 334 0	1.4		_
	Did the organization include an						Yes	X No)
	If "Yes," explain the arrangement								_
Par	rt V Endowment Funds. Co			1					_
	5	(a) Current year	(b) Prior year	(c) Two year				ears back	_
	Beginning of year balance		35,455,776.			54,409.		47,14	_
	Contributions	5,282.	11,187,143.	1,169	,857. 2,92	25,473.	1,4	33,54	9.
С	Net investment earnings, gains,								_
	and losses		5,839,332.	4,398	,281. 53	39,481.	6,9	09,64	4 .
	Grants or scholarships								_
е	Other expenditures for facilities								
	and programs		17,108,332.			15,980.	3,7	30,60	_
f	Administrative expenses		31,644.			22,566.		5,31	_
g			35,342,275.			50,817.	36,8	54,409	9.
2	Provide the estimated percentage	•	, ,	, column (a))	held as:				
а	Board designated or quasi-endo	wment ▶20.0000	_%						
	Permanent endowment ▶73								
С	Temporarily restricted endowment								
	The percentages in lines 2a, 2b								
3a	Are there endowment funds not	in the possession of the	ne organization that	are held and	d administered fo	r the	_		_
	organization by:					-	Y	es No)
	(i) unrelated organizations						3a(i) 2	K	
	(ii) related organizations					[3a(ii)	X	
b	If "Yes" to 3a(ii), are the related	_	•			[3b		_
4	Describe in Part XIII the intende								_
Par	rt VI Land, Buildings, and E Complete if the organi	quipment.	o" to Form 000 D	art IV lina	110 Coo Form	000 Dort V	line 1	0	
	Description of property	(a) Cost or		or other basis	(c) Accumulated	1	sook valu		_
	Description of property	(inves		other)	depreciation	(u) E	SOOK Valu	=	
1a	Land		3,(77,781.			3,07	7,781	
b			12,1	L21,562.	10,305,707		1,81	5,855	
С	Leasehold improvements		1,3	373,706.	883,972		48	9,734	
d	Equipment		52,5	540,306.	38,216,833	. 1	4,32	3,473	-
е	Other								_
Tota	al. Add lines 1a through 1e. (Colu		n 990, Part X, colum	n (B), line 10	(c).)	. 1	19,70	5,843	-

Part VII Investments - Other Securities.

Schedule D (Form 990) 2014 Page 3

	or in process in the organization and inches	100 10101111000	, Part IV, line 11b. See Form 990, F	art A, illie 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	on: t value
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(<u>H</u>)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)				
_(2)				
_(3)				
_(4)				
_(5)				
_(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered (a) De	l "Yes" to Form 990, scription	, Part IV, line 11d. See Form 990, F	Part X, line 15.
(1) TRUS	TS HELD BY THIRD PARTIES			124,474,379
	P ASSETS			
(2) OTHE				
(2) OTHE (3) DEPO				2,970,273
				2,970,273
(3) DEPO				2,970,273
(3) DEPO (4)				2,970,273
(3) DEPO (4) (5)				2,970,273
(3) DEPO (4) (5) (6)				2,970,273
(3) DEPO (4) (5) (6) (7) (8) (9)	SITS			2,970,273 1,182,877
(3) DEPO (4) (5) (6) (7) (8) (9)			<u> </u>	2,970,273 1,182,877 128,627,529
(3) DEPO (4) (5) (6) (7) (8) (9) Total. (Col	Jumn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered		, Part IV, line 11e or 11f. See Form	2,970,273 1,182,877 128,627,529
(3) DEPO (4) (5) (6) (7) (8) (9) Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered line 25.	l "Yes" to Form 990	, Part IV, line 11e or 11f. See Form	2,970,273 1,182,877 128,627,529
(3) DEPO (4) (5) (6) (7) (8) (9) Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	l "Yes" to Form 990	, Part IV, line 11e or 11f. See Form	2,970,273 1,182,877 128,627,529
(3) DEPO (4) (5) (6) (7) (8) (9) Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes	l "Yes" to Form 990	, Part IV, line 11e or 11f. See Form	2,970,273 1,182,877 128,627,529
(3) DEPO (4) (5) (6) (7) (8) (9) Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes FITS ACCRUED-OVERSEAS NATL STAF	(b) Book value 23,112,	, Part IV, line 11e or 11f. See Form	2,970,273 1,182,877 128,627,529
(3) DEPO (4) (5) (6) (7) (8) (9) Total. (Col Part X	Jumn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes FITS ACCRUED-OVERSEAS NATL STAF	(b) Book value 23,112,	, Part IV, line 11e or 11f. See Form	2,970,273 1,182,877 128,627,529
(3) DEPO (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) BENE (3) SUBS (4)	Jumn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes FITS ACCRUED-OVERSEAS NATL STAF	(b) Book value 23,112,	, Part IV, line 11e or 11f. See Form	2,970,273 1,182,877 128,627,529
(3) DEPO (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) BENE (3) SUBS (4) (5)	Jumn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes FITS ACCRUED-OVERSEAS NATL STAF	(b) Book value 23,112,	, Part IV, line 11e or 11f. See Form	2,970,273 1,182,877 128,627,529
(3) DEPO (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) BENE (3) SUBS (4) (5) (6)	Jumn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes FITS ACCRUED-OVERSEAS NATL STAF	(b) Book value 23,112,	, Part IV, line 11e or 11f. See Form	2,970,273 1,182,877 128,627,529
(3) DEPO (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) BENE (3) SUBS (4) (5) (6) (7)	Jumn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes FITS ACCRUED-OVERSEAS NATL STAF	(b) Book value 23,112,	, Part IV, line 11e or 11f. See Form	2,970,273 1,182,877 128,627,529

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

JSA
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Schedule D (Form 99)

Schedule D (Form 990) 2014 Page 4

Octricadi	C D (1 01111 000) 2014	r age -
Part !	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.
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:	1
a	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities 2b	-
C	Recoveries of prior year grants 2c	-
d	Other (Describe in Part XIII.)	-
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	
b	Other (Describe in Part XIII.)	-
	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		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
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:	
а	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
С	Other losses 2c	
d	Other (Describe in Part XIII.)	
е	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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	
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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS		
SCHE	DULE D, PART V, LINE 4	
THE	INTENDED USE OF THE ORGANIZATION'S ENDOWMENTS IS TO FUND PROGRAMS	
CONS	ISTENT WITH THE ORGANIZATION'S MISSION AS DIRECTED BY THE DONORS WHO	
HAVE ESTABLISHED THOSE ENDOWMENTS.		

JSA 4E1271 1.000 Schedule D (Form 990) 2014

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Part XIII Supplemental Information (continued)

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COOPERATIVE FOR ASSISTANCE AND RELIEF

Employer identification number 13-1685039

EVERYWHERE (CARE USA), INC.

Par	General Information of Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the organization answe	ered "Yes" on
	For grantmakers. Does the orga assistance, the grantees' eligibili				ia used to award the	X Yes No
	For grantmakers. Describe in assistance outside the United Sta		ganization's pi	rocedures for monitoring		
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace 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	11.	469.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	37,478,601.
(2)	EAST ASIA AND THE PACIFIC	3.	34.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	13,144,355.
(3)	EUROPE	2.	37.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	12,110,641.
(4)	MIDDLE EAST AND NORTH AFRICA	23.	388.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	43,689,055.
(5)	RUSSIA/INDEPENDENT STATES	2.	23.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	1,988,425.
(6)	SOUTH AMERICA	5.	48.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	5,449,794.
(7)	SOUTH ASIA	54.	1,654.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	89,410,997.
(8)	SUB-SAHARAN AFRICA	86.	2,824.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	219,800,940.
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	186.	5,477.			423,072,808.
b	Total from continuation sheets to Part I					

5,477 For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA

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Schedule F (Form 990) 2014

423,072,808.

c Totals (add lines 3a and 3b)

O - l l - - - - - -	000\ 0044	

,		- 5
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99	0,
<u>.</u>	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

Tart iv, line 13, for any recipient who received more than \$3,00				Tart ii cari be	auplicated if addit	ional space i	3 riccaca.		
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	1 - PT V	7,714.	EFT			
(-)			BOB Briting William	1 11 4	7,711.	BII			
(2)									
(2)			SUB-SAHARAN AFRICA	2 - PT V	9,313.	EFT			
(0)									
(3)			SUB-SAHARAN AFRICA	3 - PT V	9,826.	EFT			
(4)			SUB-SAHARAN AFRICA	4 - PT V	7,200.	EFT			
(5)			SUB-SAHARAN AFRICA	5 - PT V	121,155.	EFT			
(6)			SUB-SAHARAN AFRICA	6 - PT V	13,294.	EFT			
()			DOD DAHARAN AFRICA	O FI V	13,231.	BFI			
(7)									
(7)			SOUTH ASIA	7 - PT V	15,235.	EFT			
(2)									
(8)			SOUTH ASIA	8 - PT V	45,547.	EFT			
(9)			SOUTH ASIA	9 - PT V	5,050.	EFT			
(10)			SOUTH ASIA	10 - PT V	12,487.	EFT			
, ,					·				
(11)			SOUTH ASIA	11 - PT V	7,572.	EFT			
(11)			DOUTH ASIA	II FI V	1,312.	BFI			
(12)									
(12)			SOUTH ASIA	12 - PT V	25,333.	EFT			
(13)			SOUTH ASIA	13 - PT V	20,635.	EFT			
(14)			SOUTH ASIA	14 - PT V	51,756.	EFT			
(15)			SOUTH ASIA	15 - PT V	31,145.	EFT			
(16)			SOUTH ASIA	16 - DT 17	100 522	EFT			
(10)			POUTE ASTA	16 - PT V	180,523.	PL1			L

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

3 Enter total number of other organizations or entities......

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99	0,
<u>.</u>	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

r art iv, into 10, for ar	iy recipient who receiv	ca more man wo,000	. I dit ii daii be	auphoated if addit	ional space i	o riccaca.		
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	17 - PT V	147,141.	EFT			
		SOUTH ASIA	18 - PT V	167,022.	EFT			
		SOUTH ASIA	19 - PT V	32.444.	TTS			
				,				
		SOUTH ASTA	20 - PT V	8.938	THE			
		000111 110111	20 11 0	0,750.				
		מחודש מפדא	21 - PT V	17 404	FFT			
		DOUTH ADIA	ZI FIV	17,404.	BFI			
		COURT ACTA	22 DW 17	E6 124	E E			
		SOUTH ASIA	22 - P1 V	30,134.	BF I			
		COLUMN ACTA	22 58 17	F 226				
		SOUTH ASIA	23 - P1 V	5,230.	EFI			
			0.4 55 77	5 005				
		SOUTH ASIA	24 - PT V	5,897.	EF"I"			
		SOUTH ASIA	25 - PT V	9,690.	EFT			
		SOUTH ASIA	26 - PT V	13,165.	EFT			
		SOUTH ASIA	27 - PT V	59,272.	EFT			
		SOUTH ASIA	28 - PT V	20,929.	EFT			
		SOUTH ASIA	29 - PT V	31,231.	EFT			
		SOUTH ASIA	30 - PT V	19,105.	EFT			
		SOUTH ASIA	31 - PT V	40,963.	EFT			
		SOUTH ASIA	32 - PT V	13,432.	EFT			
	(a) Name of	(a) Name of organization (b) IRS code section and EIN (if applicable)	(a) Name of organization (b) IRS code section and EIN (if applicable) SOUTH ASIA SOUTH ASIA	(a) Name of organization (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant SOUTH ASIA 17 - PT V SOUTH ASIA 18 - PT V SOUTH ASIA 20 - PT V SOUTH ASIA 21 - PT V SOUTH ASIA 22 - PT V SOUTH ASIA 23 - PT V SOUTH ASIA 24 - PT V SOUTH ASIA 25 - PT V SOUTH ASIA 26 - PT V SOUTH ASIA 27 - PT V SOUTH ASIA 28 - PT V SOUTH ASIA 28 - PT V SOUTH ASIA 29 - PT V SOUTH ASIA 30 - PT V	(a) Name of organization (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant SOUTH ASIA 17 - PT V 147,141. SOUTH ASIA 18 - PT V 167,022. SOUTH ASIA 19 - PT V 32,444. SOUTH ASIA 20 - PT V 8,938. SOUTH ASIA 21 - PT V 17,404. SOUTH ASIA 22 - PT V 56,134. SOUTH ASIA 23 - PT V 5,236. SOUTH ASIA 24 - PT V 5,897. SOUTH ASIA 25 - PT V 9,690. SOUTH ASIA 26 - PT V 13,165. SOUTH ASIA 27 - PT V 59,272. SOUTH ASIA 28 - PT V 20,929. SOUTH ASIA 29 - PT V 31,231. SOUTH ASIA 30 - PT V 19,105. SOUTH ASIA 31 - PT V 40,963.	(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 disbursement (f	South Asia 21 - PT V 147,141. EPT	(a) Name of organization (b) FIS code section of the process of th

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

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	Tait IV, line 15, lot an	y recipient who receiv	ca more man wo,ooo	. I alt il call be	auphoatea ii aaan	tional space i	o riccaca.		
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	33 - PT V	29,380.	EFT			
(2)			SOUTH ASIA	34 - PT V	21,394.	EFT			
					·				
(3)			SOUTH ASIA	35 - PT V	14,369.	EFT			
,									
(4)			SOUTH ASIA	36 - PT V	23,534.	EFT			
(5)			SOUTH ASIA	37 - PT V	106,630.	EFT			
χ-,			000111 110111	3, 11 ,	100,030.				
(6)			SOUTH ASIA	38 - PT V	12,873.	EFT			
(5)			DOUTH ADIA	30 F1 V	12,073.	BPT			
(7)			SOUTH ASIA	39 - PT V	16,212.	EFT			
(-)			SOUTH ASIA	39 - P1 V	10,212.	EFI			
(8)			COLUMN ACTA	40 50 17	17,894.	D.D.			
(0)			SOUTH ASIA	40 - PT V	17,894.	EFT			
(9)				41 55 11	07.000				
(3)			SOUTH ASIA	41 - PT V	27,090.	EFT			
(10)				40	400 455				
(10)			SOUTH ASIA	42 - PT V	103,155.	EFT			
(11)									
(11)			SOUTH AMERICA	43 - PT V	69,247.	EFT			
(12)									
(12)			SUB-SAHARAN AFRICA	44 - PT V	26,498.	CASH			
(42)									
(13)			SUB-SAHARAN AFRICA	45 - PT V	28,932.	CASH			
(4.4)									
(14)			SUB-SAHARAN AFRICA	46 - PT V	26,257.	CASH			
(4.5)									
(15)			SUB-SAHARAN AFRICA	47 - PT V	13,245.	CASH			
(16)			SUB-SAHARAN AFRICA	48 - PT V	14,304.	CASH			

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

3 Enter total number of other organizations or entities......

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
<u>-</u>	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	r art iv, line 15, lor an	y recipient who receiv	ca more man \$5,000.	T art ii caii bc	duplicated if addit	ional space i	3 riccaca.		
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 - PT V	33,966.	CASH			
(2)			SUB-SAHARAN AFRICA	50 - PT V	319,973.	CASH			
(3)			SUB-SAHARAN AFRICA	51 - PT V	770,666.	CASH			
(4)			SUB-SAHARAN AFRICA	52 - PT V	220,150.	CASH			
(5)			SUB-SAHARAN AFRICA	53 - PT V	287,723.	CASH			
(6)			SUB-SAHARAN AFRICA	54 - PT V	49,550.	EFT			
(7)			SUB-SAHARAN AFRICA	55 - PT V	99,170.	EFT			
(8)			SUB-SAHARAN AFRICA	56 - PT V	23,397.	EFT			
(9)			SUB-SAHARAN AFRICA	57 - PT V	33,106.	EFT			
(10)			SUB-SAHARAN AFRICA	58 - PT V	49,564.	EFT			
(11)			SUB-SAHARAN AFRICA	59 - PT V	56,969.	EFT			
(12)			SUB-SAHARAN AFRICA	60 - PT V	7,152.	EFT			
(13)			SUB-SAHARAN AFRICA	61 - PT V	10,966.	EFT			
(14)			SUB-SAHARAN AFRICA	62 - PT V	9,535.	EFT			
(15)			SUB-SAHARAN AFRICA	63 - PT V	27,692.	EFT			
(16)			SUB-SAHARAN AFRICA	64 - PT V	268,484.	EFT			

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

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99	0,
<u>.</u>	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	r are iv, into io, for any	Toolplont Willo Toooli	red more man \$5,000. I	art ii oari bo	auphoatea ii aaait	ional opaco i	o 1100a0a.		
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	65 - PT V	274,682.	EFT			
					,				
(2)			SUB-SAHARAN AFRICA	66 - PT V	13,099.	EFT			
(3)			SUB-SAHARAN AFRICA	67 - PT V	14,379.	CHECK			
(4)			SUB-SAHARAN AFRICA	68 - PT V	23,345.	EFT			
(5)			SUB-SAHARAN AFRICA	69 - PT V	16,100.	EFT			
(6)			MIDDLE EAST/NORTH AFRICA	70 - PT V	10,457.	CHECK			
(7)			MIDDLE EAST/NORTH AFRICA	71 - PT V	20,961.	CHECK			
(8)			MIDDLE EAST/NORTH AFRICA	72 - PT V	26,742.	MONEY ORDER			
(9)			MIDDLE EAST/NORTH AFRICA	73 - PT V	20,636.	MONEY ORDER			
(10)			MIDDLE EAST/NORTH AFRICA	74 - PT V	21,880.	CHECK			
(11)			MIDDLE EAST/NORTH AFRICA	75 - PT V	32,341.	CHECK			
(12)			MIDDLE EAST/NORTH AFRICA	76 - PT V	13,427.	CHECK			
(13)			MIDDLE EAST/NORTH AFRICA	77 - PT V	12,116.	MONEY ORDER			
(14)									
(17)			MIDDLE EAST/NORTH AFRICA	78 - PT V	43,034.	CHECK			
(15)			MIDDLE EAST/NORTH AFRICA	79 - PT V	33,769.	MONEY ORDER			
(16)			MIDDLE EAST/NORTH AFRICA	80 - PT V	26,810.	EFT			

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
	Enter total number of other organizations or entities

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	Tait IV, line 13, lor arry	recipient who recen	rea more man \$5,000. I	art ii cari be	auphoated if addit	ional space i	3 riccucu.		
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)			MIDDLE EAST/NORTH AFRICA	81 - PT V	18,800.	EFT			
					·				
(2)			MIDDLE EAST/NORTH AFRICA	82 - PT V	11,554.	EFT			
			, , , , , , , , , , , , , , , , , , , ,						
(3)			MIDDLE EAST/NORTH AFRICA	83 - PT V	20,650.	EFT			
(0)			PIDDLE EAST/NORTH AFRICA	05 F1 V	20,030.	EFI			
(4)			MIDDLE EAST/NORTH AFRICA	84 - PT V	30,459.	CHECK			
(-)			MIDDLE EASI/NORTH AFRICA	04 - P1 V	30,439.	CHECK			
(5)				05 55 11	40.040	arra arr			
(3)			MIDDLE EAST/NORTH AFRICA	85 - PT V	48,040.	CHECK			
(C)									
(6)			SUB-SAHARAN AFRICA	86 - PT V	232,650.	EFT			
(-)									
(7)			SUB-SAHARAN AFRICA	87 - PT V	59,090.	EFT			
(8)			SUB-SAHARAN AFRICA	88 - PT V	37,719.	EFT			
(9)			SUB-SAHARAN AFRICA	89 - PT V	518,608.	EFT			
(10)			SUB-SAHARAN AFRICA	90 - PT V	257,701.	EFT			
(11)			SUB-SAHARAN AFRICA	91 - PT V	63,239.	EFT			
(12)			RUSSIA/NEWLY IND. STATES	92 - PT V	13,913.	EFT			
(13)			RUSSIA/NEWLY IND. STATES	93 - PT V	5,759.	EFT			
,					., .				
(14)			RUSSIA/NEWLY IND. STATES	94 - PT V	15,567.	EFT			
			THE DIMES		13,307.				
(15)			RUSSIA/NEWLY IND. STATES	95 - PT V	12 700	EFT			
(10)			RUSSIA/NEWLI IND. STATES	93 - FI V	13,700.	Er i			
(16)									
(16)			RUSSIA/NEWLY IND. STATES	96 - PT V	15,636.	EFT			L

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by th	he IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or entities......

Schedule F	(Form 990	1) 2014	

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	raitiv, mic 10, for any	recipient who receiv	red filore triair \$5,000. I	art ii cari bc	auplicated if addit	ional space i	3 riccucu.		
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/NEWLY IND. STATES	97 - PT V	12,577.	EFT			
(2)			RUSSIA/NEWLY IND. STATES	98 - PT V	14,065.	EFT			
(3)			RUSSIA/NEWLY IND. STATES	99 - PT V	7,484.	EFT			
(4)			RUSSIA/NEWLY IND. STATES	100 - PT V	8,615.	EFT			
(5)			RUSSIA/NEWLY IND. STATES	101 - PT V	7,364.	EFT			
(6)			RUSSIA/NEWLY IND. STATES	102 - PT V	13,068.	EFT			
(7)			RUSSIA/NEWLY IND. STATES	103 - PT V	6,724.	EFT			
(8)			RUSSIA/NEWLY IND. STATES	104 - PT V	6,074.	EFT			
(9)			SUB-SAHARAN AFRICA	105 - PT V	10,807.	EFT			
(10)			SUB-SAHARAN AFRICA	106 - PT V	20,779.	EFT			
(11)			SUB-SAHARAN AFRICA	107 - PT V	14,260.	EFT			
(12)			SUB-SAHARAN AFRICA	108 - PT V	16,498.	EFT			
(13)			SUB-SAHARAN AFRICA	109 - PT V	20,841.	EFT			
(14)			SUB-SAHARAN AFRICA	110 - PT V	12,094.	EFT			
(15)			SUB-SAHARAN AFRICA	111 - PT V	14,690.	CASH			
(16)			CENT. AMERICA/CARIBBEAN	112 - PT V	18,293.	EFT			

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3 Enter total number of other organizations or entities......

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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	113 - PT V	26,108.	EFT			
(2)			CENT. AMERICA/CARIBBEAN	114 - PT V	35,880.	EFT			
(3)			CENT. AMERICA/CARIBBEAN	115 - PT V	30,000.	EFT			
(4)			CENT. AMERICA/CARIBBEAN	116 - PT V	49,160.	EFT			
(5)			CENT. AMERICA/CARIBBEAN	117 - PT V	91,547.	EFT			
(6)			CENT. AMERICA/CARIBBEAN	118 - PT V	12,621.	EFT			
(7)			CENT. AMERICA/CARIBBEAN	119 - PT V	8,106.	EFT			
(8)			CENT. AMERICA/CARIBBEAN	120 - PT V	8,534.	EFT			
(9)			CENT. AMERICA/CARIBBEAN	121 - PT V	75,565.	EFT			
(10)			CENT. AMERICA/CARIBBEAN	122 - PT V	13,989.	EFT			
(11)			CENT. AMERICA/CARIBBEAN	123 - PT V	9,123.	EFT			
(12)			CENT. AMERICA/CARIBBEAN	124 - PT V	44,975.	EFT			
(13)			CENT. AMERICA/CARIBBEAN	125 - PT V	3,509,232.	EFT			
(14)			CENT. AMERICA/CARIBBEAN	126 - PT V	2,224,686.	EFT			
(15) (16)			CENT. AMERICA/CARIBBEAN CENT. AMERICA/CARIBBEAN	127 - PT V	526,856. 274,638.	EFT			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exem	pt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	-
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Schedule F	(Form 990) 2014	

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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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	129 - PT V	3,371,571.	EFT			
(-)			CENT: AMERICA/CARIBBEAN	120 F1 V	3,371,371.	Bri			
(0)									
(2)			MIDDLE EAST/NORTH AFRICA	130 - PT V	27,071.	EFT			
(3)			MIDDLE EAST/NORTH AFRICA	131 - PT V	27,071.	EFT			
					·				
(4)									
(4)			MIDDLE EAST/NORTH AFRICA	132 - PT V	27,071.	EFT			
(5)			MIDDLE EAST/NORTH AFRICA	133 - PT V	27,056.	EFT			
(6)			MIDDLE EAST/NORTH AFRICA	134 - PT V	48,101.	EFT			
(0)			MIDDLE EAST/NORTH AFRICA	134 - P1 V	40,101.	EFI			
 \									
(7)			MIDDLE EAST/NORTH AFRICA	135 - PT V	48,089.	EFT			
(8)			MIDDLE EAST/NORTH AFRICA	136 - PT V	48,120.	EFT			
,					,				
(0)									
(9)			MIDDLE EAST/NORTH AFRICA	137 - PT V	48,144.	EFT			
(10)			MIDDLE EAST/NORTH AFRICA	138 - PT V	17,275.	EFT			
(11)			MIDDLE EAST/NORTH AFRICA	139 - PT V	9,774.	CHECK			
(/			PIDDE EAST/NORTH AFRICA	130 F1 V	2,114.	CHECK			
(40)									
(12)			MIDDLE EAST/NORTH AFRICA	140 - PT V	10,867.	CHECK			
(13)			MIDDLE EAST/NORTH AFRICA	141 - PT V	28,133.	EFT			
,					,				
(14)			L						
(14)			MIDDLE EAST/NORTH AFRICA	142 - PT V	14,073.	EFT			
(15)			MIDDLE EAST/NORTH AFRICA	143 - PT V	138,394.	EFT			
(16)			MIDDLE EACE/NODELL APPECA	144 555 77	175 207	E EEE			
(10)			MIDDLE EAST/NORTH AFRICA	144 - PT V	175,307.	EFT			

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

Schedule F (Form 990) 2014

	(, +···· +++) =+ · ·
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)			MIDDLE EAST/NORTH AFRICA	145 - PT V	119,650.	EFT			
(2)			MIDDLE EAST/NORTH AFRICA	146 - PT V	21,114.	EFT			
(3)			MIDDLE EAST/NORTH AFRICA	147 - PT V	25,713.	CHECK			
(4)			MIDDLE EAST/NORTH AFRICA	148 - PT V	15,315.	EFT			
(5)			MIDDLE EAST/NORTH AFRICA	149 - PT V	22,057.	EFT			
(6)			MIDDLE EAST/NORTH AFRICA	150 - PT V	51,042.	EFT			
(7)			SOUTH ASIA	151 - PT V	16,588.	CHECK			
(8)			SOUTH ASIA	152 - PT V	8,688.	CHECK			
(9)			SOUTH ASIA	153 - PT V	31,013.	CHECK			
(10)			SOUTH ASIA	154 - PT V	13,389.	CHECK			
(11)			SOUTH ASIA	155 - PT V	13,145.	CHECK			
(12)			SOUTH ASIA	156 - PT V	8,784.	CHECK			
(13)			SOUTH ASIA	157 - PT V	5,194.	CHECK			
(14)			SOUTH ASIA	158 - PT V	14,895.	CHECK			
(15)			SOUTH ASIA	159 - PT V	23,566.	CHECK			
(16)			SOUTH ASIA	160 - PT V	16,280.	CHECK			

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

3 Enter total number of other organizations or entities.

Schedule	F (Form 990) 2014	

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	r art iv, into 10, for any	,					- · · · · · · · · · · · · · · · · · · ·	1	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	161 - PT V	9,072.	CHECK			
(- /			DOUTH ASIA	101 F1 V	5,012.	CHECK			
(0)									
(2)			SUB-SAHARAN AFRICA	162 - PT V	11,759.	EFT			
(3)			SUB-SAHARAN AFRICA	163 - PT V	97,726.	EFT			
(4)			SUB-SAHARAN AFRICA	164 - PT V	340,862.	EFT			
			gos simmum in neron	101 11 1	31070021				
(5)									
(5)			SUB-SAHARAN AFRICA	165 - PT V	10,793.	EFT			
(6)			SUB-SAHARAN AFRICA	166 - PT V	295,194.	EFT			
(7)			SUB-SAHARAN AFRICA	167 - PT V	124,513.	EFT			
,					,				
(8)				1.50	201 074				
(0)			SUB-SAHARAN AFRICA	168 - PT V	381,274.	EFT			
(9)			SUB-SAHARAN AFRICA	169 - PT V	55,183.	EFT			
(10)			SUB-SAHARAN AFRICA	170 - PT V	218,873.	EFT			
(11)			SUB-SAHARAN AFRICA	171 - PT V	121,028.	EFT			
(,			SUB-SAMARAN AFRICA	171 - P1 V	121,020.	EFI			
(4.0)									
(12)			SUB-SAHARAN AFRICA	172 - PT V	20,308.	EFT			
(13)			SUB-SAHARAN AFRICA	173 - PT V	12,113.	EFT			
(14)			SUB-SAHARAN AFRICA	174 - PT V	43,313.	EFT			
()			DOD DANAKAN AFKICA	1/4 - F1 V	13,313.	EF I			
(4.5)									
(15)			SUB-SAHARAN AFRICA	175 - PT V	62,368.	EFT			
(16)			SUB-SAHARAN AFRICA	176 - PT V	27,365.	EFT			

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

3 Enter total number of other organizations or entities......

Schedule F (Form 990) 2014

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	r art iv, into ro, for arry	rodipioni wino rodon	ou more than ge,eec.	art ii daii bo	aapnoatoa n aaan	ional opaco i	<u> </u>		
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	177 DE 17	35,376.	EFT			
()			SUB-SAHARAN AFRICA	177 - PT V	33,376.	EFI			
(0)									
(2)			SUB-SAHARAN AFRICA	178 - PT V	39,097.	EFT			
(3)			SUB-SAHARAN AFRICA	179 - PT V	27,889.	EFT			
(4)			SUB-SAHARAN AFRICA	180 - PT V	33,849.	EFT			
(-/			DOD DAHAKAN AFKICA	100 F1 V	33,049.	Bri			
(F)									
(5)			SUB-SAHARAN AFRICA	181 - PT V	19,882.	EFT			
(6)			SUB-SAHARAN AFRICA	182 - PT V	95,489.	EFT			
(7)			SUB-SAHARAN AFRICA	183 - PT V	91,210.	EFT			
(- /			BOB Briting William	103 11 V	71,210.	1111			
(0)									
(8)			SUB-SAHARAN AFRICA	184 - PT V	77,506.	EFT			
(9)			SUB-SAHARAN AFRICA	185 - PT V	73,302.	EFT			
(10)			SUB-SAHARAN AFRICA	186 - PT V	10,155.	EFT			
(11)									
(11)			SUB-SAHARAN AFRICA	187 - PT V	30,919.	EFT			
(12)			SUB-SAHARAN AFRICA	188 - PT V	6,796.	EFT			
(13)			SUB-SAHARAN AFRICA	189 - PT V	23,654.	EFT			
					.,				
(14)				100 pm	F 4 F 5 2				
(17)			SUB-SAHARAN AFRICA	190 - PT V	54,573.	EFT			
(15)			SUB-SAHARAN AFRICA	191 - PT V	45,428.	CHECK			
(16)			SUB-SAHARAN AFRICA	192 - PT V	18,915.	CHECK			
									•

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

	· (· •···· •••) =• · ·	9 -
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	Tartiv, line 15, for any	recipient who recen	rea more man \$5,000.	T art ii cari bc	auplicated if addit	ional space i	3 riccucu.		
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	193 - PT V	31,745.	CHECK			
(2)			SUB-SAHARAN AFRICA	194 - PT V	27,970.	CHECK			
(3)			SUB-SAHARAN AFRICA	195 - PT V	7,791.	CHECK			
(4)			SUB-SAHARAN AFRICA	196 - PT V	71,677.	CHECK			
(5)			SUB-SAHARAN AFRICA	197 - PT V	6,423.	CHECK			
(6)			SUB-SAHARAN AFRICA	198 - PT V	27,067.	CHECK			
<i>(</i> =)									
(7)			SUB-SAHARAN AFRICA	199 - PT V	17,251.	CHECK			
(0)									
(8)			SUB-SAHARAN AFRICA	200 - PT V	18,188.	CHECK			
(0)									
(9)			SUB-SAHARAN AFRICA	201 - PT V	49,385.	CHECK			
(10)									
(10)			SUB-SAHARAN AFRICA	202 - PT V	29,523.	CHECK			
(11)			CUD CAUADAN AEDICA	203 - PT V	26,882.	CHECK			
(,			SUB-SAHARAN AFRICA	203 - P1 V	20,002.	CHECK			
(12)			SUB-SAHARAN AFRICA	204 - PT V	51,983.	CHECK			
(/			DOD DAHAKAN APKICA	204 F1 V	31,703.	CHECK			
(13)			SUB-SAHARAN AFRICA	205 - PT V	32,101.	CHECK			
(12)			SSS Similar in Rich	203 11 V	32,101.	CILDUIC			
(14)			SUB-SAHARAN AFRICA	206 - PT V	60,801.	EFT			
,					11,201.	_			
(15)			SUB-SAHARAN AFRICA	207 - PT V	7,264.	EFT			
,					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(16)			SUB-SAHARAN AFRICA	208 - PT V	7,291.	EFT			
									

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

3 Enter total number of other organizations or entities.....

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (b) IRS code (f) Manner of (g) Amount of (h) Description 1 (d) Purpose of (a) Name of (c) Region (e) Amount of valuation cash non-cash assistance of non-cash section and EIN grant cash grant (book, FMV. organization (if applicable) assistance appraisal, other) (1) 5,602. SUB-SAHARAN AFRICA 209 - PT V EFT (2) SUB-SAHARAN AFRICA 210 - PT V 1,239,862 EFT (3) SUB-SAHARAN AFRICA 211 - PT V 91,152. EFT (4) SUB-SAHARAN AFRICA 212 - PT V 50,361 EFT (5) SUB-SAHARAN AFRICA 213 - PT V 59,485 EFT (6) 214 - PT V 112,574 SUB-SAHARAN AFRICA EFT **(7)** SUB-SAHARAN AFRICA 215 - PT V 203,412. EFT (8) SUB-SAHARAN AFRICA 216 - PT V 45,047 EFT (9) SUB-SAHARAN AFRICA 217 - PT V 106,601 EFT (10)218 - PT V 37,853 CHECK EUROPE (INC. IC AND GL) (11)CENT. AMERICA/CARIBBEAN 219 - PT V 7,260 CHECK (12)SOUTH ASIA 220 - PT V 58,531 EFT (13)221 - PT V 53,790 EFT (14)222 - PT V 15,774 SOUTH ASIA EFT (15)223 - PT V 27,666 SOUTH ASIA EFT (16)SOUTH ASIA 224 - PT V 6,670. EFT

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	

Schedule F (Form 990) 2014

Jone Galler	(1.6111.000) 2011	90
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990),
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	Tartiv, line 15, for any	y recipient who receiv	red more man \$5,000.	T art ii cari be	duplicated if addit	ional space i	3 riceded.		
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	225 - PT V	10,512.	EFT			
(2)			SOUTH ASIA	226 - PT V	5,749.	EFT			
(3)			SOUTH ASIA	227 - PT V	19,814.	EFT			
(4)			SOUTH ASIA	228 - PT V	19,720.	EFT			
(5)			SOUTH ASIA	229 - PT V	14,636.	EFT			
(6)			SOUTH ASIA	230 - PT V	9,587.	EFT			
.									
(7)			SOUTH ASIA	231 - PT V	14,825.	EFT			
(0)									
(8)			SOUTH ASIA	232 - PT V	14,778.	EFT			
(0)									
(9)			SOUTH ASIA	233 - PT V	7,607.	EFT			
(10)				004					
(10)			SOUTH ASIA	234 - PT V	6,273.	EFT			
(11)			SOUTH ASIA	235 - PT V	73,410.	EFT			
(,			SOUTH ASIA	235 - PI V	73,410.	EFI			
(12)			SOUTH ASIA	236 - PT V	38,237.	EFT			
(/			DOUTH ASIA	230 F1 V	30,237.	EFI			
(13)			SOUTH ASIA	237 - PT V	38,959.	EFT			
					55,757.				
(14)			SOUTH ASIA	238 - PT V	15,194.	EFT			
,					., ., .,				
(15)			SOUTH ASIA	239 - PT V	36,338.	EFT			
(16)			SOUTH ASIA	240 - PT V	10,167.	EFT			

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
	Enter total number of other organizations or entities

Schedule F (Form 990) 2014

	• •••, •
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	r art iv, into 10, for an	y recipient will receiv	ed more man \$5,000.	T dit ii daii be	auphoatea ii aaan	ionar space i	o necaca.		
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 - PT V	10,692.	EFT			
,					,				
(2)			SOUTH ASIA	242 - PT V	40,630.	EFT			
(-)			BOOTH HOTH	212 11 V	10,030.	Bii			
(3)			COLUMN 2 CT 2	242 DW 17	42,246.	EFT			
(3)			SOUTH ASIA	243 - PT V	42,240.	EFT			
(4)									
(4)			SOUTH ASIA	244 - PT V	19,529.	EFT			
(5)									
(5)			SOUTH ASIA	245 - PT V	15,045.	EFT			
(6)			SOUTH ASIA	246 - PT V	20,037.	EFT			
(7)			SOUTH ASIA	247 - PT V	63,226.	EFT			
(8)			SOUTH ASIA	248 - PT V	5,733.	EFT			
(9)			SOUTH ASIA	249 - PT V	13,937.	EFT			
(10)			SOUTH ASIA	250 - PT V	8,495.	EFT			
- /			000111 110111	230 11 (0,133.				
(11)			SOUTH ASIA	251 - PT V	144,667.	EFT			
(,			SOUTH ASIA	251 - P1 V	144,007.	BF I			
(12)				050 55 11	25 520				
(12)			SOUTH ASIA	252 - PT V	37,532.	EFT			
(42)									
(13)			SOUTH ASIA	253 - PT V	33,607.	EFT			
(14)			SOUTH ASIA	254 - PT V	177,109.	EFT			
(15)			SOUTH ASIA	255 - PT V	85,336.	EFT			
(16)			SOUTH ASIA	256 - PT V	41,714.	EFT			

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

3 Enter total number of other organizations or entities.....

Schedule F (For	m 990) 2014	

,	· · · · · · · · · · · · · · · · · · ·
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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 - PT V	57,477.	EFT			
(2)			SOUTH ASIA	258 - PT V	21,762.	EFT			
(3)			SOUTH ASIA	259 - PT V	24,915.	EFT			
(4)			SOUTH ASIA	260 - PT V	42,468.	EFT			
(5)			SOUTH ASIA	261 - PT V	67,974.	EFT			
(6)			SOUTH ASIA	262 - PT V	57,936.	EFT			
(7)			EAST ASIA AND THE PACIFI	263 - PT V	303,371.	EFT			
(8)			EAST ASIA AND THE PACIFI	264 - PT V	11,541.	EFT			
(9)			EAST ASIA AND THE PACIFI	265 - PT V	26,623.	EFT			
(10)			EAST ASIA AND THE PACIFI	266 - PT V	24,815.	EFT			
(11)			EAST ASIA AND THE PACIFI	267 - PT V	82,574.	EFT			
(12)			EAST ASIA AND THE PACIFI	268 - PT V	431,239.	EFT			
(13)			EAST ASIA AND THE PACIFI	269 - PT V	133,864.	EFT			
(14)			EAST ASIA AND THE PACIFI	270 - PT V	138,640.	EFT			
(15)			EAST ASIA AND THE PACIFI	271 - PT V	6,164.	EFT			
(16)			EAST ASIA AND THE PACIFI	272 - PT V	111,942.	EFT			

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	_

Schedule		(Earm	000)	2014
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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

T art iv, line 13, for any recipient who received more than \$3,00									
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)			EAST ASIA AND THE PACIFI	273 - PT V	99,419.	EFT			
				273 11 0	3371131				
(2)				054 pm 11	10.065				
(2)			EAST ASIA AND THE PACIFI	274 - PT V	19,065.	EFT			
(2)									
(3)			EAST ASIA AND THE PACIFI	275 - PT V	677,383.	EFT			
(4)			EAST ASIA AND THE PACIFI	276 - PT V	25,621.	EFT			
(5)			EAST ASIA AND THE PACIFI	277 - PT V	108,556.	EFT			
(6)			EAST ASIA AND THE PACIFI	278 - PT V	56,475.	EFT			
(7)			EAST ASIA AND THE PACIFI	279 - PT V	128,369.	EFT			
(-)			BIST ROTH TIME THE TREET	277 11 V	120,309.	B1 1			
(8)			L		205 550				
(0)			EAST ASIA AND THE PACIFI	280 - PT V	327,558.	EFT			
(0)									
(9)			EAST ASIA AND THE PACIFI	281 - PT V	28,062.	EFT			
(10)			EAST ASIA AND THE PACIFI	282 - PT V	212,431.	EFT			
(11)			EAST ASIA AND THE PACIFI	283 - PT V	68,118.	EFT			
(12)			EAST ASIA AND THE PACIFI	284 - PT V	12,753.	EFT			
(13)			EAST ASIA AND THE PACIFI	285 - PT V	116,563.	EFT			
(10)			EAST ASTA AND THE PACIFI	203 - P1 V	110,303.	BF I			
(14)			L	005	0.7.4				
(14)			EAST ASIA AND THE PACIFI	286 - PT V	27,026.	EFT			
(45)									
(15)			EAST ASIA AND THE PACIFI	287 - PT V	416,558.	EFT			
(16)			EAST ASIA AND THE PACIFI	288 - PT V	12,078.	EFT			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exen	ιpt
	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......

dule F (Form 990) 2014

		- 3
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes"	on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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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)
(4)									
(1)			EAST ASIA AND THE PACIFI	289 - PT V	36,399.	EFT		1	
(2)			EAST ASIA AND THE PACIFI	290 - PT V	106,381.	EFT			
(2)									
(3)			EAST ASIA AND THE PACIFI	291 - PT V	66,306.	EFT			
(4)			EAST ASIA AND THE PACIFI	292 - PT V	1,676,374.	EFT			
(5)									
(3)			EAST ASIA AND THE PACIFI	293 - PT V	15,714.	EFT			
(6)			EAST ASIA AND THE PACIFI	294 - PT V	1,241,061.	EFT			
(7)									
(7)			EAST ASIA AND THE PACIFI	295 - PT V	39,220.	EFT			
(8)			EAST ASIA AND THE PACIFI	296 - PT V	31,336.	EFT			
(0)									
(9)			EAST ASIA AND THE PACIFI	297 - PT V	8,835.	EFT		1	
(10)			EAST ASIA AND THE PACIFI	298 - PT V	160,114.	EFT			
(11)									
(11)			EAST ASIA AND THE PACIFI	299 - PT V	20,249.	EFT			
(12)			EAST ASIA AND THE PACIFI	300 - PT V	577,818.	EFT			
(13)									
(13)			EAST ASIA AND THE PACIFI	301 - PT V	11,433.	EFT			
(14)			EAST ASIA AND THE PACIFI	302 - PT V	252,130.	EFT			
(15)									
(15)			SUB-SAHARAN AFRICA	303 - PT V	57,194.	CHECK			
(16)			SUB-SAHARAN AFRICA	304 - PT V	45,882.	CHECK			

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

Schedule F	(Form 990)	2014
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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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	305 - PT V	164,691.	CHECK			
(2)			SUB-SAHARAN AFRICA	306 - PT V	159,827.	CHECK			
(3)			SUB-SAHARAN AFRICA	307 - PT V	84,265.	CHECK			
(4)			SUB-SAHARAN AFRICA	308 - PT V	40,151.	CHECK			
(5)			SUB-SAHARAN AFRICA	309 - PT V	29,942.	CHECK			
(6)			SUB-SAHARAN AFRICA	310 - PT V	140,310.	CHECK			
(7)			SUB-SAHARAN AFRICA	311 - PT V	23,523.	CHECK			
(8)			SUB-SAHARAN AFRICA	312 - PT V	27,265.	CHECK			
(9)			SUB-SAHARAN AFRICA	313 - PT V	91,072.	CHECK			
(10)			SUB-SAHARAN AFRICA	314 - PT V	92,139.	CHECK			
(11)			SUB-SAHARAN AFRICA	315 - PT V	16,675.	CHECK			
(12)			SUB-SAHARAN AFRICA	316 - PT V	52,687.	CHECK			
(13)			SUB-SAHARAN AFRICA	317 - PT V	21,155.	CHECK			
(14)			SUB-SAHARAN AFRICA	318 - PT V	13,360.	CHECK			
(15)			SUB-SAHARAN AFRICA	319 - PT V	26,457.	EFT			
(16)			SUB-SAHARAN AFRICA	320 - PT V	7,859.	EFT			

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

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99	0,
<u>.</u>	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	Tartiv, find 10, for any	recipient who recen	red more man \$5,000. I	art ii cari be	auplicated if addit	ional space i	3 riccucu.		
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	321 - PT V	10,769.	EFT			
(2)			SUB-SAHARAN AFRICA	322 - PT V	90,775.	EFT			
					,				
(3)			SUB-SAHARAN AFRICA	323 - PT V	68,095.	EFT			
(0)			DOD DAHAKAN APKICA	323 F1 V	00,055.	EFI			
(4)				204 55 11	120 600	arra arr			
(-)			SUB-SAHARAN AFRICA	324 - PT V	130,680.	CHECK			
(5)									
(5)			SUB-SAHARAN AFRICA	325 - PT V	21,575.	CHECK			
(0)									
(6)			SUB-SAHARAN AFRICA	326 - PT V	73,298.	CHECK			
(7)			SUB-SAHARAN AFRICA	327 - PT V	601,813.	EFT			
(8)			SUB-SAHARAN AFRICA	328 - PT V	52,886.	EFT			
(9)			SUB-SAHARAN AFRICA	329 - PT V	676,731.	EFT			
(10)			EUROPE (INC. IC AND GL)	330 - PT V	139,589.	EFT			
(11)			EUROPE (INC. IC AND GL)	331 - PT V	179,212.	EFT			
					·				
(12)			EUROPE (INC. IC AND GL)	332 - PT V	317,207.	EFT			
			Editor (1110, 10 111, 01)	332 11 (31772071	211			
(13)			EUROPE (INC. IC AND GL)	333 - PT V	122,652.	EFT			
(10)			EUROPE (INC. IC AND GL)	333 - P1 V	122,632.	EF I			
(14)									
(14)			EUROPE (INC. IC AND GL)	334 - PT V	1,999,720.	EFT			
(45)									
(15)			EUROPE (INC. IC AND GL)	335 - PT V	458,684.	CASH			
(16)			EUROPE (INC. IC AND GL)	336 - PT V	1,149,359.	EFT			

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

Schedule I				

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	Tartiv, into 10, for any 10	solpionic mile recon	roa moro man qo,ooo. i	urt ii ouii bo	aapiicatea ii aaait	ional opaco i	<u> </u>		
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)			ELIDODE (ING. IG NID GI.)	227 DE 11	91,865.	D.D.O.			
(')			EUROPE (INC. IC AND GL)	337 - PT V	91,865.	EFT			
									
(2)			EUROPE (INC. IC AND GL)	338 - PT V	269,769.	EFT			
(3)			SUB-SAHARAN AFRICA	339 - PT V	122,151.	CHECK			
(4)			GUD GAMADAN AFDIGA	240 pm 11	00 576	GUDGE.			
(-)			SUB-SAHARAN AFRICA	340 - PT V	99,576.	CHECK			
(=)									
(5)			SUB-SAHARAN AFRICA	341 - PT V	56,161.	CHECK			
(6)			SUB-SAHARAN AFRICA	342 - PT V	94,152.	CHECK			
(7)			GUD GAMADAN AFDIGA	242 DE 11	76 727	GUDGE.			
(')			SUB-SAHARAN AFRICA	343 - PT V	76,737.	CHECK			
>									
(8)			SUB-SAHARAN AFRICA	344 - PT V	67,175.	CHECK			
(9)			SUB-SAHARAN AFRICA	345 - PT V	34,562.	CHECK			
(10)			GUD GAMADAN AFDIGA	2.4.6 DM 11	F 4F0	GUDGE.			
(10)			SUB-SAHARAN AFRICA	346 - PT V	5,458.	CHECK			
(11)			SUB-SAHARAN AFRICA	347 - PT V	7,312.	CHECK			
(12)			SUB-SAHARAN AFRICA	348 - PT V	21,037.	CHECK			
(13)				240	16.024	a a a a a a a a a a a a a a a a a a a			
(13)			SUB-SAHARAN AFRICA	349 - PT V	16,834.	CHECK			
(14)			SUB-SAHARAN AFRICA	350 - PT V	8,810.	CHECK			
(15)			SUB-SAHARAN AFRICA	351 - PT V	13,901.	CHECK			
					.,				
(16)					45 4				
(16)			SUB-SAHARAN AFRICA	352 - PT V	15,157.	CHECK			1

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

Schodulo E	(Form 990) 2014	

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	r are iv, into 10, for any i	Colpioni Willo Tocon	νοα πιστο επαιτ φο,σσο.	unt in dum be	aapneatea n aaan	ional opaco i	o 1100000.		
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	353 - PT V	8,522.	CHECK			
(- /			SUB-SAHARAN AFRICA	333 - P1 V	0,322.	CHECK			
(0)									
(2)			SUB-SAHARAN AFRICA	354 - PT V	11,880.	CHECK			
(3)			SUB-SAHARAN AFRICA	355 - PT V	7,893.	CHECK			
(4)			SUB-SAHARAN AFRICA	356 - PT V	9,489.	CHECK			
(.,			SUB-SANARAN AFRICA	330 - P1 V	9,409.	CHECK			
(E)									
(5)			SUB-SAHARAN AFRICA	357 - PT V	15,528.	CHECK			
(6)			SUB-SAHARAN AFRICA	358 - PT V	13,609.	CHECK			
(7)			SUB-SAHARAN AFRICA	359 - PT V	20,621.	CHECK			
(')			SUB-SAHARAN AFRICA	359 - PI V	20,621.	CHECK			
(0)									
(8)			SUB-SAHARAN AFRICA	360 - PT V	6,756.	CHECK			
(9)			SUB-SAHARAN AFRICA	361 - PT V	13,120.	CHECK			
(10)			GUD GAMADAN ABDIGA	362 Dm 11	6 405	GUDGE.			
(10)			SUB-SAHARAN AFRICA	362 - PT V	6,485.	CHECK			
(11)			SUB-SAHARAN AFRICA	363 - PT V	13,873.	CHECK			
(12)			SUB-SAHARAN AFRICA	364 - PT V	11,401.	CHECK			
					·				
(13)				265 Dm 11	15 110	arra arr			
(13)			SUB-SAHARAN AFRICA	365 - PT V	15,112.	CHECK			
(14)			SUB-SAHARAN AFRICA	366 - PT V	6,999.	CHECK			
(15)			SUB-SAHARAN AFRICA	367 - PT V	9,024.	CHECK			
					.,.==,				
(16)				0.50					
(16)			SUB-SAHARAN AFRICA	368 - PT V	7,054.	CHECK			

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	

Schedule F (Form 990) 2014	

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	r art iv, into 10, for any	recipient who recen	red more man \$5,000. I	art ii cari be	daphoated if addit	ional space i	o necaca.		
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	369 - PT V	5,903.	CHECK			
(2)			SUB-SAHARAN AFRICA	370 - PT V	5,579.	CHECK			
,					,				
(3)			SUB-SAHARAN AFRICA	371 - PT V	13,311.	CHECK			
(-)			SOS SIMMEN INTEGRI	3,1 11 (137311.	on zon			
(4)			SUB-SAHARAN AFRICA	372 - PT V	39,790.	CHECK			
(- /			BOB Britishes in Rich	3/2 11 0	33,730.	CHECK			
(5)			SUB-SAHARAN AFRICA	373 - PT V	28,665.	CHECK			
(0)			SUB-SAHARAN AFRICA	373 - P1 V	20,005.	CHECK			
(6)			ELEPOPE (TMG TG AND GL)	274 DE 17	15 000				
(0)			EUROPE (INC. IC AND GL)	374 - PT V	15,000.	EFT			
(7)									
(1)			SUB-SAHARAN AFRICA	375 - PT V	8,499.	EFT			
(0)									
(8)			EUROPE (INC. IC AND GL)	376 - PT V	87,626.	EFT			
(0)									
(9)			EUROPE (INC. IC AND GL)	377 - PT V	44,180.	EFT			
(10)			SOUTH ASIA	378 - PT V	72,500.	EFT			
(11)			SOUTH ASIA	379 - PT V	302,808.	EFT			
(12)			EAST ASIA AND THE PACIFI	380 - PT V	89,060.	EFT			
(13)			EUROPE (INC. IC AND GL)	381 - PT V	48,124.	EFT			
(14)			SOUTH ASIA	382 - PT V	318,388.	EFT			
(15)			SOUTH AMERICA	383 - PT V	125,495.	EFT			
					,	_			
(16)			SUB-SAHARAN AFRICA	384 - PT V	19,260.	EFT			
()			DOD DAUAKAN ALKICA	1 204 - ET A	12,200.	DF I			

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

3 Enter total number of other organizations or entities......

Schedule	/Earm	000/ 20	11/

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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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)			EAST ASIA AND THE PACIFI	385 - PT V	22,637.	EFT			
				303 11 7	2270371				
(2)				205					
(2)			SOUTH ASIA	386 - PT V	64,988.	EFT			
(0)									
(3)			SUB-SAHARAN AFRICA	387 - PT V	1,261,695.	EFT			
(4)			EUROPE (INC. IC AND GL)	388 - PT V	51,108.	EFT			
(5)			SUB-SAHARAN AFRICA	389 - PT V	35,617.	EFT			
(-)			SOS SIMMEN IN REGIS	303 11 (3370171				
(6)			L						
(6)			EAST ASIA AND THE PACIFI	390 - PT V	126,012.	EFT			
,_ \									
(7)			SUB-SAHARAN AFRICA	391 - PT V	54,569.	EFT			
(8)			SUB-SAHARAN AFRICA	392 - PT V	497,868.	EFT			
(9)			EAST ASIA AND THE PACIFI	393 - PT V	103,860.	EFT			
(-)				333 11 1	10070001				
(10)									
(10)			EAST ASIA AND THE PACIFI	394 - PT V	144,909.	EFT			
(11)			SOUTH AMERICA	395 - PT V	61,113.	EFT			
(12)			EAST ASIA AND THE PACIFI	396 - PT V	71,552.	EFT			
(13)			EAST ASIA AND THE PACIFI	397 - PT V	41,168.	EFT			
(12)			DIST INTI INV IND TACIFI	327 11 V	11,100.				
(1.1)									
(14)			EAST ASIA AND THE PACIFI	398 - PT V	69,873.	EFT			
(15)			SUB-SAHARAN AFRICA	399 - PT V	429,400.	EFT			
(16)			SUB-SAHARAN AFRICA	400 - PT V	2,203,558.	EFT			

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

Schedule F	(Form 990) 2014	

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV,
		appraisal, other)

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

3 Enter total number of other organizations or entities......

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99	0,
<u>.</u>	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	Tartiv, mic 15, for any	y recipient who recen	red more man \$5,000. I	art ii cari bc	auplicated if addit	ional space i	3 riccaca.		
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 - PT V	79,453.	EFT			
(2)			SUB-SAHARAN AFRICA	418 - PT V	36,923.	EFT			
(0)									
(3)			SOUTH ASIA	419 - PT V	494,361.	EFT			
(4)			SOUTH ASIA	420 - PT V	90,169.	EFT			
					20,202				
(5)			SUB-SAHARAN AFRICA	421 - PT V	17,534.	EFT			
(6)			EAST ASIA AND THE PACIFI	422 - PT V	9,269.	EFT			
(7)									
(7)			SOUTH ASIA	423 - PT V	20,329.	EFT			
(8)			MIDDLE EAST/NORTH AFRICA	424 - PT V	59,553.	EFT			
(9)			MIDDLE EAST/NORTH AFRICA	425 - PT V	205,902.	EFT			
(10)			MIDDLE EAST/NORTH AFRICA	426 - PT V	841,451.	EFT			
(11)			MIDDLE FACE (NODELL ADDICA	407 DM 17	14 142	1170			
(11)			MIDDLE EAST/NORTH AFRICA	427 - PT V	14,143.	EFT			
(12)			MIDDLE EAST/NORTH AFRICA	428 - PT V	60,022.	EFT			
,					,.=.				
(13)			MIDDLE EAST/NORTH AFRICA	429 - PT V	147,775.	EFT			
(14)			MIDDLE EAST/NORTH AFRICA	430 - PT V	61,669.	EFT			
// - >									
(15)			MIDDLE EAST/NORTH AFRICA	431 - PT V	80,854.	EFT			
(16)			MIDDLE ENGE/NODELL ADDICA	422 Dm 57	20 440	In the second			
(10)			MIDDLE EAST/NORTH AFRICA	432 - PT V	29,442.	EFT			L

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
	Enter total number of other organizations or entities

ule F (Form 990) 2014	(Form 990) 2014

,		- 5
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99	0,
<u>.</u>	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	Tartiv, mile 10, for an	y recipient willo receiv	red filore triair \$5,000. I	art ii cari be	auphoatea ii aaait	ional space i	o necaca.		
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)				422	02.512				
(1)			MIDDLE EAST/NORTH AFRICA	433 - PT V	23,713.	EFT			
(2)			MIDDLE EAST/NORTH AFRICA	434 - PT V	23,304.	EFT			
(3)			MIDDLE EAST/NORTH AFRICA	435 - PT V	39,456.	EFT			
(4)			MIDDLE EAST/NORTH AFRICA	436 - PT V	26,225.	EFT			
(5)			MIDDLE EAST/NORTH AFRICA	437 - PT V	22,538.	EFT			
(6)			MIDDLE EAST/NORTH AFRICA	438 - PT V	33,924.	EFT			
(7)			MIDDLE EAST/NORTH AFRICA	439 - PT V	19,537.	EFT			
(8)			MIDDLE EAST/NORTH AFRICA	440 - PT V	89,270.	EFT			
(9)			MIDDLE EAST/NORTH AFRICA	441 - PT V	38,111.	EFT			
(3)			MIDDLE EASI/NORIH AFRICA	441 - P1 V	30,111.	EFI			
(10)			MIDDLE EAST/NORTH AFRICA	442 - PT V	238,450.	EFT			
(11)			MIDDLE EAST/NORTH AFRICA	443 - PT V	27,884.	EFT			
(12)			MIDDLE EAST/NORTH AFRICA	444 - PT V	25,313.	EFT			
(/			FIEDER BROTTNOKTH THREET	111 11 V	23,313.	111			
(13)			SOUTH ASIA	445 - PT V	11,308.	EFT			
(14)			SOUTH ASIA	446 - PT V	136,172.	EFT			
(15)			SOUTH ASIA	447 - PT V	234,892.	EFT			
(16)			SOUTH ASIA	448 - PT V	176,768.	EFT			

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

Schedule F (Form 990) 2014 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990.

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	449 - PT V	20,662.	EFT			
(')			SUB-SAHARAN AFRICA	449 - PT V	20,662.	EFT			
(2)			SUB-SAHARAN AFRICA	450 - PT V	21,457.	EFT			
(3)			SUB-SAHARAN AFRICA	451 - PT V	31,862.	EFT			
(4)			SUB-SAHARAN AFRICA	452 - PT V	50,659.	CHECK			
(5)									
(3)			SUB-SAHARAN AFRICA	453 - PT V	178,353.	EFT			
(6)			SUB-SAHARAN AFRICA	454 - PT V	78,692.	EFT			
(7)			SUB-SAHARAN AFRICA	455 - PT V	89,429.	EFT			
(8)			SUB-SAHARAN AFRICA	456 - PT V	125,412.	EFT			
(9)			SUB-SAHARAN AFRICA	457 - PT V	8,772.	EFT			
(10)			SUB-SAHARAN AFRICA	458 - PT V	72,817.	EFT			
(11)									
			SUB-SAHARAN AFRICA	459 - PT V	101,877.	EFT			
(12)			SUB-SAHARAN AFRICA	460 - PT V	81,549.	CHECK			
(13)			SUB-SAHARAN AFRICA	461 - PT V	126,269.	CHECK			
(14)			SUB-SAHARAN AFRICA	462 - PT V	182,017.	EFT			
(15)			SUB-SAHARAN AFRICA	463 - PT V	73,084.	CHECK			
(16)				464 - PT V	/3,004.	PPT			
			CIID_CAHADAM AFDICA	1 464 - DT 17	43 030	1 8/8/1/		i i	1

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

Schedule	F (Fo	rm 991)	2014

	(· •···· • • · / • · · ·
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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 - PT V	228,254.	EFT			
(2)			SUB-SAHARAN AFRICA	466 - PT V	214,769.	EFT			
(3)			SUB-SAHARAN AFRICA	467 - PT V	108,304.	EFT			
(4)			SUB-SAHARAN AFRICA	468 - PT V	267,749.	EFT			
(5)			SUB-SAHARAN AFRICA	469 - PT V	67,229.	EFT			
(6)			SUB-SAHARAN AFRICA	470 - PT V	57,188.	EFT			
(7)			SUB-SAHARAN AFRICA	471 - PT V	6,195.	EFT			
(8)			SUB-SAHARAN AFRICA	472 - PT V	68,972.	EFT			
(9)			SUB-SAHARAN AFRICA	473 - PT V	10,293.	CHECK			
(10)			SUB-SAHARAN AFRICA	474 - PT V	18,513.	EFT			
(11)			SOUTH ASIA	475 - PT V	7,314.	EFT			
(12)			SOUTH ASIA	476 - PT V	106,272.	CHECK			
(13)			SOUTH ASIA	477 - PT V	103,221.	CHECK			
(14)			SOUTH ASIA	478 - PT V	86,173.	CHECK			
(15)			SOUTH ASIA	479 - PT V	60,564.	CHECK			
(16)			SOUTH ASIA	480 - PT V	36,030.	CHECK			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exem	npt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	>
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Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	Tartiv, mile 10, for an	iy recipient who receiv	ca more man wo,ooc	7. I ait ii can be	auplicated if addit	ional space i	3 riccaca.		
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	481 - PT V	130,272.	CHECK			
(2)			SOUTH ASIA	482 - PT V	137,296.	EFT			
(3)			SOUTH ASIA	483 - PT V	137,857.	CHECK			
(4)			SOUTH ASIA	484 - PT V	109,264.	CHECK			
(5)			SOUTH ASIA	485 - PT V	120,547.	EFT			
(6)			SOUTH ASIA	486 - PT V	52,910.	EFT			
(7)			SOUTH ASIA	487 - PT V	80,945.	CHECK			
(8)			SOUTH ASIA	488 - PT V	99,064.	CHECK			
(9)			SOUTH ASIA	489 - PT V	101,769.	CHECK			
(10)			SOUTH ASIA	490 - PT V	13,723.	CHECK			
(11)			SOUTH ASIA	491 - PT V	46,534.	CHECK			
(12)			SOUTH ASIA	492 - PT V	403,454.	CHECK			
(13)			SOUTH ASIA	493 - PT V	340,478.	CHECK			
(14)			SOUTH ASIA	494 - PT V	418,765.	CHECK			
(15)			SOUTH ASIA	495 - PT V	388,437.	CHECK			
(16)			SOUTH ASIA	496 - PT V	290,906.	EFT			

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

Schedule F (orm 990) 2014

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	r are iv, into 10, for any i	Colpioni Willo Tocon	- σα πιστο απαπ φο,σοσ. ι	urt ii cari be		ional space .	·		
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)			GOVERN AGEN	407 DE 17	242 770	GUDOV.			
()			SOUTH ASIA	497 - PT V	342,770.	CHECK			
(2)			SOUTH ASIA	498 - PT V	709,545.	EFT			
(3)			SOUTH ASIA	499 - PT V	621,886.	CHECK			
(4)			COLUMN AGEA	E00 DE 17	205 124	CHECK			
(+)			SOUTH ASIA	500 - PT V	305,124.	CHECK			
(=\									
(5)			SOUTH ASIA	501 - PT V	465,753.	EFT			
(6)			SOUTH ASIA	502 - PT V	416,971.	EFT			
(7)			SOUTH ASIA	503 - PT V	773,864.	EFT			
(')			SOUTH ASTA	503 - PI V	773,004.	EFI			
(0)									
(8)			SOUTH ASIA	504 - PT V	331,387.	EFT			
(9)			SOUTH ASIA	505 - PT V	326,616.	CHECK			
(10)			SOUTH ASIA	506 - PT V	159,555.	CHECK			
(10)			SOUTH ASIA	300 - P1 V	139,333.	CHECK			
(4.4)									
(11)			SOUTH ASIA	507 - PT V	368,864.	EFT			
(12)			SOUTH ASIA	508 - PT V	87,692.	CHECK			
(13)			SOUTH ASIA	509 - PT V	11,004.	CHECK			
(13)			DOUTH ADIA	JUJ PI V	11,004.	CHECK			
(4.4)									
(14)			SOUTH ASIA	510 - PT V	37,375.	EFT			
(15)			SOUTH ASIA	511 - PT V	16,006.	CHECK			
(16)			SOUTH ASIA	512 - PT V	33,260.	EFT			
(10)			POOTU ASTA	I DIZ - BI A	JJ,∠6U.	Leet			

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

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	Tait IV, line 13, lot an	y recipient who receiv	ca more man \$5,000.	Tart ii cari be	duplicated if addit	ional space i	3 riccucu.		
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	513 - PT V	6,734.	CHECK			
,					,				
(2)			SOUTH ASIA	514 - PT V	22,482.	CHECK			
_/			BOOTH HOTH	311 11 0	22,102.	CHBCK			
(3)			SOUTH ASIA	515 - PT V	10,315.	CHECK			
(0)			SOUTH ASIA	313 - P1 V	10,313.	CHECK			
(4)			COLUMN A CT A	F16 DW 17	16,247.	EFT			
(-)			SOUTH ASIA	516 - PT V	10,247.	EFT			
(5)									
(3)			SOUTH ASIA	517 - PT V	14,121.	EFT			
(0)									
(6)			SOUTH ASIA	518 - PT V	15,428.	EFT			
(=)									
(7)			SOUTH ASIA	519 - PT V	37,962.	EFT			
(8)			SOUTH ASIA	520 - PT V	12,565.	CHECK			
(9)			SOUTH ASIA	521 - PT V	14,126.	EFT			
(10)			SOUTH ASIA	522 - PT V	21,593.	CHECK			
(11)			SOUTH ASIA	523 - PT V	16,364.	CHECK			
(12)			SOUTH ASIA	524 - PT V	15,964.	CHECK			
(13)			SOUTH ASIA	525 - PT V	9,631.	EFT			
(14)			SOUTH ASIA	526 - PT V	123,200.	CHECK			
,					123,200.				
(15)			SOUTH ASIA	527 - PT V	187,656.	CHECK			
(10)			DOUTH ADIA	321 F1 V	107,030.	CHECK			
(16)			COLUMN A GT A	F20 DW **	145 000	Gunar.			
(10)			SOUTH ASIA	528 - PT V	145,008.	CHECK			

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

3 Enter total number of other organizations or entities.....

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on For	m 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

Tart tv, line 13, for any recipient who received more than \$3,000									
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 - PT V	158,271.	CHECK			
(2)			EUROPE (INC. IC AND GL)	530 - PT V	75,990.	EFT			
(3)			SUB-SAHARAN AFRICA	531 - PT V	338,110.	CHECK			
(4)			SUB-SAHARAN AFRICA	532 - PT V	170,157.	CHECK			
(5)			SUB-SAHARAN AFRICA	533 - PT V	111,846.	EFT			
(6)			SUB-SAHARAN AFRICA	534 - PT V	240,180.	CHECK			
<i>(</i> =)									
(7)			SUB-SAHARAN AFRICA	535 - PT V	894,599.	EFT			
(0)									
(8)			SUB-SAHARAN AFRICA	536 - PT V	342,518.	CHECK			
(0)									
(9)			SUB-SAHARAN AFRICA	537 - PT V	13,601.	CHECK			
(10)									
(10)			SUB-SAHARAN AFRICA	538 - PT V	5,331.	CHECK			
(11)			GUD GAMADAN ADDIGA	E30 DE 17	F 064	aunar.			
(11)			SUB-SAHARAN AFRICA	539 - PT V	5,964.	CHECK			
(12)			SUB-SAHARAN AFRICA	540 - PT V	5,318.	CHECK			
()			SUB-SANAKAN AFRICA	340 - P1 V	5,310.	CHECK			
(13)			SUB-SAHARAN AFRICA	541 - PT V	6,477.	CHECK			
(12)			SSS CHIMICIA THRECH	311 11 V	5,277.	CILICIC			
(14)			SUB-SAHARAN AFRICA	542 - PT V	39,737.	CHECK			
,					,				
(15)			SUB-SAHARAN AFRICA	543 - PT V	10,641.	CHECK			
,					.,.=-				
(16)			SUB-SAHARAN AFRICA	544 - PT V	22,010.	CHECK			

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

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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 - PT V	42,677.	CHECK			
(2)			SUB-SAHARAN AFRICA	546 - PT V	45,438.	CHECK			
(3)			SUB-SAHARAN AFRICA	547 - PT V	24,518.	EFT			
(4)			SUB-SAHARAN AFRICA	548 - PT V	44,793.	EFT			
(5)			SUB-SAHARAN AFRICA	549 - PT V	7,055.	CHECK			
(6)			SUB-SAHARAN AFRICA	550 - PT V	15,250.	CHECK			
(7)			SUB-SAHARAN AFRICA	551 - PT V	11,200.	CHECK			
(8)			SUB-SAHARAN AFRICA	552 - PT V	17,799.	CHECK			
(9)			SUB-SAHARAN AFRICA	553 - PT V	134,577.	CHECK			
(10)			SUB-SAHARAN AFRICA	554 - PT V	45,699.	CHECK			
(11)			SUB-SAHARAN AFRICA	555 - PT V	24,341.	CHECK			
(12)			SUB-SAHARAN AFRICA	556 - PT V	19,594.	CHECK			
(13)			SUB-SAHARAN AFRICA	557 - PT V	13,602.	EFT			
(14)			SUB-SAHARAN AFRICA	558 - PT V	30,909.	EFT			
(15)			SUB-SAHARAN AFRICA	559 - PT V	6,091.	EFT			
(16)			SUB-SAHARAN AFRICA	560 - PT V	18,744.	EFT			

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

3 Enter total number of other organizations or entities.....

Schedule F (For	m 000) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes"	on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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	561 - PT V	17,598.	EFT			
(2)			SUB-SAHARAN AFRICA	562 - PT V	12,176.	EFT			
(3)			SUB-SAHARAN AFRICA	563 - PT V	19,384.	EFT			
(4)			SUB-SAHARAN AFRICA	564 - PT V	13,997.	EFT			
(5)			SUB-SAHARAN AFRICA	565 - PT V	11,407.	EFT			
(6)			SUB-SAHARAN AFRICA	566 - PT V	20,645.	EFT			
(7)			SUB-SAHARAN AFRICA	567 - PT V	17,648.	EFT			
(8)			SUB-SAHARAN AFRICA	568 - PT V	18,525.	EFT			
(9)			SUB-SAHARAN AFRICA	569 - PT V	19,408.	EFT			
(10)			SUB-SAHARAN AFRICA	570 - PT V	17,735.	EFT			
(11)			SUB-SAHARAN AFRICA	571 - PT V	40,632.	EFT			
(12)			SUB-SAHARAN AFRICA	572 - PT V	537,866.	EFT			
(13)			SUB-SAHARAN AFRICA	573 - PT V	448,012.	EFT			
(14)			SUB-SAHARAN AFRICA	574 - PT V	35,607.	EFT			
(15)			MIDDLE EAST/NORTH AFRICA	575 - PT V	43,719.	CHECK			
(16)			MIDDLE EAST/NORTH AFRICA	576 - PT V	34,068.	EFT			

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

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

Tart iv, fine 13, for any recipient who received more than \$5,000.		7. Fait it 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)			MIDDLE EAST/NORTH AFRICA	577 - PT V	26,267.	CHECK			
					==,==.				
(2)			MIDDLE BACK (NODEK ARDICA	F70 DM 11	24 040	GHD GIZ			
(-)			MIDDLE EAST/NORTH AFRICA	578 - PT V	24,048.	CHECK			
(2)									
(3)			MIDDLE EAST/NORTH AFRICA	579 - PT V	8,155.	CHECK			
(4)			MIDDLE EAST/NORTH AFRICA	580 - PT V	16,721.	CHECK			
(5)			MIDDLE EAST/NORTH AFRICA	581 - PT V	23,084.	CHECK			
(6)			MIDDLE EAST/NORTH AFRICA	582 - PT V	25,198.	CHECK			
(7)			MIDDLE EAST/NORTH AFRICA	583 - PT V	41,586.	CHECK			
(- /			MIDDE BIST/NORTH MIRTON	303 11 0	11,500.	CHECK			
(8)				504 PM 11	40.054	arra arr			
(0)			MIDDLE EAST/NORTH AFRICA	584 - PT V	42,054.	CHECK			
(0)									
(9)			SUB-SAHARAN AFRICA	585 - PT V	100,040.	EFT			
(10)			SUB-SAHARAN AFRICA	586 - PT V	298,319.	EFT			
(11)			SUB-SAHARAN AFRICA	587 - PT V	124,748.	EFT			
(12)			SUB-SAHARAN AFRICA	588 - PT V	107,718.	CHECK			
(13)			SUB-SAHARAN AFRICA	589 - PT V	5,628.	CHECK			
/			SOS SIMMAN IMPERIO	303 11 0	3,020.	CHECK			
(14)			CHD CAHADAN AEDIGA	E00 DE 17	144,621.	CHECK			
(1-)			SUB-SAHARAN AFRICA	590 - PT V	144,021.	CHECK			
(4E)									
(15)			SUB-SAHARAN AFRICA	591 - PT V	906,414.	EFT			
(16)			SUB-SAHARAN AFRICA	592 - PT V	169,142.	CHECK			

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by th	he IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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 - PT V	455,684.	CHECK			
(2)			SUB-SAHARAN AFRICA	594 - PT V	654,767.	EFT			
(3)			SUB-SAHARAN AFRICA	595 - PT V	799,807.	EFT			
(4)			SUB-SAHARAN AFRICA	596 - PT V	662,569.	EFT			
(5)			SUB-SAHARAN AFRICA	597 - PT V	349,858.	EFT			
(6)			RUSSIA/NEWLY IND. STATES	598 - PT V	45,531.	EFT			
(7)			RUSSIA/NEWLY IND. STATES	599 - PT V	48,198.	EFT			
(8)			RUSSIA/NEWLY IND. STATES	600 - PT V	71,740.	EFT			
(9)			RUSSIA/NEWLY IND. STATES	601 - PT V	214,871.	EFT			
(10)			RUSSIA/NEWLY IND. STATES	602 - PT V	22,683.	EFT			
(11)			RUSSIA/NEWLY IND. STATES	603 - PT V	30,380.	CHECK			
(12)			RUSSIA/NEWLY IND. STATES	604 - PT V	6,601.	EFT			
(13)			RUSSIA/NEWLY IND. STATES	605 - PT V	7,163.	EFT			
(14)			RUSSIA/NEWLY IND. STATES	606 - PT V	7,649.	EFT			
(15) (16)			SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA	607 - PT V 608 - PT V	18,446.	CASH			

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

Schedule F (Form 990) 2014

schedule F	(FOIII 990) 2014							Page A	
Part II	Grants and Other Assist	ance to Organizations	or Entities Outside the Unit	ed States. Complete	if the organ	nization answered	d "Yes" on Fo	orm 990,	
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
								(i) Method of	

art iv, line 13, for any recipient who received more than \$3,00				art ii cari be	daphoated if addit	ionar space i	o necaca.		
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	609 - PT V	9,177.	CASH			
(2)			SUB-SAHARAN AFRICA	610 - PT V	5,258.	CASH			
(3)			SUB-SAHARAN AFRICA	611 - PT V	89,548.	CASH			
(4)			SUB-SAHARAN AFRICA	612 - PT V	16,400.	CASH			
(5)			SUB-SAHARAN AFRICA	613 - PT V	13,857.	EFT			
(6)			SUB-SAHARAN AFRICA	614 - PT V	12,000.	EFT			
(7)			SUB-SAHARAN AFRICA	615 - PT V	14,029.	EFT			
					·				
(8)			SUB-SAHARAN AFRICA	616 - PT V	13,938.	EFT			
					·				
(9)			SUB-SAHARAN AFRICA	617 - PT V	15,156.	EFT			
,					,				
(10)			SUB-SAHARAN AFRICA	618 - PT V	29,821.	CASH			
,					,				
(11)			SUB-SAHARAN AFRICA	619 - PT V	34,155.	CASH			
,					,				
(12)			SUB-SAHARAN AFRICA	620 - PT V	48,985.	EFT			
(13)			SUB-SAHARAN AFRICA	621 - PT V	39,267.	CASH			
					33,207.				
(14)			SUB-SAHARAN AFRICA	622 - PT V	38,212.	EFT			
					33,212.				
(15)			CENT. AMERICA/CARIBBEAN	623 - PT V	11,401.	CHECK			
			Table of Chicagonal	323 11 V	11,101.				
(16)			CENT. AMERICA/CARIBBEAN	624 - PT V	52,889.	CHECK			
· • /			CDIVI. APIBRICA/CARIBBEAN	1 API LIA	32,009.	LCITECH	I .	1	l

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	

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Schedule F (m 990) 2014	Pag
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99	0

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	625 - PT V	108,986.	CHECK			
(2)			CENT. AMERICA/CARIBBEAN	626 - PT V	199,556.	CHECK			
(3)			CENT. AMERICA/CARIBBEAN	627 - PT V	106,604.	CHECK			
4)			CENT. AMERICA/CARIBBEAN	628 - PT V	33,670.	CHECK			
5)			CENT. AMERICA/CARIBBEAN	629 - PT V	21,618.	CHECK			
6)			CENT. AMERICA/CARIBBEAN	630 - PT V	17,856.	CHECK			
7)			CENT. AMERICA/CARIBBEAN	631 - PT V	31,393.	EFT			
8)			CENT. AMERICA/CARIBBEAN	632 - PT V	19,459.	EFT			
9)			CENT. AMERICA/CARIBBEAN	633 - PT V	117,804.	CHECK			
10)			CENT. AMERICA/CARIBBEAN	634 - PT V	162,235.	CHECK			
11)			SOUTH ASIA	635 - PT V	8,254.	EFT			
12)			MIDDLE EAST/NORTH AFRICA	636 - PT V	18,919.	CHECK			
13)			SOUTH ASIA	637 - PT V	7,198.	CHECK			
(14)			SOUTH ASIA	638 - PT V	5,747.	CHECK			
(15)			SOUTH ASIA	639 - PT V	18,409.	CHECK			
16)			SOUTH ASIA	640 - PT V	19,908.	CHECK			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exem	pt
	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	•

S	chedule F	(Form 990)	2014	

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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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	641 - PT V	28,876.	CHECK			
(2)				C40 PM **	14 500				
(2)			SOUTH ASIA	642 - PT V	14,508.	EFT			
(2)									
(3)			SUB-SAHARAN AFRICA	643 - PT V	5,712.	EFT			
(4)			SUB-SAHARAN AFRICA	644 - PT V	5,149.	EFT			
(5)			SUB-SAHARAN AFRICA	645 - PT V	73,360.	EFT			
(6)			SUB-SAHARAN AFRICA	646 - PT V	7,904.	EFT			
(0)			DOB DAHARAN APRICA	040 F1 V	7,504.	BFI			
(7)									
(7)			SUB-SAHARAN AFRICA	647 - PT V	15,155.	EFT			
>									
(8)			SUB-SAHARAN AFRICA	648 - PT V	29,559.	EFT			
(9)			SUB-SAHARAN AFRICA	649 - PT V	5,134.	EFT			
(10)			SUB-SAHARAN AFRICA	650 - PT V	122,615.	EFT			
, ,					,				
(11)			SUB-SAHARAN AFRICA	651 - PT V	5,587.	EFT			
(,			SUB-SAHARAN AFRICA	051 - PT V	5,587.	EFT			
(40)									
(12)			SUB-SAHARAN AFRICA	652 - PT V	59,320.	EFT			
(13)			SUB-SAHARAN AFRICA	653 - PT V	8,913.	EFT			
(14)			SUB-SAHARAN AFRICA	654 - PT V	61,274.	EFT			
(15)			SUB-SAHARAN AFRICA	655 - PT V	8,395.	EFT			
(15)			COS DIMINUM APRICA	033 F1 V	0,323.	31.1			
(16)									
(16)			SUB-SAHARAN AFRICA	656 - PT V	5,984.	EFT	1		

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

Part II	Grants and Other Assistate Part IV, line 15, for any re	•			•	-		d "Yes" on F	orm 990,
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	657 - PT V	28,891.	EFT			
(2)			SUB-SAHARAN AFRICA	658 - PT V	17,508.	EFT			
(3)			SUB-SAHARAN AFRICA	659 - PT V	35,988.	EFT			
(4)			SUB-SAHARAN AFRICA	660 - PT V	18,675.	EFT			
(5)			SUB-SAHARAN AFRICA	661 - PT V	12,300.	EFT			
(6)			SUB-SAHARAN AFRICA	662 - PT V	10,167.	EFT			
(7)			SUB-SAHARAN AFRICA	663 - PT V	177,612.	CHECK			
(8)			SUB-SAHARAN AFRICA	664 - PT V	152,791.	EFT			
(9)			SUB-SAHARAN AFRICA	665 - PT V	103,270.	CHECK			
(10)			SUB-SAHARAN AFRICA	666 - PT V	56,274.	EFT			

667 - PT V

668 - PT V

669 - PT V

670 - PT V

671 - PT V

672 - PT V

11,425.

20,917.

8,648.

26,035.

129,571.

73,219.

EFT

EFT

EFT

EFT

EFT

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

SUB-SAHARAN AFRICA

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Schedule F (Form 990) 2014

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Schedule F (Form 990) 2014

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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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	673 - PT V	6,994.	EFT			
()			SUB-SAHARAN AFRICA	673 - PI V	0,994.	EFI			
(0)									
(2)			SUB-SAHARAN AFRICA	674 - PT V	17,364.	EFT			
(3)			SUB-SAHARAN AFRICA	675 - PT V	6,574.	EFT			
(4)			SUB-SAHARAN AFRICA	676 - PT V	41,020.	EFT			
('/			SUB-SAHARAN AFRICA	070 - P1 V	41,020.	EFI			
(5)									
(5)			SUB-SAHARAN AFRICA	677 - PT V	258,484.	EFT			
(6)			SUB-SAHARAN AFRICA	678 - PT V	57,455.	EFT			
(7)			SUB-SAHARAN AFRICA	679 - PT V	67,815.	EFT			
(-,			DUB BAHAKAN AFKICA	O75 FIV	07,013.	BFI			
(0)									
(8)			SUB-SAHARAN AFRICA	680 - PT V	48,591.	EFT			
(9)			SUB-SAHARAN AFRICA	681 - PT V	93,581.	EFT			
(10)			SUB-SAHARAN AFRICA	682 - PT V	19,965.	EFT			
					==,,,,,,,,				
(11)									
(11)			SUB-SAHARAN AFRICA	683 - PT V	65,328.	EFT			
(12)			SUB-SAHARAN AFRICA	684 - PT V	8,092.	EFT			
(13)			SUB-SAHARAN AFRICA	685 - PT V	334,763.	EFT			
(14)				606	02 151				
(17)			SUB-SAHARAN AFRICA	686 - PT V	93,151.	EFT			
(15)			SUB-SAHARAN AFRICA	687 - PT V	5,273.	CHECK			
(16)			SUB-SAHARAN AFRICA	688 - PT V	79,192.	CHECK			
		_	-	-					

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by th	he IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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	689 - PT V	181,456.	CHECK			
(2)			SUB-SAHARAN AFRICA	690 - PT V	142,268.	CHECK			
(3)			SUB-SAHARAN AFRICA	691 - PT V	182,101.	CHECK			
(4)			SUB-SAHARAN AFRICA	692 - PT V	188,944.	CHECK			
(5)			SUB-SAHARAN AFRICA	693 - PT V	151,588.	CHECK			
(6)			SUB-SAHARAN AFRICA	694 - PT V	172,851.	CHECK			
(7)			SUB-SAHARAN AFRICA	695 - PT V	215,160.	CHECK			
(8)			SUB-SAHARAN AFRICA	696 - PT V	6,780.	CHECK			
(9)			SUB-SAHARAN AFRICA	697 - PT V	6,545.	CHECK			
(10)			SUB-SAHARAN AFRICA	698 - PT V	66,409.	CHECK			
(11)			SUB-SAHARAN AFRICA	699 - PT V	83,389.	CHECK			
(12)			SUB-SAHARAN AFRICA	700 - PT V	60,157.	CHECK			
(13)			SUB-SAHARAN AFRICA	701 - PT V	64,545.	CHECK			
(14)			SUB-SAHARAN AFRICA	702 - PT V	20,499.	EFT			
(15)			SUB-SAHARAN AFRICA	703 - PT V	81,819.	EFT			
(16)			SUB-SAHARAN AFRICA	704 - PT V	127,389.	EFT			

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	_
	Enter total number of other organizations or entities	

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
<u>-</u>	Part IV, line 15, for any recipient who 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	705 - PT V	49,654.	EFT			
(2)			SUB-SAHARAN AFRICA	706 - PT V	110,125.	CHECK			
(3)			SUB-SAHARAN AFRICA	707 - PT V	8,885.	EFT			
(4)			SUB-SAHARAN AFRICA	708 - PT V	5,702.	EFT			
(5)			SUB-SAHARAN AFRICA	709 - PT V	25,360.	EFT			
(6)			SUB-SAHARAN AFRICA	710 - PT V	221,213.	EFT			
(7)			SUB-SAHARAN AFRICA	711 - PT V	19,713.	EFT			
(8)			SUB-SAHARAN AFRICA	712 - PT V	40,516.	EFT			
(9)			SUB-SAHARAN AFRICA	713 - PT V	201,814.	EFT			
(10)			SUB-SAHARAN AFRICA	714 - PT V	7,712.	EFT			
(11)			SUB-SAHARAN AFRICA	715 - PT V	229,038.	CHECK			
(12)			SUB-SAHARAN AFRICA	716 - PT V	26,548.	EFT			
(13)			SUB-SAHARAN AFRICA	717 - PT V	24,031.	EFT			
(14)			SUB-SAHARAN AFRICA	718 - PT V	34,291.	CHECK			
(15) (16)			SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA	719 - PT V	8,972. 48,227.	CHECK			

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

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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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	721 - PT V	19,733.	CHECK			
(0)									
(2)			SUB-SAHARAN AFRICA	722 - PT V	261,775.	EFT			
(3)			SUB-SAHARAN AFRICA	723 - PT V	207,063.	EFT			
(4)			SUB-SAHARAN AFRICA	724 - PT V	8,470.	EFT			
(=)									
(5)			SUB-SAHARAN AFRICA	725 - PT V	162,129.	EFT			
(6)			SUB-SAHARAN AFRICA	726 - PT V	147,918.	EFT			
(5)			SUB-SANARAN AFRICA	720 - P1 V	147,510.	EFI			
(7)			SUB-SAHARAN AFRICA	727 - PT V	442,456.	EFT			
(8)			SUB-SAHARAN AFRICA	728 - PT V	36,055.	EFT			
(0)									
(9)			SUB-SAHARAN AFRICA	729 - PT V	100,740.	EFT			
(10)			CENT. AMERICA/CARIBBEAN	730 - PT V	26,984.	EFT			
					=3,23=3				
(11)			CENT. AMERICA/CARIBBEAN	731 - PT V	6,834.	EFT			
(12)			CENT. AMERICA/CARIBBEAN	732 - PT V	36,690.	EFT			
(13)			CENT. AMERICA/CARIBBEAN	733 - PT V	134,818.	CHECK			
(,			CENT. AMERICA/CARIBBEAN	133 - PI V	134,018.	CHECK			
(14)			CENT. AMERICA/CARIBBEAN	734 - PT V	8,809.	CHECK			
(15)			CENT. AMERICA/CARIBBEAN	735 - PT V	6,752.	CHECK			
(46)									
(16)			CENT. AMERICA/CARIBBEAN	736 - PT V	5,476.	CHECK			

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

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Schedule F	F (Form 990) 2014	Page
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes"	on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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	737 - PT V	5,480.	CHECK			
(2)			CENT. AMERICA/CARIBBEAN	738 - PT V	32,586.	CHECK			
(3)			SOUTH ASIA	739 - PT V	62,346.	EFT			
(4)			SOUTH ASIA	740 - PT V	79,855.	EFT			
(5)			SOUTH ASIA	741 - PT V	71,696.	EFT			
(6)			SOUTH ASIA	742 - PT V	98,239.	CHECK			
(7)			SOUTH ASIA	743 - PT V	243,554.	CHECK			
(8)			SOUTH ASIA	744 - PT V	37,773.	EFT			
(9)			SOUTH ASIA	745 - PT V	48,071.	EFT			
(10)			SOUTH ASIA	746 - PT V	223,973.	CHECK			
(11)			SOUTH ASIA	747 - PT V	97,827.	EFT			
(12)			SOUTH ASIA	748 - PT V	71,635.	EFT			
(13)			SOUTH ASIA	749 - PT V	77,293.	CHECK			
(14)			SOUTH ASIA	750 - PT V	6,841.	CHECK			
(15)			SOUTH ASIA	751 - PT V	91,491.	EFT			
(16)			SOUTH ASIA	752 - PT V	210,218.	EFT			

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
	Enter total number of other organizations or entities

Schedule F	(Form	990) 2014	

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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	753 - PT V	62,861.	EFT			
(2)			SOUTH ASIA	754 - PT V	38,275.	EFT			
(3)			SOUTH ASIA	755 - PT V	51,176.	EFT			
(4)			SOUTH ASIA	756 - PT V	12,470.	EFT			
(5)			SOUTH ASIA	757 - PT V	115,338.	CHECK			
(6)			SOUTH ASIA	758 - PT V	118,703.	EFT			
(7)			SOUTH ASIA	759 - PT V	6,372.	CHECK			
(8)			SOUTH ASIA	760 - PT V	18,828.	CHECK			
(9)			SOUTH ASIA	761 - PT V	21,373.	EFT			
(10)			SOUTH ASIA	762 - PT V	45,160.	EFT			
(11)			SOUTH ASIA	763 - PT V	16,639.	CHECK			
(12)			SOUTH ASIA	764 - PT V	20,397.	CHECK			
(13)			SOUTH ASIA	765 - PT V	31,365.	EFT			
(14)			SOUTH ASIA	766 - PT V	34,266.	CHECK			
(15)			SOUTH ASIA	767 - PT V	43,950.	EFT			
(16)			SOUTH ASIA	768 - PT V	23,400.	CHECK			

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

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Schedule	E /Earm	\sim 000\ 20	111				

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990
<u>.</u>	Part IV, line 15, for any recipient who 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	769 - PT V	23,049.	CHECK			
(2)			SOUTH ASIA	770 - PT V	24,551.	CHECK			
(3)			SOUTH ASIA	771 - PT V	6,773.	CHECK			
(4)			SOUTH ASIA	772 - PT V	33,345.	EFT			
(5)			SOUTH ASIA	773 - PT V	13,970.	EFT			
(6)			SOUTH ASIA	774 - PT V	18,618.	EFT			
(7)			SOUTH ASIA	775 - PT V	280,578.	EFT			
(8)			SOUTH ASIA	776 - PT V	32,240.	EFT			
(9)			SOUTH ASIA	777 - PT V	242,776.	CHECK			
(10)			SOUTH ASIA	778 - PT V	13,727.	CHECK			
(11)			SOUTH ASIA	779 - PT V	632,749.	EFT			
(12)			SOUTH ASIA	780 - PT V	337,527.	EFT			
(13)			SOUTH ASIA	781 - PT V	175,211.	EFT			
(14)			EAST ASIA AND THE PACIFI	782 - PT V	87,754.	CHECK			
(15)			EAST ASIA AND THE PACIFI	783 - PT V	5,660.	EFT			
(16)			EAST ASIA AND THE PACIFI	784 - PT V	7,013.	EFT			

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

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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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	785 - PT V	36,440.	MONEY ORDER			
(-)			DUD DAHAKAN AFKICA	705 F1 V	30,440.	MONET ORDER			
(2)									
(2)			SUB-SAHARAN AFRICA	786 - PT V	74,014.	MONEY ORDER			
(3)			SUB-SAHARAN AFRICA	787 - PT V	44,119.	MONEY ORDER			
(4)			SUB-SAHARAN AFRICA	788 - PT V	316,298.	CHECK			
(5)			SUB-SAHARAN AFRICA	789 - PT V	160,405.	CHECK			
				1					
(6)				700 pm 11	255 200				
(0)			SUB-SAHARAN AFRICA	790 - PT V	355,382.	MONEY ORDER			
(=\)									
(7)			SUB-SAHARAN AFRICA	791 - PT V	64,264.	MONEY ORDER			
(8)			SUB-SAHARAN AFRICA	792 - PT V	70,206.	MONEY ORDER			
(9)			SUB-SAHARAN AFRICA	793 - PT V	37,661.	MONEY ORDER			
					·				
(10)			CIID CAIIADAN AEDICA	704 DE 17	71,600.	MOMEN ODDED			
(10)			SUB-SAHARAN AFRICA	794 - PT V	71,600.	MONEY ORDER			
(44)									
(11)			SUB-SAHARAN AFRICA	795 - PT V	64,530.	CHECK			
(12)			SUB-SAHARAN AFRICA	796 - PT V	87,237.	CHECK			
(13)			SUB-SAHARAN AFRICA	797 - PT V	39,834.	CHECK			
(14)			SUB-SAHARAN AFRICA	798 - PT V	97,551.	CHECK			
,				1.30 22 4	3.,031.				
(15)				700 00	01.615				
(13)			SUB-SAHARAN AFRICA	799 - PT V	81,615.	CHECK			
(4.0)									
(16)			SUB-SAHARAN AFRICA	800 - PT V	108,579.	CHECK			

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

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Schedule F	(FOIII)	990) 2014	+

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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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	801 - PT V	77,831.	MONEY ORDER			
(- /			BOB Britishess Firsters	001 11 0	77,031.	HOWET ORDER			
(2)									
(2)			SUB-SAHARAN AFRICA	802 - PT V	102,075.	EFT			
(3)			SUB-SAHARAN AFRICA	803 - PT V	9,111.	EFT			
(4)			SUB-SAHARAN AFRICA	804 - PT V	15,507.	EFT			
(5)			SUB-SAHARAN AFRICA	805 - PT V	8,075.	CHECK			
(6)			CUID CAUADAN AEDICA	906 Dm 17	17 550	EFT			
(0)			SUB-SAHARAN AFRICA	806 - PT V	17,550.	FLI			
(7)									
(7)			SUB-SAHARAN AFRICA	807 - PT V	98,409.	CHECK			
(8)			SUB-SAHARAN AFRICA	808 - PT V	1,280,489.	EFT			
(9)			SUB-SAHARAN AFRICA	809 - PT V	163,710.	EFT			
(10)			SUB-SAHARAN AFRICA	810 - PT V	114,494.	EFT			
(10)			DOB BAHAKAN AFKICA	010 F1 V	111,171.	EFI			
(44)									
(11)			SUB-SAHARAN AFRICA	811 - PT V	153,636.	CHECK			
(12)			SUB-SAHARAN AFRICA	812 - PT V	107,729.	CHECK			
(13)			SUB-SAHARAN AFRICA	813 - PT V	119,623.	EFT			
(14)			SUB-SAHARAN AFRICA	814 - PT V	108,064.	EFT			
,					100,001.				
(15)				0.15	120.050				
(13)			SUB-SAHARAN AFRICA	815 - PT V	130,068.	EFT			
(4.0)									
(16)			SUB-SAHARAN AFRICA	816 - PT V	84,347.	EFT			

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

3 Enter total number of other organizations or entities......

Schedule F (Form 990) 2014

Julieuule i	(1 01111 330) 2014									i age
Part II	Grants and Other Assista	ance to Organizat	ions or Entities Outside	e the United	States. Complete	if the orga	nization a	nswered	l "Yes" o	n Form 990,
	Part IV, line 15, for any re	cipient who receive	ed more than \$5,000. F	Part II can be	duplicated if addit	ional space	is needed			
										(i) Method o

	Part IV, line 15, for any re	cipient who receiv	ed more man \$5,000.	Part ii can be	duplicated if addit	lonal space i	s 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	817 - PT V	22,321.	CHECK			
(2)			SUB-SAHARAN AFRICA	818 - PT V	57,575.	EFT			
(3)			SUB-SAHARAN AFRICA	819 - PT V	49,318.	EFT			
(4)			SUB-SAHARAN AFRICA	820 - PT V	93,239.	EFT			
(5)									
			SUB-SAHARAN AFRICA	821 - PT V	71,184.	EFT			
(6)			SUB-SAHARAN AFRICA	822 - PT V	51,226.	EFT			
(7)			SUB-SAHARAN AFRICA	823 - PT V	5,995.	EFT			
(8)			SUB-SAHARAN AFRICA	824 - PT V	31,779.	EFT			
(9)			SUB-SAHARAN AFRICA	825 - PT V	80,870.	EFT			
(10)			SUB-SAHARAN AFRICA	826 - PT V	511,340.	EFT			
(11)			SUB-SAHARAN AFRICA	827 - PT V	72,473.	CHECK			
(12)			SUB-SAHARAN AFRICA	828 - PT V	71,628.	CHECK			
(13)			SUB-SAHARAN AFRICA	829 - PT V	73,645.	CHECK			
(14)			SUB-SAHARAN AFRICA	830 - PT V	22,645.	EFT			
(15)			SUB-SAHARAN AFRICA	831 - PT V	12,077.	CHECK			
(16)			SUB-SAHARAN AFRICA	832 - PT V	46,123.	CHECK			

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

3 Enter total number of other organizations or entities.

20	hedule	Earm	OOO)	201	14

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	r art iv, into 10, for arry i	rocipioni wine recen	- σα πισισ απαπ φο,σσσ: ι	unt in dum bo		ional opaco .	·		
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)			CUD CAUADAN APDICA	033 58 17	100 061				
()			SUB-SAHARAN AFRICA	833 - PT V	180,961.	EFT			
(2)			SUB-SAHARAN AFRICA	834 - PT V	7,617.	CHECK			
(3)			SUB-SAHARAN AFRICA	835 - PT V	8,920.	CHECK			
(4)			CUD CAUADAN AEDICA	0.3.6 Dm 17	10 067	GIEGE			
(4)			SUB-SAHARAN AFRICA	836 - PT V	10,867.	CHECK			
, = \									
(5)			SUB-SAHARAN AFRICA	837 - PT V	14,039.	CHECK			
(6)			SUB-SAHARAN AFRICA	838 - PT V	9,620.	CHECK			
(7)			GUD GAMADAN ARDIGA	030 DE 11	15,517.				
(')			SUB-SAHARAN AFRICA	839 - PT V	15,517.	EFT			
>									
(8)			SUB-SAHARAN AFRICA	840 - PT V	14,231.	CHECK			
(9)			SUB-SAHARAN AFRICA	841 - PT V	10,873.	CHECK			
(10)			CUD CAUADAN AFRICA	0.42 DW 17	10 101				
(10)			SUB-SAHARAN AFRICA	842 - PT V	12,121.	EFT			
(11)			SUB-SAHARAN AFRICA	843 - PT V	8,407.	CHECK			
(12)			SUB-SAHARAN AFRICA	844 - PT V	8,992.	CHECK			
(13)				0.45	10 111	arra arr			
(13)			SUB-SAHARAN AFRICA	845 - PT V	10,111.	CHECK			
(14)			SUB-SAHARAN AFRICA	846 - PT V	10,679.	CHECK			
(15)			SUB-SAHARAN AFRICA	847 - PT V	8,112.	CHECK			
					., .==,				
(16)									
(16)			SUB-SAHARAN AFRICA	848 - PT V	15,437.	CHECK			

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

Schedule	F (Form 990) 2014	

	,
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990
<u>-</u>	Part IV, line 15, for any recipient who 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 (f) applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of disbursement
SUB-SAHARAN AFRICA 850 - PT V 18,448. CHECK
SUB-SAHARAN AFRICA 850 - PT V 18,448. CHECK
SUB-SAHARAN AFRICA
SUB-SAHARAN AFRICA
(4) SUB-SAHARAN AFRICA 852 - PT V 14,649. CHECK (5) SUB-SAHARAN AFRICA 853 - PT V 7,287. CHECK (6) SUB-SAHARAN AFRICA 854 - PT V 6,560. CHECK (7) SUB-SAHARAN AFRICA 855 - PT V 5,884. CHECK (8) SUB-SAHARAN AFRICA 856 - PT V 9,139. CHECK (9) SUB-SAHARAN AFRICA 857 - PT V 8,991. CHECK
(4) SUB-SAHARAN AFRICA 852 - PT V 14,649. CHECK (5) SUB-SAHARAN AFRICA 853 - PT V 7,287. CHECK (6) SUB-SAHARAN AFRICA 854 - PT V 6,560. CHECK (7) SUB-SAHARAN AFRICA 855 - PT V 5,884. CHECK (8) SUB-SAHARAN AFRICA 856 - PT V 9,139. CHECK (9) SUB-SAHARAN AFRICA 857 - PT V 8,991. CHECK
(5) SUB-SAHARAN AFRICA 853 - PT V 7,287. CHECK (6) SUB-SAHARAN AFRICA 854 - PT V 6,560. CHECK (7) SUB-SAHARAN AFRICA 855 - PT V 5,884. CHECK (8) SUB-SAHARAN AFRICA 856 - PT V 9,139. CHECK (9) SUB-SAHARAN AFRICA 857 - PT V 8,991. CHECK
(5) SUB-SAHARAN AFRICA 853 - PT V 7,287. CHECK (6) SUB-SAHARAN AFRICA 854 - PT V 6,560. CHECK (7) SUB-SAHARAN AFRICA 855 - PT V 5,884. CHECK (8) SUB-SAHARAN AFRICA 856 - PT V 9,139. CHECK (9) SUB-SAHARAN AFRICA 857 - PT V 8,991. CHECK
(6) SUB-SAHARAN AFRICA 854 - PT V 6,560. CHECK (7) SUB-SAHARAN AFRICA 855 - PT V 5,884. CHECK (8) SUB-SAHARAN AFRICA 856 - PT V 9,139. CHECK (9) SUB-SAHARAN AFRICA 857 - PT V 8,991. CHECK
(6) SUB-SAHARAN AFRICA 854 - PT V 6,560. CHECK (7) SUB-SAHARAN AFRICA 855 - PT V 5,884. CHECK (8) SUB-SAHARAN AFRICA 856 - PT V 9,139. CHECK (9) SUB-SAHARAN AFRICA 857 - PT V 8,991. CHECK
(7) SUB-SAHARAN AFRICA
(7) SUB-SAHARAN AFRICA
(8) SUB-SAHARAN AFRICA 856 - PT V 9,139. CHECK (9) SUB-SAHARAN AFRICA 857 - PT V 8,991. CHECK
(8) SUB-SAHARAN AFRICA 856 - PT V 9,139. CHECK (9) SUB-SAHARAN AFRICA 857 - PT V 8,991. CHECK
SUB-SAHARAN AFRICA 857 - PT V 8,991. CHECK
SUB-SAHARAN AFRICA 857 - PT V 8,991. CHECK
(10) EUROPE (INC. IC AND GL) 858 - PT V 33,577. EFT
EUROPE (INC. IC AND GL) 858 - PT V 33,5//. EFT
SUB-SAHARAN AFRICA 859 - PT V 19,468. EFT
SUB-SANARAN AFRICA 035 - F1 V 19,700. EF1
EUROPE (INC. IC AND GL) 860 - PT V 444,676. EFT
BOROLE (INC. 10 IMB GE) OU II v III,070. HI
(13) SOUTH AMERICA 861 - PT V 636,282. EFT
EUROPE (INC. IC AND GL) 862 - PT V 401,890. EFT
SUB-SAHARAN AFRICA 863 - PT V 22,150. EFT
SUB-SAHARAN AFRICA 864 - PT V 25,000. EFT

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	

Schedule F	rm 990) 2014	Pag
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on	Form 990

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)			EAST ASIA AND THE PACIFI	865 - PT V	78,287.	EFT			
(- /			EAST ASTA AND THE PACIFI	803 - P1 V	10,201.	EFI			
(2)			SOUTH AMERICA	866 - PT V	224,929.	EFT			
(3)			SUB-SAHARAN AFRICA	867 - PT V	418,943.	EFT			
(4)			SUB-SAHARAN AFRICA	868 - PT V	15,185.	EFT			
(5)			EUROPE (INC. IC AND GL)	869 - PT V	84,237.	EFT			
(6)			EUROPE (INC. IC AND GL)	870 - PT V	225,930.	EFT			
(7)			SOUTH ASIA	871 - PT V	6,830,426.	EFT			
(8)			SOUTH ASIA	872 - PT V	5,093,148.	EFT			
(9)			SOUTH ASIA	873 - PT V	3,682,366.	EFT			
(10)			SUB-SAHARAN AFRICA	874 - PT V	112,726.	EFT			
(11)			EAST ASIA AND THE PACIFI	875 - PT V	272,137.	EFT			
(12)			SOUTH AMERICA	876 - PT V	45,666.	EFT			
(13)			EAST ASIA AND THE PACIFI	877 - PT V	194,553.	EFT			
(14)			EAST ASIA AND THE PACIFI	878 - PT V	28,541.	EFT			
			BASI ASIA AND THE PACIFI	070 - PI V	20,341.	EFI			
(15)			SOUTH AMERICA	879 - PT V	8,650.	EFT			
(16)			SOUTH AMERICA	880 - PT V	11,383.	EFT			

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

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes"	on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	Tartiv, mile 10, for any i	oo.p.o	Tod more than \$0,000. I	art ii dari be	aapneatea n aaan	ionai opass i	C 1100000.		
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)			COLUMN ACTA	0.01 Dm 11	440 400	I DOM			
(')			SOUTH ASIA	881 - PT V	442,483.	EFT			
(2)			SUB-SAHARAN AFRICA	882 - PT V	31,925.	EFT			
(3)			EAST ASIA AND THE PACIFI	883 - PT V	38,158.	EFT			
(4)									
(4)			SUB-SAHARAN AFRICA	884 - PT V	155,210.	EFT			
(5)			SUB-SAHARAN AFRICA	885 - PT V	232,223.	EFT			
(6)			EAST ASIA AND THE PACIFI	886 - PT V	38,683.	EFT			
()			EAST ASTA AND THE FACIFT	000 F1 V	30,003.	Bri			
(-)									
(7)			MIDDLE EAST/NORTH AFRICA	887 - PT V	89,973.	EFT			
(8)			SUB-SAHARAN AFRICA	888 - PT V	861,822.	EFT			
(9)				000 55 11	212 024				
(3)			SUB-SAHARAN AFRICA	889 - PT V	313,834.	EFT			
(10)			SUB-SAHARAN AFRICA	890 - PT V	15,183.	EFT			
(11)			SOUTH ASIA	891 - PT V	260,962.	EFT			
(4.2)									
(12)			SUB-SAHARAN AFRICA	892 - PT V	444,252.	EFT			
(13)			SOUTH ASIA	893 - PT V	32,859.	EFT			
(14)			SUB-SAHARAN AFRICA	904 - DT 17	E4 157	EFT			
(14)			DUD-DARAKAN AFKICA	894 - PT V	54,157.	EF1			
(15)			SOUTH AMERICA	895 - PT V	33,669.	EFT			
(16)			EAST ASIA AND THE PACIFI	896 - PT V	23,733.	EFT			
					.,				

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

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	raitiv, mic 10, for any	recipient who recen	ved more than \$5,000. I	art ii cari bc	auplicated if addit	ional space i	3 riccaca.		
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	897 - PT V	516,855.	EFT			
(2)			SUB-SAHARAN AFRICA	898 - PT V	442,000.	EFT			
(3)			SUB-SAHARAN AFRICA	899 - PT V	24,161.	EFT			
(4)			SUB-SAHARAN AFRICA	900 - PT V	218,732.	EFT			
(5)									
(5)			SUB-SAHARAN AFRICA	901 - PT V	2,029,841.	EFT			
(6)			GUD GAMADAN ADDIGA	000 500 17	232,319.				
(0)			SUB-SAHARAN AFRICA	902 - PT V	232,319.	EFT			
(7)			SUB-SAHARAN AFRICA	903 - PT V	839,178.	EFT			
(-,			DOD DIMMEN THERET	703 II V	035,170.				
(8)			SUB-SAHARAN AFRICA	904 - PT V	1,166,856.	EFT			
(9)			SOUTH AMERICA	905 - PT V	46,429.	EFT			
(10)			SUB-SAHARAN AFRICA	906 - PT V	438,649.	EFT			
(11)			SOUTH ASIA	907 - PT V	370,455.	EFT			
(12)			SUB-SAHARAN AFRICA	908 - PT V	2,315,699.	EFT			
(40)									
(13)			EAST ASIA AND THE PACIFI	909 - PT V	1,607,240.	EFT			
(14)				010 55	20 575				
(14)			EAST ASIA AND THE PACIFI	910 - PT V	32,715.	EFT			
(15)			SUB-SAHARAN AFRICA	911 - PT V	42,837.	EFT			
(10)			DUD-SARAKAN AFKICA	211 - FI A	42,037.	Dr I			
(16)			SOUTH ASIA	912 - PT V	614,710.	EFT			
(/			D00111 110111	1 2 - 1 - V	011,710.	1			

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

Schedule F (Form 990) 2014				
	Cohodulo	= /Earm	000) 2014	

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form	990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

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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)			MIDDLE EAST/NORTH AFRICA	913 - PT V	454,020.	EFT			
,			HIBBEL BIBT/NORTH IN REGIT	713 11 1	13170201				
(0)									
(2)			MIDDLE EAST/NORTH AFRICA	914 - PT V	413,853.	EFT			
(3)			MIDDLE EAST/NORTH AFRICA	915 - PT V	70,510.	EFT			
(4)			MIDDLE EAST/NORTH AFRICA	916 - PT V	107,207.	EFT			
(-/			PIDDE EAST/NORTH AFRICA	JIO FI V	107,207.	Bri			
(5)									
(5)			MIDDLE EAST/NORTH AFRICA	917 - PT V	1,945,358.	CHECK			
(6)			MIDDLE EAST/NORTH AFRICA	918 - PT V	283,045.	EFT			
(7)			MIDDLE EAST/NORTH AFRICA	919 - PT V	15,204.	EFT			
(')			MIDDLE EASI/NORIH AFRICA	919 - P1 V	15,204.	EFI			
(8)			MIDDLE EAST/NORTH AFRICA	920 - PT V	309,286.	EFT			
(9)			MIDDLE EAST/NORTH AFRICA	921 - PT V	868,725.	EFT			
(10)			L		0.40 505				
(10)			MIDDLE EAST/NORTH AFRICA	922 - PT V	248,687.	EFT			
(11)			MIDDLE EAST/NORTH AFRICA	923 - PT V	43,807.	CHECK			
(12)			MIDDLE EAST/NORTH AFRICA	924 - PT V	1,184,429.	CHECK			
					_,,				
(42)									
(13)			MIDDLE EAST/NORTH AFRICA	925 - PT V	2,717,086.	CHECK			
(14)			MIDDLE EAST/NORTH AFRICA	926 - PT V	59,740.	CHECK			
(15)			MIDDLE EAST/NORTH AFRICA	927 - PT V	213,953.	CHECK			
(,			PADE PADI/NORTH AFRICA	221 F1 V	213,333.	CIIBCIC			
(4.6)									
(16)			MIDDLE EAST/NORTH AFRICA	928 - PT V	74,383.	CHECK			

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

3 Enter total number of other organizations or entities......

Schedule F (Form 990) 2014

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Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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	929 - PT V	55,246.	CHECK			
(2)			SUB-SAHARAN AFRICA	930 - PT V	6,506.	EFT			
(3)			SUB-SAHARAN AFRICA	931 - PT V	6,230.	CHECK			
(4)			SUB-SAHARAN AFRICA	932 - PT V	5,784.	CHECK			
(5)			SUB-SAHARAN AFRICA	933 - PT V	7,864.	CHECK			
(6)			SUB-SAHARAN AFRICA	934 - PT V	5,561.	CHECK			
(7)			SUB-SAHARAN AFRICA	935 - PT V	5,120.	CHECK			
(8)			SUB-SAHARAN AFRICA	936 - PT V	5,516.	CHECK			
(9)			SUB-SAHARAN AFRICA	937 - PT V	5,266.	EFT			
(10)			SUB-SAHARAN AFRICA	938 - PT V	20,543.	EFT			
(11)			SUB-SAHARAN AFRICA	939 - PT V	6,417.	CHECK			
(12)			SUB-SAHARAN AFRICA	940 - PT V	8,525.	CHECK			
(13)			SUB-SAHARAN AFRICA	941 - PT V	6,116.	CHECK			
(14)			SUB-SAHARAN AFRICA	942 - PT V	5,147.	CHECK			
(15)			SUB-SAHARAN AFRICA	943 - PT V	5,174. 43,582.	CHECK			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exer	mpt	
	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.....

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Formatt IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									orm 990,		
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	945 - PT V	46,207.	CHECK					
(2)			SUB-SAHARAN AFRICA	946 - PT V	10,214.	CHECK					
(3)			SUB-SAHARAN AFRICA	947 - PT V	11,842.	CHECK					
(4)			SUB-SAHARAN AFRICA	948 - PT V	48,324.	CHECK					
(5)			SUB-SAHARAN AFRICA	949 - PT V	18,035.	CHECK					
(6)			SUB-SAHARAN AFRICA	950 - PT V	31,806.	CHECK					
(7)			SUB-SAHARAN AFRICA	951 - PT V	31,938.	CHECK					
(8)			SUB-SAHARAN AFRICA	952 - PT V	18,617.	CHECK					
(9)			SUB-SAHARAN AFRICA	953 - PT V	36,186.	CHECK					
(10)			SUB-SAHARAN AFRICA	954 - PT V	28,263.	CHECK					
(11)			SUB-SAHARAN AFRICA	955 - PT V	87,916.	CHECK					
(12)											
(13)											
(14)											
(15)											

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	ot	
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	·314	
3	Enter total number of other organizations or entities.	·	

Schedule F (Form 990) 2014

(16)

13-1685039

Schedule F (Form 990) 2014

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

(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)							
<u>(</u> 10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2014

Part IV Foreign Forms Page 4

ait	1 ordigit 1 ortilis				
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)	X	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; do not file with Form 990)	X	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)	X	Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		Yes	X	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	X	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; do not file with Form 990)		Yes	X	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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PROCEDURES FOR MONITORING USE OF GRANTS

SCHEDULE F, PART I, LINE 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
- 4. ARRANGING FOR AGREED-UPON PROCEDURES AND ENGAGEMENTS FOR CERTAIN

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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 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.

GRANT PURPOSES

SCHEDULE F, PART II, COLUMN D

- 1 DUTCH CONSORTIUM FOR REHABILITATION PROJECT
- 2 DUTCH CONSORTIUM FOR REHABILITATION PROJECT
- 3 INVESTING IN WOMEN'S ECONOMIC EMPOWERMENT PROJECT
- 4 INVESTING IN WOMEN'S ECONOMIC EMPOWERMENT PROJECT
- 5 GENDER EQUALITY AND WOMAN EMPOWERMENT PROJECT
- 6 YOUTH WOMEN EMPOWERMENT PROJECT
- 7 IMPLEMENT EMERGENCY RESPONSE FLOOD , 2014 (CANADIAN HUMANITARIAN

ASSISTANCE FUND)

- 8 IMPLEMENT EMERGENCY RESPONSE FLOOD , 2014 (CANADIAN HUMANITARIAN ASSISTANCE FUND)
- 9 IMPLEMENT EMERGENCY RESPONSE FLOOD , 2014 (CANADIAN HUMANITARIAN

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ASSISTANCE FUND)

- 10 IMPLEMENT EMERGENCY RESPONSE FLOOD , 2014 (CANADIAN HUMANITARIAN
- ASSISTANCE FUND)
- 11 IMPLEMENT EMERGENCY RESPONSE FLOOD , 2014 (CANADIAN HUMANITARIAN
- ASSISTANCE FUND)
- 12 IMPLEMENT EMERGENCY RESPONSE FLOOD , 2014 (CANADIAN HUMANITARIAN
- ASSISTANCE FUND)
- 13 IMPLEMENT EMERGENCY RESPONSE FLOOD , 2014 (CANADIAN HUMANITARIAN
- ASSISTANCE FUND)
- 14 IMPLEMENT EMERGENCY RESPONSE FLOOD , 2014 (CANADIAN HUMANITARIAN
- ASSISTANCE FUND)
- 15 ACCESS TO HEALTH AND NUTRITION SERVICES AMONG GARMENTS WORKERS
- AND THEIR FAMILY MEMBERS IN URBAN SLUMS
- 16 RECOVERY FOR FLOOD AFFECTED PEOPLE IN NORTHWEST IN BANGLADESH
- 17 IMPLEMENT GLOBAL WOMEN ECONOMIC EMPOWERMENT INITIATIVES
- 18 IMPLEMENT GLOBAL WOMEN ECONOMIC EMPOWERMENT INITIATIVES
- 19 IMPLEMENT BUILDING RESILIENCE OF URBAN POOR PROJECT
- 20 COST SHARE OF DAVID WICHS FOR STRENGTHENING HOUSEHOLD ABILITY TO
- RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 21 COST SHARE OF DAVID WICHS FOR STRENGTHENING HOUSEHOLD ABILITY TO
- RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 22 COST SHARE OF CHICAGO WOMEN INITIATIVE FOR STRENGTHENING HOUSEHOLD
- ABILITY TO RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 23 COST SHARE OF NEW YORK WOMEN INITIATIVE FOR STRENGTHENING

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT OPPORTUNITIES II

- 24 COST SHARE OF NEW YORK WOMEN INITIATIVE FOR STRENGTHENING
- HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 25 COST SHARE OF NEW YORK WOMEN INITIATIVE FOR STRENGTHENING
- HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 26 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO
- RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 27 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO
- RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 28 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO
- RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 29 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO
- RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 30 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO
- RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 31 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO
- RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 32 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO
- RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 33 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO
- RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 34 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO
- RESPOND TO DEVELOPMENT OPPORTUNITIES II
- 35 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

RESPOND TO DEVELOPMENT OPPORTUNITIES II

36 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO

RESPOND TO DEVELOPMENT OPPORTUNITIES II

37 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO

RESPOND TO DEVELOPMENT OPPORTUNITIES II

38 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO

RESPOND TO DEVELOPMENT OPPORTUNITIES II

39 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO

RESPOND TO DEVELOPMENT OPPORTUNITIES II

40 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO

RESPOND TO DEVELOPMENT OPPORTUNITIES II

41 COST SHARE OF DOLY KOLLER FOR STRENGTHENING HOUSEHOLD ABILITY TO

RESPOND TO DEVELOPMENT OPPORTUNITIES II

- 42 IMPLEMENT TIPPING POINT (ENDING CHILD MARRIAGE) PROJECT
- 43 STRENGTHENING ANDEAN ORGANIZATIONS FOR INFLUENCING PUBLIC POLICY

ON FOOD SECURITY IN BOLIVIA, ECUADOR AND PERU

44 POWER AFRICA PROMOTING OPPORTUNITIES FOR WOMEN'S ECONOMIC

EMPOWERMENT IN RURAL AFRICA

45 POWER AFRICA PROMOTING OPPORTUNITIES FOR WOMEN'S ECONOMIC

EMPOWERMENT IN RURAL AFRICA

46 POWER AFRICA PROMOTING OPPORTUNITIES FOR WOMEN'S ECONOMIC

EMPOWERMENT IN RURAL AFRICA

47 POWER AFRICA PROMOTING OPPORTUNITIES FOR WOMEN'S ECONOMIC

EMPOWERMENT IN RURAL AFRICA

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

48 PROJECT REINFORCEMENT AGAINST HUMAN IMMUNODEFICIENCY

VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME

49 PROJECT REINFORCEMENT AGAINST HUMAN IMMUNODEFICIENCY

VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME

- 50 HELP IMPLEMENT PROJECT ACTIVITY
- 51 HELP IMPLEMENT PROJECT ACTIVITY
- 52 HELP IMPLEMENT PROJECT ACTIVITY
- 53 HELP IMPLEMENT PROJECT ACTIVITY
- 54 PARTNERSHIP IN CHARGE OF TRANSFORMATION OF NEGATIVE STANDARDS THAT

IMPACT BADLY THE SEXUAL AND GENDER BASED VIOLENCE/SPREAD OUT OF WOMEN

RIGHTS

55 PARTNERSHIP IN CHARGE OF RESILIENCE ACTIVITIES VILLAGE SAVINGS AND

LOAN ASSOCIATIONS

56 PARTNERSHIP IN CHARGE OF TRANSFORMATION OF NEGATIVE STANDARDS THAT

IMPACT BADLY THE SEXUAL AND GENDER BASED VIOLENCE/SPREAD OUT OF WOMEN

RIGHTS

57 PARTNERSHIP IN CHARGE OF RESILIENCE ACTIVITIES VILLAGE SAVINGS AND

LOAN ASSOCIATIONS

- PARTNERSHIP IN CHARGE OF REACHING UNSCHOOLED YOUTH
- 59 PARTNERSHIP IN CHARGE OF INSTRUCTED YOUTH
- PARTNERSHIP IN CHARGE OF REACHING UNSCHOOLED YOUTH
- 61 PARTNERSHIP IN CHARGE OF INSTRUCTED YOUTH
- 62 APPROPRIATE CARE FOR FAMILIES AND CHILDREN PROJECT
- APPROPRIATE CARE FOR FAMILIES AND CHILDREN 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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

- 64 TUFAIDIKE PROJECT
- 65 TUFAIDIKE PROJECT
- 66 TUFAIDIKE PROJECT
- 67 TUFAIDIKE PROJECT
- 68 TUFAIDIKE PROJECT
- 69 TUFAIDIKE PROJECT
- 70 TO IMPLEMENT MILK PRODUCTION PROJECT ACTIVITY
- 71 TO IMPLEMENT LOCAL PARTNERSHIP FOR SOCIAL ACCOUNTABILITY PROJECT

ACTIVITY

72 TO IMPLEMENT LOCAL PARTNERSHIP FOR SOCIAL ACCOUNTABILITY PROJECT

ACTIVITY

- 73 TO IMPLEMENT YOUTH ON BOARD PROJECT ACTIVITY
- 74 TO IMPLEMENT SAFE CITIES PROJECT ACTIVITY
- 75 TO IMPLEMENT HUMAN SECURITY PROJECT ACTIVITY
- 76 TO IMPLEMENT HOW TO ACCESS QUALITY INITIATIVE PROJECT ACTIVITY
- 77 TO IMPLEMENT KADM EL KHEIR PROJECT ACTIVITY
- 78 TO IMPLEMENT VILLAGE SELF-LOANS PROJECT ACTIVITY
- 79 TO IMPLEMENT VILLAGE SELF-LOANS PROJECT ACTIVITY
- TO IMPLEMENT ARAB NETWORK FOR SOCIAL ACCOUNTABILITY PROJECT

ACTIVITY

81 TO IMPLEMENT ARAB NETWORK FOR SOCIAL ACCOUNTABILITY PROJECT

ACTIVITY

TO IMPLEMENT ARAB NETWORK FOR SOCIAL ACCOUNTABILITY PROJECT

ACTIVITY

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

83 TO IMPLEMENT ARAB NETWORK FOR SOCIAL ACCOUNTABILITY PROJECT

ACTIVITY

- 84 TO IMPLEMENT EARLY GRADE LITERACY PROJECT ACTIVITY
- 85 TO IMPLEMENT AQUACULTURE PROJECT ACTIVITY
- 86 IMPLEMENTING A FOUR YEAR WATER AND SANITATION FOR HEALTH PROJECT

IN FIVE WOREDAS OF SOUTH GONDAR ZONE

87 PASTORALIST AREAS RESILIENCE IMPROVEMENT AND MARKET EXPANSION

PROGRAM

- 88 CLIMATE SMART INITIATIVE PROJECT
- 89 CLIMATE SMART INITIATIVE PROJECT
- 90 CLIMATE SMART INITIATIVE PROJECT
- 91 CLIMATE SMART INITIATIVE PROJECT
- 92 SUSTAINABLE SOCIOECONOMIC DEVELOPMENT THROUGH A SMALL GRANTS

SCHEME

93 SUSTAINABLE SOCIOECONOMIC DEVELOPMENT THROUGH A SMALL GRANTS

SCHEME

94 SUSTAINABLE SOCIOECONOMIC DEVELOPMENT THROUGH A SMALL GRANTS

SCHEME

95 REHABILITATION MICRO PROJECT FOR INTEGRATED NATURAL RESOURCES

MANAGEMENT IN GEORGIA

96 REHABILITATION MICRO PROJECT FOR INTEGRATED NATURAL RESOURCES

MANAGEMENT IN GEORGIA

97 REHABILITATION MICRO PROJECT FOR INTEGRATED NATURAL RESOURCES

MANAGEMENT IN GEORGIA

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

98 REHABILITATION MICRO PROJECT FOR INTEGRATED NATURAL RESOURCES

MANAGEMENT IN GEORGIA

99 REHABILITATION MICRO PROJECT FOR INTEGRATED NATURAL RESOURCES

MANAGEMENT IN GEORGIA

100 REHABILITATION MICRO PROJECT FOR INTEGRATED NATURAL RESOURCES

MANAGEMENT IN GEORGIA

101 REHABILITATION MICRO PROJECT FOR INTEGRATED NATURAL RESOURCES

MANAGEMENT IN GEORGIA

102 REHABILITATION MICRO PROJECT FOR INTEGRATED NATURAL RESOURCES

MANAGEMENT IN GEORGIA

103 REHABILITATION MICRO PROJECT FOR INTEGRATED NATURAL RESOURCES

MANAGEMENT IN GEORGIA

104 REHABILITATION MICRO PROJECT FOR INTEGRATED NATURAL RESOURCES

MANAGEMENT IN GEORGIA

105 GHANA MICROLEAD PROJECT

106 GHANA MICROLEAD PROJECT

107 GHANA MICROLEAD PROJECT

108 GHANA MICROLEAD PROJECT

109 GHANA MICROLEAD PROJECT

110 STRENGTHENING ACCOUNTABILITY MECHANISMS

111 PATHWAYS TO SECURING LIVELIHOODS

112 PROVISION OF ASSISTANCE OF AGRICULTURAL TECHNIQUES AND CREATION

AND/OR STRENGTHENING OF RURAL BANKS IN THE MUNICIPALS OF EL CORPUS AND

NAMASIGÜE

2197HI 2217

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

- 113 SUPPORT TO THE MICRO MEDIUM EMPRESS MIPYME
- 114 INTEGRATED TECHNICAL ASSISTANCE FOR THE IMPROVEMENT OF THE

SUSTAINABLE MANAGEMENT COMPONENT OF LAND AND WATER PROJECT - PROMOTING

FOOD SECURITY AND ECONOMIC DEVELOPMENT

115 COOPERATION AGREEMENT FOR FINANCING THE TRAINING PROCESS OF

AGRICULTURAL MANAGEMENT TO THE FARMERS

116 COOPERATION AGREEMENT FOR THE IMPLEMENTATION ANALYSIS OF THE OF

THE RURAL CONGLOMERATE TOURISM, ESTABLISHMENT OF FIELD SCHOOLS AND PLOT

DEMONSTRATIONS FOR THE MANAGEMENT OF SOILS AND APPLICATION OF NUTRITIONAL

PACKS IN SUPPLY CHAIN IN MARANON IN ESLABON, REGION 13: GULF OF FONSECA

117 ADMINISTRATION OF FUNDS OF MICROCREDIT FOR THE PROMOTION OF

ECONOMIC DEVELOPMENT

118 PROVISION OF TECHNICAL ASSISTANCE IN SUSTAINABLE AGRICULTURAL

PRODUCTION IN RURAL ECONOMIC DEVELOPMENT AND PURCHASING OF SUPPLIES AND

MATERIALS FOR AGRICULTURAL PRODUCTION

119 PROVISION OF TECHNICAL ASSISTANCE IN SUSTAINABLE AGRICULTURAL

PRODUCTION IN RURAL ECONOMIC DEVELOPMENT AND PURCHASING OF SUPPLIES AND

MATERIALS FOR AGRICULTURAL PRODUCTION

120 CONTRIBUTION AGREEMENT IN THE PROJECT FRAMEWORK CONSTRUCTING

RESILIENCE DURING THE DROUGHT OF RURAL HOUSEHOLDS IN DROUGHT PRONE

COMMUNITY IN CENTRAL AMERICA PHASE II

121 PREVENTION AND PROTECTION AGAINST FIRE, FOREST PLAGUE AND CONTROL

OF ILLEGAL LOGGING

122 IMPROVEMENT OF AGRICULTURAL PRODUCTION OF GROWING OF BEANS AND

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

CORN	
123	IMPROVEMENT OF AGRICULTURAL PRODUCTION OF GROWING OF BEANS AND
CORN	
124	ENTREPRENEURIAL DEVELOPMENT
125	PROVIDE TITLE II SUPPORT FOR THE FOOD SECURITY ASSISTANT PROGRAM
126	IMPLEMENTATION OF FOOD FOR PEACE MULTI-YEAR FOOD ASSISTANCE
PROGRAM	KORE-LAVI (LIFE SUPPORT)
127	IMPLEMENTATION OF FOOD FOR PEACE MULTI-YEAR FOOD ASSISTANCE
PROGRAM	KORE-LAVI (LIFE SUPPORT)
128	IMPLEMENTATION OF FOOD FOR PEACE MULTI-YEAR FOOD ASSISTANCE
PROGRAM	KORE-LAVI (LIFE SUPPORT)
129	IMPLEMENTATION OF FOOD FOR PEACE MULTI-YEAR FOOD ASSISTANCE
PROGRAM	KORE-LAVI (LIFE SUPPORT)
130	FOOD VOUCHERS DISTRIBUTION SUB AGREEMENT
131	FOOD VOUCHERS DISTRIBUTION SUB AGREEMENT
132	FOOD VOUCHERS DISTRIBUTION SUB AGREEMENT
133	FOOD VOUCHERS DISTRIBUTION SUB AGREEMENT
134	LIVELIHOODS ACTIVITY IMPLEMENTATION SUB AGREEMENT
135	LIVELIHOODS ACTIVITY IMPLEMENTATION SUB AGREEMENT
136	LIVELIHOODS ACTIVITY IMPLEMENTATION SUB AGREEMENT
137	LIVELIHOODS ACTIVITY IMPLEMENTATION SUB AGREEMENT
138	NON FOOD ITEMS DISTRIBUTION SUB AGREEMENT
139	NON FOOD ITEMS DISTRIBUTION SUB AGREEMENT
140	NON FOOD ITEMS DISTRIBUTION SUB AGREEMENT

Dowl V

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

- 141 LIVELIHOODS ACTIVITY IMPLEMENTATION SUB AGREEMENT
- 142 LIVELIHOODS ACTIVITY IMPLEMENTATION SUB AGREEMENT
- 143 LIVELIHOODS ACTIVITY IMPLEMENTATION SUB AGREEMENT
- 144 LIVELIHOODS ACTIVITY IMPLEMENTATION SUB AGREEMENT
- 145 CASH ASSISTANCE DISTRIBUTION SUB AGREEMENT
- 146 NON FOOD ITEMS DISTRIBUTION SUB AGREEMENT
- 147 NON FOOD ITEMS DISTRIBUTION SUB AGREEMENT
- 148 NON FOOD ITEMS DISTRIBUTION SUB AGREEMENT
- 149 WOMEN ECONOMIC PROJECT SUB AGREEMENT
- 150 WOMEN ECONOMIC PROJECT SUB AGREEMENT
- 151 IMPLEMENTATION OF 'INTEGRATE A COMMUNITY-BASED APPROACH TO THE

SUSTAINABLE REINTEGRATION OF RETURNEES FROM AUSTRALIA AND INDIA'.

FEDERATION OF SOCIAL DEVELOPMENT ORGANIZATIONS IS ONE OF THE

IMPLEMENTATION PARTNER. THEY ARE SPECIFICALLY WORKING AT MANNAR AND

VAVUNIYA DISTRICTS WITH SET OF TARGETS.

- 152 IMPLEMENTATION OF 'INTEGRATE A COMMUNITY-BASED APPROACH TO THE
- SUSTAINABLE REINTEGRATION OF RETURNEES FROM AUSTRALIA AND INDIA'. JAFFNA

SOCIAL ACTION CENTER IS ONE OF OUR IMPLEMENTATION PARTNER. THEY ARE

SPECIFICALLY WORKING AT KILINOCHCHI AND MULLAITIVU DISTRICTS WITH SET OF

TARGETS.

- 153 UTILIZE THE POWER OF CULTURE TO FORM LINKAGES ACROSS SEEMINGLY
- INCOMMENSURABLE ETHNIC AND REGIONAL DIVIDES
- 154 UTILIZE THE POWER OF CULTURE TO FORM LINKAGES ACROSS SEEMINGLY

INCOMMENSURABLE ETHNIC AND REGIONAL DIVIDES

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Part V Supplement

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

155 THE PROJECT FOCUSES ON INCREASING PARTICIPATION OF WOMEN TO

PREVENT AND RESPOND TO GENDER BASED VIOLENCE THROUGH PARTNERS MOBILIZED

40 COMMUNITIES TO STRENGTHEN THEIR CAPACITIES, BUILD NETWORKS AND

INCREASE THEIR LEVELS OF PARTICIPATION IN DECISION MAKING PROCESSES.

PARTNERS ADDED VALUE AS THEY KNOW MORE ABOUT THE ISSUES AND CONTEXT WHEN

IMPLEMENTING.

156 THE PROJECT FOCUSES ON INCREASING PARTICIPATION OF WOMEN TO

PREVENT AND RESPOND TO GENDER BASED VIOLENCE THROUGH PARTNERS MOBILIZED

40 COMMUNITIES TO STRENGTHEN THEIR CAPACITIES, BUILD NETWORKS AND

INCREASE THEIR LEVELS OF PARTICIPATION IN DECISION MAKING PROCESSES.

PARTNERS ADDED VALUE AS THEY KNOW MORE ABOUT THE ISSUES AND CONTEXT WHEN

IMPLEMENTING.

157 THE PROJECT FOCUSES ON INCREASING PARTICIPATION OF WOMEN TO

PREVENT AND RESPOND TO GENDER BASED VIOLENCE THROUGH PARTNERS MOBILIZED

40 COMMUNITIES TO STRENGTHEN THEIR CAPACITIES, BUILD NETWORKS AND

INCREASE THEIR LEVELS OF PARTICIPATION IN DECISION MAKING PROCESSES.

PARTNERS ADDED VALUE AS THEY KNOW MORE ABOUT THE ISSUES AND CONTEXT WHEN

IMPLEMENTING.

158 THE PROJECT AIMED TO WORK WITH MEN AND BOYS IN ORDER TO ADDRESS

GENDER BASED VIOLENCE. NATIONAL SLUM DWELLERS FEDERATION WAS OUR

IMPLEMENTING PARTNER IN THE NUWARA ELIYA DISTRICTS, ONE OF THE 3

DISTRICTS THAT THE PROJECT WAS IMPLEMENTED IN.

159 IMPLEMENTING PARTNER OF SKILL FOR YOUTH PROJECT IN TISSAMAHARAMA

160 IMPLEMENTATION OF LIVELIHOOD AND DAMAGE INFRASTRUCTURE

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

REHABILITATION COMPONENT OF FLOOD RECOVERY PROJECT.

161 IMPLEMENTATION OF LIVELIHOOD AND DAMAGE INFRASTRUCTURE

REHABILITATION COMPONENT OF FLOOD RECOVERY PROJECT.

- 162 WATER SECTOR IMPROVEMENT PROJECT
- 163 MEN ENGAGED
- 164 WOMEN EMPOWERMENT
- 165 WOMEN EMPOWERMENT
- 166 WOMEN EMPOWERMENT
- 167 WOMEN EMPOWERMENT
- 168 WOMEN EMPOWERMENT
- 169 EMERGENCY
- 170 UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT WATER AND

SANITATION FOR HEALTH NUTRITION

171 UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT WATER AND

SANITATION FOR HEALTH NUTRITION

- 172 EDUCATION
- 173 EMERGENCY
- 174 EMERGENCY
- 175 EMERGENCY
- 176 EMERGENCY
- 177 EMERGENCY
- 178 EMERGENCY
- 179 EMERGENCY
- 180 EMERGENCY

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CIVIL SOCIETY STRENGTHENING PROGRAM FOCUSSED ON RIGHT TO LAND AND 197

NATURAL RESOURCES

NATURAL RESOURCES

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SAHEL AND HORN OF AFRICA

STRENGTHENING REGIONAL PROGRAM OF WATER AND FOOD SECURITY IN THE 214

SAHEL AND HORN OF AFRICA

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215 STRENGTHENING REGIONAL PROGRAM OF WATER AND FOOD SECURITY IN THE

SAHEL AND HORN OF AFRICA

216 STRENGTHENING REGIONAL PROGRAM OF WATER AND FOOD SECURITY IN THE

SAHEL AND HORN OF AFRICA

217 STRENGTHENING REGIONAL PROGRAM OF WATER AND FOOD SECURITY IN THE

SAHEL AND HORN OF AFRICA

218 HUMANITARIAN AID

219 IMPLEMENTATION OF FIRST I LEARN IN CENTRAL AMERICA PROJECT IN

NICARAGUA

220 SANKALPA-COLLABORATIVE COMMITMENT FOR PARTICIPATORY AND

GENDER-TRANSFORMATIVE BUDGETS

221 SANKALPA-COLLABORATIVE COMMITMENT FOR PARTICIPATORY AND

GENDER-TRANSFORMATIVE BUDGETS

222 UDAAN SCHOOL PROJECT

223 UDAAN SCHOOL PROJECT

224 EMERGENCY FLOOD RESPONSE

225 EMERGENCY FLOOD RESPONSE

226 EMERGENCY FLOOD RESPONSE

227 NEPAL EMERGENCY FLOOD AND LANDSLIDE

228 NEPAL EMERGENCY FLOOD AND LANDSLIDE

229 NEPAL EMERGENCY FLOOD AND LANDSLIDE

230 NEPAL EMERGENCY FLOOD AND LANDSLIDE

231 NEPAL EMERGENCY FLOOD AND LANDSLIDE

232 NEPAL EMERGENCY FLOOD AND LANDSLIDE

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

	provide any additional information (see instructions).
233	GIFT CAMPAIGN PROJECT
234	SHRIJANA COMMUNITY DEVELOPMENT PROJECT
235	WOMEN EMPOWERMENT / HEALTH
236	JOINT RESPONSE AND TRANSITIONAL RECOVERY
237	JOINT RESPONSE AND TRANSITIONAL RECOVERY
238	JOINT RESPONSE AND TRANSITIONAL RECOVERY
239	EARTHQUAKE RESPONSE PROGRAM
240	INVESTING IN WOMEN'S ECONOMIC EMPOWERMENT
241	NEPAL EARTHQUAKE RESPONSE 2015
242	DALIT SOCIAL DEVELOPMENT CENTER PROJECT
243	SIDDHARTHA SAMUDAYIK SAMAJ PROJECT
244	FEDERATION OF COMMUNITY FORESTRY USERS GROUP NEPAL PROJECT
245	FEDERATION OF COMMUNITY FORESTRY USERS GROUP NEPAL PROJECT
246	FEDERATION OF COMMUNITY FORESTRY USERS GROUP NEPAL PROJECT
247	FEDERATION OF COMMUNITY FORESTRY USERS GROUP NEPAL PROJECT
248	FEDERATION OF COMMUNITY FORESTRY USERS GROUP NEPAL PROJECT
249	FEDERATION OF COMMUNITY FORESTRY USERS GROUP NEPAL PROJECT
250	COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INTERNATIONAL
PAKISTA	N AWARDED INITIATIVE FOR DEVELOPMENT AND EMPOWERMENT AXIS TO
IMPLEME	NT THE "PROJECT" ON 2014 EMERGENCY LIVELIHOOD AND HEALTH
ASSISTA	NCE FOR VULNERABLE CONFLICT-AFFECTED INTERNALLY DISPLACED PERSONS
LIVING	IN PESHAWAR VALLEY, KHYBER PAKHTUNKHWA, PAKISTAN. THE PROJECT WAS
FUNDED	BY DEPARTMENT OF FOREIGN AFFAIRS, TRADE AND DEVELOPMENT.
251	EMERGENCY LIVELIHOODS AND HEALTH ASSISTANCE FOR VULNERABLE

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CONFLICT AFFECTED COMMUNITIES IN KHYBER PAKHTUNKHWA

252 EMERGENCY LIVELIHOODS AND HEALTH ASSISTANCE FOR VULNERABLE

CONFLICT AFFECTED COMMUNITIES IN KHYBER PAKHTUNKHWA

253 PROVISION OF MOBILE HEALTH SERVICES TO FLOOD AFFECTED COMMUNITIES

IN PUNJAB

254 EMERGENCY FOOD SECURITY AND NUTRITION SUPPORT TO DISASTER

AFFECTED POPULATION IN PAKISTAN: PAKISTAN EMERGENCY FOOD SECURITY

ALLIANCE

255 EMERGENCY FOOD SECURITY AND LIVELIHOOD SUPPORT TO FLOOD AFFECTED

POPULATION IN PUNJAB, PAKISTAN

256 COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INTERNATIONAL

PAKISTAN AWARDED THIS PROJECT TO AWAZ FOUNDATION PAKISTAN CENTER FOR

DEVELOPMENT SERVICES TO IMPLEMENT THE "PROJECT" ON "PROVISION OF MOBILE

HEALTH SERVICES TO FLOOD AFFECTED COMMUNITIES IN PUNJAB". THE PROJECT

WAS FUNDED BY EUROPEAN COMMISSION'S HUMANITARIAN AID DEPARTMENT.

257 PROGRAM PARTNERSHIP ARRANGEMENT GOVERNANCE - EDUCATION ADVOCACY

AND CAPACITY BUILDING

258 PROVISION OF MOBILE HEALTH SERVICES TO FLOOD AFFECTED COMMUNITIES

IN PUNJAB

259 COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INTERNATIONAL

PAKISTAN AWARDED THIS PROJECT TO INITIATIVE FOR DEVELOPMENT AND

EMPOWERMENT AXIS FOR IMPLEMENTATION OF PROJECT "PROVISION OF HEALTH

SERVICES TO INTERNALLY DISPLACED PERSONS OF THE NORTH WAZIRISTAN AGENCY

IN THE SELECTED UNION COUNCILS OF DISTRICT BANU". THE PROJECT WAS FUNDED

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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); amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

BY COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INTERNATIONAL UNITED

STATES OF AMERICA EMERGENCY POOL FUNDS

260 ACCOUNTABLE HUMANITARIAN GOVERNANCE FOR AN EFFECTIVE AND

ACCOUNTABLE DISASTER PREPAREDNESS AND RESPONSE

261 ACCOUNTABLE HUMANITARIAN GOVERNANCE FOR AN EFFECTIVE AND

ACCOUNTABLE DISASTER PREPAREDNESS AND RESPONSE

PRE-ASSESSMENT PHASE OF INSTITUTIONAL SUPPORT FOR PARTICIPATORY, 262

INCLUSIVE AND RESPONSIVE EDUCATION II

263		
		RESPONSE

TYPHOON YOLANDA RESPONSE 264

265 TYPHOON YOLANDA RESPONSE

TYPHOON YOLANDA RESPONSE 266

TYPHOON YOLANDA RESPONSE 267

TYPHOON YOLANDA RESPONSE 268

269 TYPHOON YOLANDA RESPONSE

TYPHOON RUBY RESPONSE 270

271 TYPHOON RUBY RESPONSE

272 TYPHOON YOLANDA RESPONSE

TYPHOON YOLANDA RESPONSE 273

274 TYPHOON YOLANDA RESPONSE

TYPHOON YOLANDA RESPONSE 275

TYPHOON YOLANDA RESPONSE 276

TYPHOON YOLANDA RESPONSE 277

TYPHOON YOLANDA RESPONSE 278

Part V Supplemental Information

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279	TYPHOON	YOLANDA	RESPONSE
280	TYPHOON	YOLANDA	RESPONSE
281	TYPHOON	YOLANDA	RESPONSE
282	TYPHOON	YOLANDA	RESPONSE
283	TYPHOON	YOLANDA	RESPONSE
284	TYPHOON	YOLANDA	RESPONSE
285	TYPHOON	YOLANDA	RESPONSE
286	TYPHOON	YOLANDA	RESPONSE
287	TYPHOON	YOLANDA	RESPONSE
288	TYPHOON	YOLANDA	RESPONSE
289	TYPHOON	YOLANDA	RESPONSE
290	TYPHOON	YOLANDA	RESPONSE
291	TYPHOON	YOLANDA	RESPONSE
292	TYPHOON	YOLANDA	RESPONSE
293	TYPHOON	YOLANDA	RESPONSE
294	TYPHOON	YOLANDA	RESPONSE
295	TYPHOON	YOLANDA	RESPONSE
296	TYPHOON	YOLANDA	RESPONSE
297	TYPHOON	YOLANDA	RESPONSE
298	TYPHOON	YOLANDA	RESPONSE
299	TYPHOON	YOLANDA	RESPONSE
300	TYPHOON	YOLANDA	RESPONSE
301	TYPHOON	YOLANDA	RESPONSE
302	TYPHOON	YOLANDA	RESPONSE

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STRATEGIC PARTNERS CHRONIC CRISIS HORN OF AFRICA 322

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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); amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). 323 LIFESAVING ASSISTANCE PROGRAM IN SOMALIA PEACE BUILDING PROGRAM EDUCATION IS LIGHT 324 325 RURAL VULNERABLE WOMEN PROGRAM MULTI-SECTORIAL ASSISTANCE FOR POPULATIONS IN CRISIS 326 327 EDUCATE A CHILD EDUCATE A CHILD 328 SOMALIA EMERGENCY FOOD ASSISTANCE PROGRAM 329 330 FOOD BASKET AND HYGIENE KIT DISTRIBUTION PROJECT 331 FOOD BASKET DISTRIBUTION PROJECT HUMANITARIAN ASSISTANCE TO SYRIANS PROJECT 332 HUMANITARIAN ASSISTANCE TO SYRIANS PROJECT 333 SYRIA CRISIS RESPONSE PROGRAM 334 SYRIA CRISIS RESPONSE PROGRAM 335 RAPID EMERGENCY ASSISTANCE TO CONFLICT AFFECTED HOUSEHOLDS IN 336 SYRIA PROJECT 337 RAPID EMERGENCY ASSISTANCE TO CONFLICT AFFECTED HOUSEHOLDS IN SYRIA PROJECT 338 RAPID EMERGENCY ASSISTANCE TO CONFLICT AFFECTED HOUSEHOLDS IN SYRIA PROJECT 339 LAND RIGHTS 340 LAND RIGHTS LAND RIGHTS 341 GENDER AND WOMEN EMPOWERMENT 342

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GENDER AND WOMEN EMPOWERMENT

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344 PASTORALIST LAND RIGHTS MANAGEMENT AND GENERAL 345 PASTORALIST LAND RIGHTS 346 PASTORALIST LAND RIGHTS 347 348 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS 349 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS 350 351 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS 352 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS 353 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS 354 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS 355 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS 356 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS 357 358 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS 359 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS PASTORALIST LAND RIGHTS 360 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS 361 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS 362 363 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS 364 PASTORALIST LAND RIGHTS PASTORALIST LAND RIGHTS 365 PASTORALIST LAND RIGHTS 366 367 PASTORALIST LAND RIGHTS

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368	WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS
369	PASTORALIST LAND RIGHTS
370	PASTORALIST LAND RIGHTS
371	WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS
372	MOBILE APPLICATION TO SECURE LAND TENURE
373	WATER AND DEVELOPMENT ALLIANCE-PHASE II
374	TO SUPPORT THE OPERATION OF THE POVERTY , ENVIRONMENT AND CLIMATE
CHANGE	NETWORK
375	CO-DESIGN FOR SOCIAL ENTERPRISE PILOT IN KENYA
376	TO IMPLEMENT TECHNICAL ASSISTANCE TO THE GOVERNMENT OF BIHAR
INDIA -	- IMPROVING HEALTH, NUTRITION, COVERAGE AND OUTCOMES
377	SCALE UP OF VISCERAL LEISHMANIOSIS CONTROL ACTIVITIES IN BIHAR
INDIA	
378	DEVELOPING LEADERSHIP ABILITIES IN GIRLS
379	PATSY COLLINS TRUST FUND INITIATIVE PROGRAM
380	PATSY COLLINS TRUST FUND INITIATIVE PROGRAM
381	GLOBAL WATER INITIATIVE GLOBAL POLICY AND ADVOCACY PROJECT
382	BRIDGING HEALTH AND EDUCATION PROGRAMS FOR YOUNG CHILDREN IN
INDIA	
383	IMPROVING CAPACITY AND LIVELIHOODS FOR ARTICHOKE PRODUCERS
384	EXPANDED VEGETABLE PRODUCTION & MARKETING FOR WOMEN AND GIRLS
385	HIGHLAND COMMUNITY EDUCATION PROGRAM
386	TREATMENT ADHERENCE AND FOLLOW UP OF MULTI-DRUG-RESISTANT
TUBERCU	JLOSIS PATIENTS IN WEST BENGAL

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387 CONTINUUM OF PREVENTION CARE AND TREATMENT OF HUMAN

IMMUNODEFICIENCY VIRUS INFECTION/ACQUIRED IMMUNE DEFICIENCY SYNDROME OF

MOST-AT-RISK POPULATION IN CAMEROON

388		PROGRAM

389 STOP GENDER BASED VIOLENCE - ACCESS TO JUSTICE PROJECT

390 SEWING FOR A BRIGHTER FUTURE

391 EXPANDED VEGETABLE PRODUCTION & MARKETING FOR WOMEN AND GIRLS

392 SEXUAL AND GENDER BASED VIOLENCE AND SEXUAL AND REPRODUCTIVE

HEALTH EMERGENCY PROJECT

393	TRAVELING	DORMITORY	CONSTRUCTION

394 NORTHERN SHAN WATER AND SANITATION PROJECT

395 CONFERENCE PARTICIPATION PROJECT

396 PERSONAL ADVANCE AND CAREER ENHANCEMENT

397 PERSONAL ADVANCE AND CAREER ENHANCEMENT

398 PERSONAL ADVANCE AND CAREER ENHANCEMENT IN FACTORIES

399 INTEGRATED TUBERCULOSIS AND HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED

IMMUNE DEFICIENCY SYNDROME PROJECT

400 SUPPORTING THE IMPLEMENTATION AND EXPANSION OF HIGH QUALITY HUMAN

IMMUNODEFICIENCY VIRUS PREVENTION, CARE, AND TREATMENT ACTIVITIES AT

FACILITY AND COMMUNITY LEVEL

401 QUALITY AND EQUITY IN THE INTERCULTURAL EDUCATION

402 NATIONAL LEVEL TECHNICAL SUPPORT TO NATIONAL RURAL LIVELIHOODS

MISSION TO INTEGRATE HEALTH INTERVENTIONS IN SELF-HELP GROUPS

403 NUTRILITE LITTLE BITS PROGRAM

Part V Supplemental Information

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404 PERSONAL ADVANCEMENT AND CAREER ENHANCEMENT EDUCATION

PROGRAM-PHASE III

405 IMPROVING TREATMENT FOR CHILD HEALTH IN BIHAR INDIA

406 EMERGENCY RESPONSE TO CYCLONE HUDHUD

407 LEVERAGING THE VILLAGE HEALTH, SANITATION AND NUTRITION DAYS TO

IMPROVE THE REACH OF COMMUNITY HEALTH WORKERS IN BIHAR

408 TRANSFORMING COMMUNITIES THROUGH EMPOWERING RIGHT HOLDERS IN

DAGAHALEY KENYA REFUGEE CAMP

409 PERSONAL ADVANCEMENT AND CAREER ENHANCEMENT EDUCATION

PROGRAM-PHASE III

410 HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME

PROJECT

411 CARE LEARNING TOURS IN EUROPE

412 EDUCATION PROGRAM

413 NUTRITION PROJECT

414 PROMOTING FAMILY PLANNING IN DJIBOUTI

415 GIRLS EDUCATION PROGRAM

416 GIRLS EDUCATION PROGRAM

417 INDIA PATHWAYS PROGRAM

418 HEALTH FOR BABIES AND LIVESTOCK

419 JOIN MY VILLAGE PROJECT

420 CONVERTING MEWAT UDAAN KENYA INTO A SPECIAL TRAINING/RESOURCE

CENTRE

421 SCALE-UP OF CARE RURAL SALES PROGRAM

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- 422 TO SUPPORT MARGINALIZED ETHNIC MINORITIES PROGRAM
- 423 TO SUPPORT UDAAN KENYA TEACHERS SALARIES
- 424 STRENGTHENING LIVESTOCK HOLDERS' LIVELIHOODS
- 425 IMPROVED FOOD SECURITY FOR VULNERABLE PALESTINIANS
- 426 STRENGTHENING LIVELIHOODS THROUGH COMMUNITY ADAPTION AND

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- 427 EMERGENCY ACCESS TO HEALTH CARE THROUGH MOBILE MEDICAL TEAMS FOR
- THE CONFLICT AFFECTED POPULATION IN THE GAZA STRIP
- 428 PROVISION OF ESSENTIAL HEALTH SERVICES & HYGIENE KITS TO CONFLICT
- AFFECTED AREAS IN GAZA
- 429 EMERGENCY LIVELIHOODS RESPONSE TO SMALL SCALE FARMERS AFFECTED BY
- THE GAZA CRISIS
- 430 EMERGENCY HEALTH AND NUTRITION ASSISTANCE TO PEOPLE LIVING IN
- COMMUNITIES WHOSE RIGHTS ARE INADEQUATELY PROTECTED IN THE WEST BANK
- 431 EMERGENCY HEALTH AND NUTRITION ASSISTANCE TO PEOPLE LIVING IN
- COMMUNITIES WHOSE RIGHTS ARE INADEQUATELY PROTECTED IN THE WEST BANK
- 432 INCREASING THE CIVIL PARTICIPATION IN MAKING DECISIONS AND
- OUTLINING THE GENERAL POLITICS TO DEVELOP THE SOLID WASTE SERVICE THROUGH
- SOCIAL ACCOUNTABILITY
- 433 INCREASING THE CIVIL PARTICIPATION IN MAKING DECISIONS AND
- OUTLINING THE GENERAL POLITICS TO DEVELOP THE SOLID WASTE SERVICE THROUGH
- SOCIAL ACCOUNTABILITY
- 434 PROVISION OF INTEGRATED HUMANITARIAN AID TO THOSE AFFECTED BY
- FORCED DISPLACEMENT IN YEMEN AND INTERNATIONAL NON GOVERNMENT AGENCY

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

SECURITY ADVISORY SUPPORT

435 INTEGRATED RECOVERY PROGRAM IN SUPPORT OF CONFLICT-AFFECTED

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436 TO HELP YOUTH IN HAJJA YEMEN TO GET BETTER ECONOMIC OPPORTUNITIES

AND GET SKILLS TO BE ENTREPRENEUR

437 TO HELP YOUTH IN HAJJA YEMEN TO GET BETTER ECONOMIC OPPORTUNITIES

AND GET SKILLS TO BE ENTREPRENEUR

438 TO HELP YOUTH IN HAJJA YEMEN TO GET BETTER ECONOMIC OPPORTUNITIES

AND GET SKILLS TO BE ENTREPRENEUR

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AND GET SKILLS TO BE ENTREPRENEUR

440 TO HELP YOUTH IN HAJJA YEMEN TO GET BETTER ECONOMIC OPPORTUNITIES

AND GET SKILLS TO BE ENTREPRENEUR

442 TO IMPROVE THE FOOD SECURITY SITUATION AND REDUCE THE

MALNUTRITION SITUATION IN ABYAN AND LAHEJ YEMEN

443 TO ENHANCE THE SOCIAL ACCOUNTABILITY IN SHABWA YEMEN GOVERNORATE

IN IMPROVING THE SECONDARY EDUCATION

444 TO IMPROVE THE SOCIAL ACCOUNTABILITY OF WATER FOUNDATION

REGARDING THE QUALITY OF DRINKING WATER THROUGH USING THE COMMUNITY USAGE

CARDS

445 EMERGENCY RESPONSE, EMERGENCY PREPAREDNESS AND DISASTER CONFLICT

AFFECTED COMMUNITIES IN AFGHANISTAN

446 MONITORING TRANSITION AND PEACE & RECONCILIATION IN AFGHANISTAN

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447	FOUNDATION	FOR	PEACE	STANDARD

- 448 FOUNDATION FOR PEACE STANDARD
- 449 EDUCATION ON SEXUAL AND REPRODUCTIVE RIGHTS
- 450 EDUCATION ON SEXUAL AND REPRODUCTIVE RIGHTS
- 451 STRENGTHENING CHILDREN SKILLS AND PROMOTE COMMUNITY AND NATIONAL

PROTECTION SYSTEMS.

- 452 TO CARE BURUNDI'S CHILDREN EMPOWERMENT PROGRAM
- 453 PROMOTING OPPORTUNITIES FOR WOMEN'S ECONOMIC EMPOWERMENT IN RURAL

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- 454 PARTNERING FOR CHANGE
- 455 PARTNERING FOR CHANGE
- 456 PEACE BUILDING PROGRAM
- 457 PEACE BUILDING PROGRAM
- 458 PEACE BUILDING PROGRAM
- 459 PEACE BUILDING PROGRAM
- 460 TO CONTRIBUTE TO GENDER EQUITY AND IMPROVED YOUTH SEXUAL AND

REPRODUCTIVE HEALTH AND RIGHTS IN BURUNDI

461 TO CONTRIBUTE TO GENDER EQUITY AND IMPROVED YOUTH SEXUAL AND

REPRODUCTIVE HEALTH AND RIGHTS IN BURUNDI

462 TO CONTRIBUTE TO GENDER EQUITY AND IMPROVED YOUTH SEXUAL AND

REPRODUCTIVE HEALTH AND RIGHTS IN BURUNDI

463 TO CONTRIBUTE TO GENDER EQUITY AND IMPROVED YOUTH SEXUAL AND

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- 464 TO CONTRIBUTE TO GENDER EQUITY AND IMPROVED YOUTH SEXUAL AND
- REPRODUCTIVE HEALTH AND RIGHTS IN BURUNDI
- 465 BUILDING WOMEN'S ECONOMIC & SOCIAL EMPOWERMENT, LEADERSHIP AND
- POLITICAL ENGAGEMENT AND FIGHTING FOR WOMEN'S RIGHTS.
- 466 BUILDING WOMEN'S ECONOMIC & SOCIAL EMPOWERMENT, LEADERSHIP AND
- POLITICAL ENGAGEMENT AND FIGHTING FOR WOMEN'S RIGHTS.
- 467 BUILDING WOMEN'S ECONOMIC & SOCIAL EMPOWERMENT, LEADERSHIP AND
- POLITICAL ENGAGEMENT AND FIGHTING FOR WOMEN'S RIGHTS.
- 468 BUILDING WOMEN'S ECONOMIC & SOCIAL EMPOWERMENT, LEADERSHIP AND
- POLITICAL ENGAGEMENT AND FIGHTING FOR WOMEN'S RIGHTS.
- 469 BUILDING WOMEN'S ECONOMIC & SOCIAL EMPOWERMENT, LEADERSHIP AND
- POLITICAL ENGAGEMENT AND FIGHTING FOR WOMEN'S RIGHTS.
- 470 WORKING WITH YOUNG MEN AND WOMEN AGED 13-23 TO SUPPORT GENDER
- EQUITABLE SOCIAL NORMS AND TO DEMONSTRATE REDUCED TOLERANCE AGAINST
- SEXUAL AND GENDER BASED VIOLENCE
- 471 WORKING WITH YOUNG MEN AND WOMEN AGED 13-23 TO SUPPORT GENDER
- EQUITABLE SOCIAL NORMS AND TO DEMONSTRATE REDUCED TOLERANCE AGAINST
- SEXUAL AND GENDER BASED VIOLENCE
- 472 WORKING WITH YOUNG MEN AND WOMEN AGED 13-23 TO SUPPORT GENDER
- EQUITABLE SOCIAL NORMS AND TO DEMONSTRATE REDUCED TOLERANCE AGAINST
- SEXUAL AND GENDER BASED VIOLENCE
- 473 THE IMPROVEMENT OF ACCESS TO DRINKING WATER, SANITATION AND
- IMPROVEMENTS IN SANITARY CONDITIONS OF SCHOOLS, HEALTH CENTERS AND RURAL
- COMMUNITIES OF BENIN PROJECT ACCES

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474 THE IMPROVEMENT OF ACCESS TO DRINKING WATER, SANITATION AND

IMPROVEMENTS IN SANITARY CONDITIONS OF SCHOOLS, HEALTH CENTERS AND RURAL

COMMUNITIES OF BENIN PROJECT - ACCES

475 STRENGTHENING POOREST AND VULNERABLE HOUSEHOLDS CAPABILITY TO

IMPROVE FOOD SECURITY

476 PROMOTING SUSTAINABLE CONSUMPTION AND PRODUCTION OF JUTE

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477 PROMOTING SUSTAINABLE CONSUMPTION AND PRODUCTION OF JUTE

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478 PROMOTING SUSTAINABLE CONSUMPTION AND PRODUCTION OF JUTE

DIVERSIFIED PRODUCTS

479 PROMOTING SUSTAINABLE CONSUMPTION AND PRODUCTION OF JUTE

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480 WHERE THE RAINFALLS COMMUNITY-BASED ADAPTATION

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481 SOCIAL AND ECONOMIC TRANSFORMATION OF THE ULTRA POOR

482 SOCIAL AND ECONOMIC TRANSFORMATION OF THE ULTRA POOR

483 SOCIAL AND ECONOMIC TRANSFORMATION OF THE ULTRA POOR

484 SOCIAL AND ECONOMIC TRANSFORMATION OF THE ULTRA POOR

485 SOCIAL AND ECONOMIC TRANSFORMATION OF THE ULTRA POOR

486 STRENGTHENING THE DAIRY VALUE CHAIN, PHASE II: BUILDING A HUB

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487 EXPANDING HUMAN IMMUNODEFICIENCY VIRUS PROGRAM IN BANGLADESH

488 EXPANDING HUMAN IMMUNODEFICIENCY VIRUS PROGRAM IN BANGLADESH

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- 489 EXPANDING HUMAN IMMUNODEFICIENCY VIRUS PROGRAM IN BANGLADESH
- 490 EXPANDING HUMAN IMMUNODEFICIENCY VIRUS PROGRAM IN BANGLADESH
- 491 NUTRITION AT THE CENTER
- 492 TRANSFORM THE LIVES OF 370,000 POOR AND EXTREME POOR HOUSEHOLDS
- IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY

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- 493 TRANSFORM THE LIVES OF 370,000 POOR AND EXTREME POOR HOUSEHOLDS
- IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY

REDUCING THEIR VULNERABILITY TO FOOD INSECURITY.

- 494 TRANSFORM THE LIVES OF 370,000 POOR AND EXTREME POOR HOUSEHOLDS
- IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY

REDUCING THEIR VULNERABILITY TO FOOD INSECURITY.

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- IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY

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- IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY

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- IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY

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- IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY

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 IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY
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- IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY
- REDUCING THEIR VULNERABILITY TO FOOD INSECURITY.
- 508 TRANSFORM THE LIVES OF 370,000 POOR AND EXTREME POOR HOUSEHOLDS
- IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY
- REDUCING THEIR VULNERABILITY TO FOOD INSECURITY.
- 509 TRANSFORM THE LIVES OF 370,000 POOR AND EXTREME POOR HOUSEHOLDS
- IN 11 OF THE POOREST AND MOST MARGINALIZED DISTRICTS IN BANGLADESH BY
- REDUCING THEIR VULNERABILITY TO FOOD INSECURITY.
- 510 TRANSFORM THE LIVES OF 370,000 POOR AND EXTREME POOR HOUSEHOLDS
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- 511 STRENGTHENING HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT
- OPPORTUNITIES
- 512 STRENGTHENING HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT
- OPPORTUNITIES
- 513 STRENGTHENING HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT
- OPPORTUNITIES
- 514 STRENGTHENING HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT
- OPPORTUNITIES
- 515 STRENGTHENING HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT
- OPPORTUNITIES
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- OPPORTUNITIES

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517 STRENGTHENING HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT

OPPORTUNITIES

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524 STRENGTHENING HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT

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525 STRENGTHENING HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT

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526 TIPPING POINT: INNOVATION AND ADVOCACY IN ADDRESSING UNDERLYING

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527 EXPANDING HUMAN IMMUNODEFICIENCY VIRUS/ ACQUIRED IMMUNE

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528 EXPANSION AND STRENGTHENING THE PREVENTION OF HUMAN

IMMUNODEFICIENCY VIRUS/ ACQUIRED IMMUNE DEFICIENCY SYNDROME IN

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- 529 EXPANSION AND STRENGTHENING THE PREVENTION OF HUMAN
- IMMUNODEFICIENCY VIRUS/ ACQUIRED IMMUNE DEFICIENCY SYNDROME IN

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- 530 STRENGTHENING CAPACITIES AND COORDINATION WITHIN THE HUMANITARIAN
- COMMUNITY TO RESPOND TO NATURAL DISASTERS IN BOLIVIA.
- 531 SCALING UP INTERVENTIONS TO COMBAT MALARIA IN COTE D'IVOIRE IN
- THE CONTEXT OF NATIONAL RECONSTRUCTION.
- 532 SCALING UP INTERVENTIONS TO COMBAT MALARIA IN COTE D'IVOIRE IN
- THE CONTEXT OF NATIONAL RECONSTRUCTION.
- 533 SCALING UP INTERVENTIONS TO COMBAT MALARIA IN COTE D'IVOIRE IN
- THE CONTEXT OF NATIONAL RECONSTRUCTION.
- 534 SCALING UP INTERVENTIONS TO COMBAT MALARIA IN COTE D'IVOIRE IN
- THE CONTEXT OF NATIONAL RECONSTRUCTION.
- 535 SCALING UP INTERVENTIONS TO COMBAT MALARIA IN COTE D'IVOIRE IN
- THE CONTEXT OF NATIONAL RECONSTRUCTION.
- 536 SCALING UP INTERVENTIONS TO COMBAT MALARIA IN COTE D'IVOIRE IN
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- 538 PARTNERING FOR CHANGE
- 539 PARTNERING FOR CHANGE
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- 541 PARTNERING FOR CHANGE

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559 IMPLEMENTATION OF UNITED STATES AGENCY FOR INTERNATIONAL

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567 IMPLEMENTATION OF UNITED STATES AGENCY FOR INTERNATIONAL

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568 IMPLEMENTATION OF UNITED STATES AGENCY FOR INTERNATIONAL

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584	ADDRESSING EARLY MARRIAGE IN EGYPT
585	ENHANCING FOOD SECURITY
586	WOMEN'S EMPOWERMENT PROJECTS
587	WATER AND SANITATION PROMOTION
588	CLIMATE CHANGE RESILIENCE
589	GLOBAL WATER INITIATIVE: WATER FOR AGRICULTURE - EAST AFRICA
590	PASTORALISTS AREA RESILIENCE IMPROVEMENT AND MARKET EXPANSION
591	PASTORALISTS AREA RESILIENCE IMPROVEMENT AND MARKET EXPANSION
592	BACKGROUND TO PRODUCTIVE SAFETY NET AND HOUSEHOLD ASSET BUILDING
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593	BACKGROUND TO PRODUCTIVE SAFETY NET AND HOUSEHOLD ASSET BUILDING
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594	GRADUATION WITH RESILIENCE TO ACHIEVE SUSTAINABLE DEVELOPMENT
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598	LOCAL ACTORS JOIN FOR INCLUSIVE ECONOMIC DEVELOPMENT AND
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599	LOCAL ACTORS JOIN FOR INCLUSIVE ECONOMIC DEVELOPMENT AND
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600	SMALL FARMERS CO-OPERATION COMPONENT
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602	EUROPEAN NEIGHBORHOOD PROGRAM FOR AGRICULTURE AND RURAL

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DEVELOPMENT IN GEORGIA - SMALL FARMERS CO-OPERATION COMPONENT CONFIDENCE IN RECOVERY 603 604 INTEGRATED NATURAL RESOURCES MANAGEMENT IN WATERSHEDS OF GEORGIA INTEGRATED NATURAL RESOURCES MANAGEMENT IN WATERSHEDS OF GEORGIA 605 606 INTEGRATED NATURAL RESOURCES MANAGEMENT IN WATERSHEDS OF GEORGIA LINKING INITIATIVES STAKEHOLDERS AND KNOWLEDGE TO ACHIEVE GENDER 607 SENSITIVE LIVELIHOOD SECURITY 608 ADAPTATION LEARNING PROGRAM IN AFRICA 609 ADAPTATION LEARNING PROGRAM IN AFRICA ADAPTATION LEARNING PROGRAM IN AFRICA 610 WEST AFRICA WATER SUPPLY, SANITATION AND HYGIENE INITIATIVE-611 ADEQUATE ACCES TO CLEAN WATER AND SANITATION SERVICES WEST AFRICA WATER SUPPLY, SANITATION AND HYGIENE INITIATIVE-612 ADEQUATE ACCES TO CLEAN WATER AND SANITATION SERVICES DRIVING FINANCIAL INCLUSION THROUGH MOBILE MONEY IN AFRICA 613 614 DRIVING FINANCIAL INCLUSION THROUGH MOBILE MONEY IN AFRICA DRIVING FINANCIAL INCLUSION THROUGH MOBILE MONEY IN AFRICA 615 DRIVING FINANCIAL INCLUSION THROUGH MOBILE MONEY IN AFRICA 616 DRIVING FINANCIAL INCLUSION THROUGH MOBILE MONEY IN AFRICA 617 618 PATHWAYS TO SECURE LIVELIHOODS IN GHANA 619 RURAL AID ACTION PROGRAM I-BARCLAYS RURAL AID ACTION PROGRAM I-BARCLAYS 620 RURAL AID ACTION PROGRAM I-BARCLAYS 621 622 RURAL AID ACTION PROGRAM I-BARCLAYS

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- 623 CLIMATE CHANGE RESILIENCE
- PROMOTING FOOD SECURITY AND ECONOMIC DEVELOPMENT
- 630 PROMOTING FOOD SECURITY AND ECONOMIC DEVELOPMENT
- 631 STRENGTHENING FOOD SECURITY AND PARTICIPATIVE RIGHTS OF THE

POPULATION LOCATED IN ONE OF THE MOST VULNERABLE REGION.

632 GOVERNANCE IN FOOD SECURITY AND SOVEREIGNTY IN THE REGION OF

WESTERN HONDURAS

- 633 ACCESS TO QUALITY SERVICES
- 634 UNITED NATIONS INTERNATIONAL CHILDREN'S EDUCATIONAL FUND UNITED

NATIONS FUND FOR CHILDREN

635 URBAN HEALTH INITIATIVE: CLIENT OUTREACH AND COMMUNITY

MOBILIZATION

636 WOMEN'S EMPOWERMENT THROUGH STAGE ANIMATED AWARENESS AND

LOBBYING

- 637 RESTORING LIVELIHOOD & INCREASING FOOD SECURITY AMONG RESETTLED
- FAMILIES IN NORTHERN SRI LANKA
- 638 RESTORING LIVELIHOODS AND INCREASING FOOD SECURITY AMONG

VULNERABLE RESETTLED FAMILIES IN KILINOCHCHI AND MULLAITHIVU DISTRICTS IN

THE NORTHERN PROVINCE OF SRI LANKA

Part V Supplemental Information

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639 DEMOCRACY FROM BELOW-STRENGTHENING RIGHTS OF INDIAN ORIGIN

PLANTATION COMMUNITY

- 640 IMPLEMENTATION OF THE INCLUDING THE EXCLUDED PROJECT
- 641 GOVERNANCE PROJECTS
- 642 ENGAGING MEN AND BOYS FOR WOMEN'S EMPOWERMENT
- 643 ESTABLISHMENT OF A PERENNIAL ACCESS TO LIQUID AND SOLID WASTE

MANAGEMENT IN THE URBAN COMMUNITY OF ANTANANARIVO (MADAGASCAR).

- 644 CONTINUOUS IMPROVEMENT OF CONDITIONS OF ACCESS OF THE POPULATION
- TO SAFE WATER, HYGIENE AND SANITATION IN 7 TOWNS TO FIFTAMA MADAGASCAR
- 645 INITIATIVE FOR FOOD SECURITY AND NUTRITION IN SEGOU
- 646 IMPLEMENTATION PROJECT AGREEMENT WELE WELE COME ON COME ON
- 647 IMPLEMENTATION PROJECT AGREEMENT WELE WELE COME ON COME ON
- 648 CLIMATE CHANGE RESILIENCE
- ENGAGING MEN AND BOYS FOR WOMEN'S EMPOWERMENT
- 650 ENGAGING MEN AND BOYS FOR WOMEN'S EMPOWERMENT
- TO ADDRESS THE CRITICAL PROTECTION NEEDS AMONG WOMEN AS A RESULT
- OF POLITICAL CRISIS IN CENTRAL MALI
- 652 TO ADDRESS THE CRITICAL PROTECTION NEEDS AMONG WOMEN AS A RESULT
- OF POLITICAL CRISIS IN CENTRAL MALI
- TO ADDRESS THE CRITICAL PROTECTION NEEDS AMONG WOMEN AS A RESULT
- OF POLITICAL CRISIS IN CENTRAL MALI
- 654 GENDER EQUALITY AND WOMEN EMPOWERMENT PROGRAM
- GENDER EQUALITY AND WOMEN EMPOWERMENT PROGRAM
- 656 GENDER EQUALITY AND WOMEN EMPOWERMENT PROGRAM

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671 FOOD AND NUTRITIONAL SUPPORT TO THE MOST VULNERABLE HOUSEHOLDS AND COMMUNITIES AFFECTED BY FOOD INSECURITY IN CIRCLES TENENKOU, YOUWAROU

IN MOPTI REGION IA, IN THE CIRCLES OF NIAFUNKE AND GUNDAM IN REGION OF

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TIMBUKTU

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IN MOPTI REGION IA, IN THE CIRCLES OF NIAFUNKE AND GUNDAM IN REGION OF TIMBUKTU

FOOD AND NUTRITIONAL SUPPORT TO THE MOST VULNERABLE HOUSEHOLDS

AND COMMUNITIES AFFECTED BY FOOD INSECURITY IN CIRCLES TENENKOU, YOUWAROU

IN MOPTI REGION IA, IN THE CIRCLES OF NIAFUNKE AND GUNDAM IN REGION OF

TIMBUKTU

FOOD SUPPORT TO HOUSEHOLDS AND VULNERABLE POPULATIONS AFFECTED BY
FOOD INSECURITY MALIAN ASSOCIATION FOR THE PROTECTION AND DEVELOPMENT OF
THE ENVIRONMENT IN THE SAHEL

674 IMPLEMENTATION OF A WORLD FOOD PROGRAM ASSISTANCE PROGRAM-FOOD

DISTRIBUTION AND RELATED ACTIVITIES

- 675 WATER, SANITATION AND HYGIENE IN SCHOOLS
- 676 WATER SANITATION AND HEALTH
- 677 WATER SANITATION AND HEALTH
- 678 PATHWAYS TO SECURE LIVELIHOODS: EMPOWERING WOMEN IN AGRICULTURE
- 679 PATHWAYS TO SECURE LIVELIHOODS: EMPOWERING WOMEN IN AGRICULTURE
- 680 PATHWAYS TO SECURE LIVELIHOODS: EMPOWERING WOMEN IN AGRICULTURE
- 681 PATHWAYS TO SECURE LIVELIHOODS: EMPOWERING WOMEN IN AGRICULTURE
- 682 IMPROVING SANITATION AND HYGIENE
- ADAPTATION LEARNING PROGRAM IN AFRICA
- 684 IMPLEMENTATION OF A WORLD FOOD PROGRAM ASSISTANCE PROGRAM-FOOD

DISTRIBUTION AND RELATED ACTIVITIES

TO TACKLE HOUSEHOLD FOOD AND NUTRITION INSECURITY WHILE

STRENGTHENING THE POOR'S RESILIENCE TO NATURAL DISASTER AND CLIMATE

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CHANGE.

- 686 PHASE III: FIRST AND SECOND PROTECTION AREA OF NATIONAL RURAL
- EXTENSION ASSOCIATION SUB-GRANT
- 687 EMPOWER WOMEN THROUGH IMPROVED ACCESS AND UTILIZATION OF

PRODUCTIVE RESOURCES, IMPROVED FORMAL AND INFORMAL INSTITUTIONS TO

SUPPORT WOMEN'S EMPOWERMENT.

- 688 EMPOWER WOMEN THROUGH IMPROVED ACCESS AND UTILIZATION OF
- PRODUCTIVE RESOURCES, IMPROVED FORMAL AND INFORMAL INSTITUTIONS TO

SUPPORT WOMEN'S EMPOWERMENT.

- 689 NUTRITION FOUNDATIONS FOR MOTHERS AND CHILDREN IN MALAWI
- 690 NUTRITION FOUNDATIONS FOR MOTHERS AND CHILDREN IN MALAWI
- 691 ENABLE HOUSEHOLDS TO BUILD RESILIENT LIVELIHOODS THAT ARE

SUSTAINABLE AND PROFITABLE, INCORPORATING NATURAL RESOURCES MANAGEMENT

AND RISK REDUCTION FOR HOUSEHOLDS.

- 692 ENABLE HOUSEHOLDS TO BUILD RESILIENT LIVELIHOODS THAT ARE
- SUSTAINABLE AND PROFITABLE, INCORPORATING NATURAL RESOURCES MANAGEMENT

AND RISK REDUCTION FOR HOUSEHOLDS.

- 693 ENABLE HOUSEHOLDS TO BUILD RESILIENT LIVELIHOODS THAT ARE
- SUSTAINABLE AND PROFITABLE, INCORPORATING NATURAL RESOURCES MANAGEMENT

AND RISK REDUCTION FOR HOUSEHOLDS.

694 ENABLE HOUSEHOLDS TO BUILD RESILIENT LIVELIHOODS THAT ARE

SUSTAINABLE AND PROFITABLE, INCORPORATING NATURAL RESOURCES MANAGEMENT

AND RISK REDUCTION FOR HOUSEHOLDS.

695 ENABLE HOUSEHOLDS TO BUILD RESILIENT LIVELIHOODS THAT ARE

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SUSTAINABLE AND PROFITABLE, INCORPORATING NATURAL RESOURCES MANAGEMENT

AND RISK REDUCTION FOR HOUSEHOLDS.

696 WOMEN'S AND ADOLESCENT GIRLS' VOICE ENHANCEMENT IN SERVICE

DELIVERY

697 WOMEN'S AND ADOLESCENT GIRLS' VOICE ENHANCEMENT IN SERVICE

DELIVERY

698 IN SUPPORT FOR SERVICE INTEGRATION SERVICES PROJECT WITH JHPIEGO

699 IN SUPPORT FOR SERVICE INTEGRATION SERVICES PROJECT WITH JHPIEGO

700 IN SUPPORT FOR SERVICE INTEGRATION SERVICES PROJECT WITH JHPIEGO

701 IN SUPPORT FOR SERVICE INTEGRATION SERVICES PROJECT WITH JHPIEGO

702 IMPLEMENTATION OF DROUGHT MITIGATION THROUGH IRRIGATION

PROMOTION AND CONSERVATION AGRICULTURE EXTENSION II

703 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES

MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

704 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES

MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

705 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES

MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

706 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES

MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

707 ADAPTATION LEARNING PROGRAM IN AFRICA

708 ADAPTATION LEARNING PROGRAM IN AFRICA

709 ADAPTATION LEARNING PROGRAM IN AFRICA

710 WATER, SANITATION AND ECOLOGICAL FERTILIZATION FOR ACHIEVING THE

Part V Supplemental Information

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MILLENNIUM DEVELOPMENT GOALS

711 WATER, SANITATION AND ECOLOGICAL FERTILIZATION FOR ACHIEVING THE

MILLENNIUM DEVELOPMENT GOALS

- 712 WOMEN'S EMPOWERMENT PROGRAM OF CARE-NIGER.
- 713 WOMEN'S EMPOWERMENT PROGRAM OF CARE-NIGER.
- 714 BUILDING PROJECT OPPORTUNITIES FOR YOUTH PROJEUNES
- 715 REVALUATION PROJECT LIVING TOGETHER IN NIGER
- 716 MOTHERS ASSISTANCE PROGRAM
- 717 MOTHERS ASSISTANCE PROGRAM
- 718 PROGRAM FOR THE PROMOTION OF SOCIAL EQUALITY AND DEVELOPMENT OF

CIVIL SOCIETY IN NIGER

719 PROGRAM FOR THE PROMOTION OF SOCIAL EQUALITY AND DEVELOPMENT OF

CIVIL SOCIETY IN NIGER

720 PROGRAM FOR THE PROMOTION OF SOCIAL EQUALITY AND DEVELOPMENT OF

CIVIL SOCIETY IN NIGER

721 PROGRAM FOR THE PROMOTION OF SOCIAL EQUALITY AND DEVELOPMENT OF

CIVIL SOCIETY IN NIGER

- 722 GENDER EQUALITY AND WOMEN EMPOWERMENT PROGRAM
- 723 GENDER EQUALITY AND WOMEN EMPOWERMENT PROGRAM
- 724 GENDER EQUALITY AND WOMEN EMPOWERMENT PROGRAM
- 725 GENDER EQUALITY AND WOMEN EMPOWERMENT PROGRAM
- 726 WOMEN'S EMPOWERMENT PROGRAM
- 727 IMPLEMENTATION OF FOOD ASSISTANCE PROJECT IN THE FORM OF CASH AND

NUTRITIONAL SUPPLEMENTATION OF "VERY POOR" HOUSEHOLDS.

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- 728 WOMEN'S EMPOWERMENT PROGRAM OF CARE-NIGER.
- 729 IMPROVEMENT OF FOOD AND NUTRITION SECURITY OF THE MOST VULNERABLE

HOUSEHOLDS

- 730 NICARAGUA INTEGRATED WATERSHED PROJECT
- 731 NICARAGUA INTEGRATED WATERSHED PROJECT
- 732 NICARAGUA INTEGRATED WATERSHED PROJECT
- 733 NICARAGUA INTEGRATED WATERSHED PROJECT
- 734 NICARAGUA INTEGRATED WATERSHED PROJECT
- 735 NICARAGUA INTEGRATED WATERSHED PROJECT
- 736 NICARAGUA INTEGRATED WATERSHED PROJECT
- 737 NICARAGUA INTEGRATED WATERSHED PROJECT
- 738 CLIMATE-PROOF DISASTER RISK REDUCTION
- 739 WOMEN'S EMPOWERMENT FOR TRANSFORMATION IN THE CHURIA AREA
- 740 WOMEN'S EMPOWERMENT FOR TRANSFORMATION IN THE CHURIA AREA
- 741 WOMEN'S EMPOWERMENT FOR TRANSFORMATION IN THE CHURIA AREA
- 742 UDAAN-CATCHING UP THE MISSED OPPORTUNITY
- 743 BUILDING RESILIENT COMMUNITIES AND INSTITUTION FOR NATURAL

DISASTERS IN FAR AND MID WESTERN REGION OF NEPAL

744 TO CONTRIBUTE TOWARDS THE REDUCTION OF IMPACT OF NATURAL DISASTER

AND BUILD RESILIENCE OF COMMUNITIES AT RISK IN NEPAL THROUGH EFFECTIVE

IMPLEMENTATION OF DISASTER RISK REDUCTION POLICIES, MODELS, FRAMEWORKS

AND REPLICATION OF EUROPEAN COMMISSION FOR HUMANITARIAN AID'S DISASTER

PREPAREDNESS PROGRAM LEARNING.

745 TO CONTRIBUTE TOWARDS THE REDUCTION OF IMPACT OF NATURAL DISASTER

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AND BUILD RESILIENCE OF COMMUNITIES AT RISK IN NEPAL THROUGH EFFECTIVE IMPLEMENTATION OF DISASTER RISK REDUCTION POLICIES, MODELS, FRAMEWORKS AND REPLICATION OF EUROPEAN COMMISSION FOR HUMANITARIAN AID'S DISASTER PREPAREDNESS PROGRAM LEARNING.

746 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES

MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES 747

MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

748 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES

MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES 749

MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES 750

MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

751 ENHANCED CAPACITY OF CIVIL SOCIETY IN NEPAL TO UNITE AND DEMAND

STATE ACCOUNTABILITY AND ENSURE PROTECTION AND PROMOTION OF HALIYA

RIGHTS

752 INCREASE THE INCOME AND IMPROVE THE LIVELIHOODS OF SMALL HOLDER

FARMERS IN SINDHULI AND MAHOTTARI DISTRICTS FROM VEGETABLE PRODUCTION AND

MARKETING

753 STRENGTHENING AND ENHANCING THE EFFECTIVENESS OF HEALTH SYSTEMS

AT COMMUNITY LEVEL

STRENGTHENING AND ENHANCING THE EFFECTIVENESS OF HEALTH SYSTEMS 754

AT COMMUNITY LEVEL

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755 STRENGTHENING AND ENHANCING THE EFFECTIVENESS OF HEALTH SYSTEMS

AT COMMUNITY LEVEL

756 GOVERNANCE PROJECTS

757 CONFLICT MITIGATION AND MANAGEMENT PROGRAM (SAMBAD: DIALOGUE FOR

PEACE)

758 CONFLICT MITIGATION AND MANAGEMENT PROGRAM (SAMBAD: DIALOGUE FOR

PEACE)

759 HARIYO BAN NEPAL KO DHAN

760 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO

BIODIVERSITY IN NEPAL

761 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO

BIODIVERSITY IN NEPAL

762 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO

BIODIVERSITY IN NEPAL

763 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO

BIODIVERSITY IN NEPAL

764 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO

BIODIVERSITY IN NEPAL

765 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO

BIODIVERSITY IN NEPAL

766 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO

BIODIVERSITY IN NEPAL

767 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO

BIODIVERSITY IN NEPAL

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768 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO

BIODIVERSITY IN NEPAL

769 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO

BIODIVERSITY IN NEPAL

770 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO

BIODIVERSITY IN NEPAL

771 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO

BIODIVERSITY IN NEPAL

- 772 COMMUNITY INFRASTRUCTURE IMPROVEMENT PROJECT
- 773 COMMUNITY INFRASTRUCTURE IMPROVEMENT PROJECT
- 774 COMMUNITY INFRASTRUCTURE IMPROVEMENT PROJECT
- 775 COMMUNITY INFRASTRUCTURE IMPROVEMENT PROJECT
- 776 COMMUNITY INFRASTRUCTURE IMPROVEMENT PROJECT
- 777 COMMUNITY INFRASTRUCTURE IMPROVEMENT PROJECT
- 778 COMMUNITY INFRASTRUCTURE IMPROVEMENT PROJECT
- 779 ENHANCING SOCIO-ECONOMIC DEVELOPMENT THROUGH INVESTING IN HUMAN

CAPITAL IN PUNJAB AND SINDH

780 ENHANCING SOCIO-ECONOMIC DEVELOPMENT THROUGH INVESTING IN HUMAN

CAPITAL IN PUNJAB AND SINDH

- 781 FAMILY PLANNING
- 782 HUMANITARIAN PARTNERSHIP AGREEMENT TYPHOON HAIYAN-PHILIPPINES
- 783 2014 TYPHOON HAIYAN LIVELIHOODS/FOOD SECURITY ASSISTANCE TO

VULNERABLE POPULATIONS

784 2014 TYPHOON HAIYAN LIVELIHOODS/FOOD SECURITY ASSISTANCE TO

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VULNERABLE POPULATIONS

785	KEEP	GIRLS	AT	SCHOOL

786 KEEP GIRLS AT SCHOOL

787 KEEP GIRLS AT SCHOOL

788 THE HAND IN HAND INTERNATIONAL AND CARE INTERNATIONAL JOB

CREATION PROGRAM

789 THE HAND IN HAND INTERNATIONAL AND CARE INTERNATIONAL JOB

CREATION PROGRAM

790 THE HAND IN HAND INTERNATIONAL AND CARE INTERNATIONAL JOB

CREATION PROGRAM

- 791 FIGHT AGAINST GENDER BASED VIOLENCE
- 792 FIGHT AGAINST GENDER BASED VIOLENCE
- 793 ENGAGING MEN AND BOYS FOR WOMEN'S EMPOWERMENT
- 794 LITERACY FOR EMPOWERMENT
- 795 IMPLEMENT EARLY CHILDHOOD DEVELOPMENT IN REFUGEE EMERGENCY
- 796 AFTER VILLAGE SAVINGS AND LOANS ASSOCIATIONS SCALE UP
- 797 EXPANDING THE FORMATION OF SAVING GROUPS IN RWANDA
- 798 AFTER VILLAGE SAVINGS AND LOANS ASSOCIATIONS SCALE UP
- 799 EXPANDING THE FORMATION OF SAVING GROUPS IN RWANDA
- THE HAND IN HAND INTERNATIONAL AND CARE INTERNATIONAL JOB

CREATION PROGRAM

- 801 EXPANDING THE FORMATION OF SAVING GROUPS IN RWANDA
- 802 GOVERNANCE IN HEALTH
- 803 COME IN ECONOMIC DEVELOPMENT

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804 COME IN ECONOMIC DEVELOPMENT

805 STEWARD PROGRAM PHASE III - BIO DIVERSITY AND NATURAL RESOURCE

MANAGEMENT

806 STEWARD PROGRAM PHASE III - BIO DIVERSITY AND NATURAL RESOURCE

MANAGEMENT

807 IMPLEMENTATION OF COMPONENT 1 (SOCIAL MARKETING) AND CONSULTING

SERVICES FOR HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY

SYNDROME

808 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE

SOMALIA

809 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE

SOMALIA

810 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE

SOMALIA

811 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE

SOMALIA

812 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE

SOMALIA

813 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE

SOMALIA

814 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE

SOMALIA

815 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE

SOMALIA

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816 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE

SOMALIA

817 FOUNDATION FOR PEACE STANDARD

818 BASIC AND SUSTAINABLE WATER AND SANITATION FOR HEALTH FOR THE

MILLENNIUM DEVELOPMENT GOALS-PUNTLAND STATE, SOMALIA

819 BASIC AND SUSTAINABLE WATER AND SANITATION FOR HEALTH FOR THE

MILLENNIUM DEVELOPMENT GOALS-PUNTLAND STATE, SOMALIA

820 BASIC AND SUSTAINABLE WATER AND SANITATION FOR HEALTH FOR THE

MILLENNIUM DEVELOPMENT GOALS-PUNTLAND STATE, SOMALIA

821 BASIC AND SUSTAINABLE WATER AND SANITATION FOR HEALTH FOR THE

MILLENNIUM DEVELOPMENT GOALS-PUNTLAND STATE, SOMALIA

822 BASIC AND SUSTAINABLE WATER AND SANITATION FOR HEALTH FOR THE

MILLENNIUM DEVELOPMENT GOALS-PUNTLAND STATE, SOMALIA

823 EUROPEAN COMMISSION WATER SANITATION AND HEALTH

824 PROVIDE MULTI-SECTORIAL HUMANITARIAN ASSISTANCE TO MEET THE

IMMEDIATE NEEDS OF INTERNALLY DISPLACED PEOPLE, RETURNEES, AND

COMMUNITIES ACROSS SOMALIA

825 PROVIDE MULTI-SECTORIAL HUMANITARIAN ASSISTANCE TO MEET THE

IMMEDIATE NEEDS OF INTERNALLY DISPLACED PEOPLE, RETURNEES, AND

COMMUNITIES ACROSS SOMALIA

826 PROVIDE MULTI-SECTORIAL HUMANITARIAN ASSISTANCE TO MEET THE

IMMEDIATE NEEDS OF INTERNALLY DISPLACED PEOPLE, RETURNEES, AND

COMMUNITIES ACROSS SOMALIA

827 IMPROVING MATERNAL 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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

- TO IMPROVE MATERNAL AND REPRODUCTIVE HEALTH IN SIX DISTRICTS OF
 THE TABORA REGION OF TANZANIA BY IMPROVING UTILIZATION OF MATERNAL AND
 REPRODUCTIVE HEALTH SERVICES BY WOMEN AND ADOLESCENT GIRLS IN THE
 COMMUNITIES WHERE THEY LIVE BY IMPROVING THE QUALITY OF THESE SERVICES,
 AND BY STRENGTHENING HEALTH SERVICE MANAGEMENT AND ACCOUNTABILITY FOR THE
 SERVICES.
- TO IMPROVE MATERNAL AND REPRODUCTIVE HEALTH IN SIX DISTRICTS OF THE TABORA REGION OF TANZANIA BY IMPROVING UTILIZATION OF MATERNAL AND REPRODUCTIVE HEALTH SERVICES BY WOMEN AND ADOLESCENT GIRLS IN THE COMMUNITIES WHERE THEY LIVE BY IMPROVING THE QUALITY OF THESE SERVICES, AND BY STRENGTHENING HEALTH SERVICE MANAGEMENT AND ACCOUNTABILITY FOR THE SERVICES.
- 830 PILOTING REDUCING EMISSIONS FROM DEFORESTATION AND FOREST DEGRADATION IN ZANZIBAR THROUGH COMMUNITY FOREST MANAGEMENT
- 831 PILOTING REDUCING EMISSIONS FROM DEFORESTATION AND FOREST DEGRADATION IN ZANZIBAR THROUGH COMMUNITY FOREST MANAGEMENT
- 832 PILOTING REDUCING EMISSIONS FROM DEFORESTATION AND FOREST DEGRADATION IN ZANZIBAR THROUGH COMMUNITY FOREST MANAGEMENT
- 833 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

835 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

836 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

837 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

838 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

839 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

840 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

841 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

842 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

843 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

844 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

845 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

846 COMMUNITY MOBILIZATION ACTIVITY UNDER TANZANIA CAPACITY AND

COMMUNICATION PROJECT

847 COMMUNITY MOBILIZATION ACTIVITY UNDER TANZANIA CAPACITY AND

COMMUNICATION 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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

848 COMMUNITY MOBILIZATION ACTIVITY UNDER TANZANIA CAPACITY AND

COMMUNICATION PROJECT

849 COMMUNITY MOBILIZATION ACTIVITY UNDER TANZANIA CAPACITY AND

COMMUNICATION PROJECT

850 COMMUNITY MOBILIZATION ACTIVITY UNDER TANZANIA CAPACITY AND

COMMUNICATION PROJECT

851 COMMUNITY MOBILIZATION ACTIVITY UNDER TANZANIA CAPACITY AND

COMMUNICATION PROJECT

852 COMMUNITY MOBILIZATION ACTIVITY UNDER TANZANIA CAPACITY AND

COMMUNICATION PROJECT

853 COMMUNITY MOBILIZATION ACTIVITY UNDER TANZANIA CAPACITY AND

COMMUNICATION PROJECT

854 COMMUNITY MOBILIZATION ACTIVITY UNDER TANZANIA CAPACITY AND

COMMUNICATION PROJECT

855 COMMUNITY MOBILIZATION ACTIVITY UNDER TANZANIA CAPACITY AND

COMMUNICATION PROJECT

856 COMMUNITY MOBILIZATION ACTIVITY UNDER TANZANIA CAPACITY AND

COMMUNICATION PROJECT

857 COMMUNITY MOBILIZATION ACTIVITY UNDER TANZANIA CAPACITY AND

COMMUNICATION PROJECT

858 TO EFFECTIVELY IMPLEMENT SOCIAL AND ENVIRONMENTAL SAFEGUARDS FOR

REDUCED EMISSIONS FROM DEFORESTATION AND DEGRADATION PROGRAMS MAKE A

CONTRIBUTION TO HUMAN RIGHTS, POVERTY REDUCTION AND BIODIVERSITY

CONSERVATION GOALS

Supplemental Information Part V Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). 859 KENYA UNRESTRICTED PROJECT DEVELOPMENT PROJECT 860 DIRECT PROGRAM INITIATIVE 861 DIRECT PROGRAM INITIATIVE 862 863 ZAMBIA UNRESTRICTED PROJECT ZIMBABWE UNRESTRICTED PROJECT 864 LASHIO LIVELIHOOD IMPROVEMENT MYANMAR 865 866 CONSERVING THE AMAZON HEADWATERS OF THE PURUS MANU CONSERVATION CORRIDOR LINKING VILLAGE SAVINGS AND LOANS ASSOCIATIONS IN KENYA 867 PARTNERSHIP FOR INTEGRATED SOCIAL MARKETING PROJECT 868 SOCIAL MARKETING PROJECT 869 WATER SANITATION AND HEALTH RAPID ASSISTANCE TEAM 870 IMPROVE THE QUALITY AND DELIVERY OF COMPREHENSIVE FAMILY HEALTH 871 SERVICES IN EIGHT DISTRICTS AND EXPANDING TO THE ENTIRE STATE OF BIHAR 872 IMPROVE THE QUALITY AND DELIVERY OF COMPREHENSIVE FAMILY HEALTH SERVICES IN EIGHT DISTRICTS AND EXPANDING TO THE ENTIRE STATE OF BIHAR IMPROVE THE QUALITY AND DELIVERY OF COMPREHENSIVE FAMILY HEALTH 873 SERVICES IN EIGHT DISTRICTS AND EXPANDING TO THE ENTIRE STATE OF BIHAR 874 NON-GOVERNMENTAL ORGANIZATIONS JOINT INITIATIVE FOR URBAN ZIMBABWE COMMUNITY PEACE BUILDING IN RAKHINE STATE 875

Schedule F (Form 990) 2014

876

877

GIRLS EDUCATION PROJECT IN PERU

MARGINALIZED ETHNIC MINORITIES PROGRAM

2197HI 2217

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
878	GIRLS LEAD THE WAY
879	SUSTAINABLE CONSERVATION APPROACHES IN PRIORITY ECOSYSTEMS
880	IMPROVING QUALITY OF LIFE THROUGH SUSTAINABLE FOREST MANAGEMENT
881	STRENGTHENING KALA AZAR ELIMINATION PROJECT IN BIHAR
882	PROGRAM IN SUPPORT OF THE PARTNERSHIP ON WOMEN'S ENTREPRENEURSHIP
IN REN	EWABLES
883	PERSONAL ADVANCE AND CAREER ENHANCEMENT
884	STAMPING OUT AND PREVENTING GENDER BASED VIOLENCE PREVENTION AND
ADVOCA	CY
885	ESSENTIAL PACKAGE PHASE II CAPACITY BUILDING AND SCALE UP
886	ENHANCING COOPERATIVE FOR ASSISTANCE & RELIEF EVERYWHERE GLOBAL
EMERGE	NCY PREPAREDNESS AND RESPONDING CAPACITY
887	FAMILY PLANNING
888	FAMILY PLANNING
889	INCREASING ACCOUNTABILITY IN SCHOOL WATER AND SANITATION FOR
HEALTH	
890	INCREASING ACCOUNTABILITY IN SCHOOL WATER AND SANITATION FOR
HEALTH	
891	WOMEN'S LEADERSHIP IN SMALL AND MEDIUM ENTERPRISE
892	NUTRITION AT THE CENTER
893	WOMEN AND GIRLS LEAD GLOBAL
894	WOMEN AND GIRLS LEAD GLOBAL
895	WOMEN AND GIRLS LEAD GLOBAL
896	PERSONAL ADVANCEMENT & CAREER ENHANCEMENT GIVE TWICE

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

897 THE PROJECT'S ACTIVITIES COMBINE AGRICULTURE AND ECONOMIC

RECOVERY APPROACHES, INCLUDING LIVESTOCK RECONSTITUTION, FODDER

PROVISION, AND CASH FOR WORK PROGRAMS, WITH THE AIM OF PROVIDING

EMERGENCY ASSISTANCE TO AFFECTED COMMUNITIES, WHILE SUPPORTING LONG TERM

RECOVERY AND BUILDING RESILIENCE TO FUTURE SHOCKS.

898 KENYA ARID LANDS DISASTER RISK REDUCTION-WATER AND SANITATION FOR

HEALTH PROGRAM

899 HUMAN IMMUNODEFICIENCY VIRUS/ ACQUIRED IMMUNE DEFICIENCY SYNDROME

PREVENTION PROGRAM IN CAMEROON

900 INTEGRATED TUBERCULOSIS AND ACQUIRED IMMUNE DEFICIENCY SYNDROME

PROGRAM

901 SUPPORTING THE IMPLEMENTATION AND EXPANSION OF HIGH QUALITY HIGH

QUALITY HUMAN IMMUNODEFICIENCY VIRUS PREVENTION, CARE AND TREATMENT

ACTIVITIES AT FACILITY AND COMMUNITY LEVEL IN NYANZA PROVINCE

902 PROVISION OF WATER, HYGIENE AND SANITATION AND PROTECTION SUPPORT

TO REFUGEES IN DAGAHALEY CAMP, DADAAB

903 ENHANCING NUTRITION, STEPPING UP RESILIENCY AND ENTERPRISE

904 ENHANCING NUTRITION, STEPPING UP RESILIENCY AND ENTERPRISE

905 CREDIT SUISSE GLOBAL EDUCATION INITIATIVE

906 CHILDREN'S SAFE DRINKING WATER FOR VULNERABLE COMMUNITIES

907 EDUCATION AND LIVELIHOOD

908 SUPPORTIVE ENVIRONMENTS FOR HEALTH

909 CREATIVE: BASIC EDUCATION

910 THAILAND MIGRANT CHILDREN

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

- 911 SUPPORTING COMMUNITY MARKETS FOR CONSERVATION
- 912 PATHWAYS TO SECURE LIVELIHOODS: EMPOWERING WOMEN IN AGRICULTURE
- 913 ESTABLISH WOMEN HEALTH COALITIONS AND TO HAVE BETTER KNOWLEDGE OF

HEALTH RELATED ISSUES AFFECTING THEIR QUALITY OF LIFE

- 914 GRASSROOTS ACTIVISTS FOR JUST PEACE AND GENDER EQUITY
- 915 IMPROVED ACCESS TO ESSENTIAL HEALTH AND PROTECTION SERVICES IN

CONFLICT AFFECTED COMMUNITIES IN THE WEST BANK

916 IMPROVED ACCESS TO ESSENTIAL HEALTH AND PROTECTION SERVICES IN

CONFLICT AFFECTED COMMUNITIES IN THE WEST BANK

- 917 STRENGTHENING LIVESTOCK HOLDERS' LIVELIHOODS IN AREA C (RAWASI)
- 918 REDUCED VULNERABILITY AMONG COMMUNITIES IN THE JENIN AND TUBA

GOVERNORATES THROUGH IMPROVED AND SUSTAINABLE LIVELIHOOD SECURITY AND

INCREASED CAPACITY OF CIVIL SOCIETY

- 919 REDUCED VULNERABILITY AMONG COMMUNITIES IN THE JENIN AND TUBA
- GOVERNORATES THROUGH IMPROVED AND SUSTAINABLE LIVELIHOOD SECURITY AND

INCREASED CAPACITY OF CIVIL SOCIETY

- 920 REDUCED VULNERABILITY AMONG COMMUNITIES IN THE JENIN AND TUBA
- GOVERNORATES THROUGH IMPROVED AND SUSTAINABLE LIVELIHOOD SECURITY AND

INCREASED CAPACITY OF CIVIL SOCIETY

- 921 IMPROVE RESILIENCE AND LIVELIHOODS OF 3,150 CONFLICT AFFECTED
- FOOD INSECURE HOUSEHOLDS IN 26 COMMUNITIES IN THE WEST BANK AND GAZA
- 922 BUILDING THE CAPACITY OF CIVIL SOCIETY TO SUPPORT COMMUNITIES

ENGAGED IN FOOD PRODUCTION, PROCESSING AND MARKETING

923 INTEGRATED WASH, LIVELIHOODS, EMERGENCY PREPAREDNESS AND SECURITY

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

COORDINATION PROGRAM

924 INTEGRATED RECOVERY PROGRAM IN SUPPORT OF CONFLICT-AFFECTED

POPULATIONS IN NORTH AND SOUTH OF YEMEN

925 INTEGRATED RECOVERY PROGRAM IN SUPPORT OF CONFLICT-AFFECTED

POPULATIONS IN NORTH AND SOUTH OF YEMEN

926 TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED

IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT

- 927 FOUNDATION FOR PEACE STANDARD
- 928 FOUNDATION FOR PEACE STANDARD
- 929 TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED

IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT

930 TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED

IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT

931 TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED

IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT

932 TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED

IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT

933 TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED

IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT

934 TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED

IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT

935 TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED

IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT

936 TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED

Schedule F (Form 990) 2014

2197HI 2217

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT 937 TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED 938 IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED 939 IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT 940 TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT 941 NORTH SUDAN UNRESTRICTED PROJECT NORTH SUDAN UNRESTRICTED PROJECT 942 SOUTH KORDOFAN EMERGENCY ASSISTANCE PROJECT 943 SOUTH KORDOFAN EMERGENCY ASSISTANCE PROJECT 944 SOUTH DARFUR EMERGENCY ASSISTANCE & RECOVERY PROJECT- NUTRITION 945 946 EMERGENCY ASSISTANCE PROGRAM(FOOD SECURITY & LIVELIHOOD) 947 EMERGENCY ASSISTANCE PROGRAM(FOOD SECURITY & LIVELIHOOD) PARTNERING FOR CHANGE 948 949 PARTNERING FOR CHANGE 950 PARTNERING FOR CHANGE 951 STRENGTHENING CAPACITY OF NATIONAL ACTORS SOUTH DARFUR EMERGENCY ASSISTANCE AND RECOVERY PROGRAM 952 SOUTH DARFUR EMERGENCY ASSISTANCE AND RECOVERY PROGRAM 953 SOUTH DARFUR EMERGENCY & RECOVERY PROGRAM 954 EDUCATION NEED OF SOUTH SUDANESE AND HOST COMMUNITIES 955

Schedule F (Form 990) 2014

2197HI 2217

SCHEDULE G

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

COOPERATIVE FOR ASSISTANCE AND RELIEF

Employer identification number 13-1685039

Part I Form 990-EZ filers are not required to complete this part.

13-1685039

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	fundraiser is to be (vi) Amount paid to (or retained by) organization
		Yes	No		col. (i)	
1		163	140			
M+R STRATEGIC SERVICES	EMAIL MKTG		X	135,795.	5,199.	130,596.
2	WEB/EXECN				•	•
MERKLE	EMAIL STRTG		X	5,267,181.	183,653.	5,083,528.
3					·	
RED ENGINE DIGITAL LLC	WEB MKT		X	355,401.	24,905.	330,496.
4				·	•	
THE IRIS GROUP, INC.	PROPOSALS		X	4,900,000.	13,117.	4,886,883.
5	CONSULTS ON				•	
TARGET MARKETEAM INC	DIRECT MAIL		X	20,943,586.	600,000.	20,343,586.
6						
MDS COMMUNICATIONS CORP.	TELEMARKTNG		X	1,039,288.	582,014.	457,274.
7	IN PERSON					
FUNDRAISING INITIATIVES INC	MARKETING		X	2,130,785.	486,799.	1,643,986.
8	DIRECT RESP					
RUSS REID COMPANY, INC.	TELEVISION		X	49,074.	39,447.	9,627.
9	FUNDRAISING					
THOMPSON, HABIB & DENISON INC	STRTGY CONS		X		228,000.	-228,000.
10						
				24 001 110	0 162 124	20 655 056
Total	tion is registered a		d to policit	34,821,110.		32,657,976.
3 List all states in which the organiza registration or licensing.	ition is registered t	or licensed	I TO SOIICIL	contributions of	nas been notilied	it is exempt from
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,	M, NY, NO	C,ND,OH,		

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.

		gross receipts greater than \$5,00	00.			
			(a) Event #1 NATIONAL CNFRNC	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
43			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	257,425.			257,425
ш	2	Less: Contributions	241,425.			241,425
		Gross income (line 1 minus				
		line 2)	16,000.			16,000
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
oct Exp	7	Food and beverages	136,977.			136,977
Dire	8	Entertainment				
	9	Other direct expenses	161,816.			161,816
	10	Direct expense summary. Add lines 4	through 9 in column (d)		•	298,793
	11	Net income summary. Subtract line 1	0 from line 3, column (d))		-282,793
Pa	rt I	Gaming. Complete if the orga	anization answered "Y			rted more
		than \$15,000 on Form 990-E	Z, line 6a.			
nue			(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				
ses		Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
	ıls	nter the state(s) in which the organizat the organization licensed to conduct of "No," explain:		of these states?		. Yes No
		ere any of the organization's gaming l "Yes," explain:	icenses revoked, suspe			. Yes No

Sched	dule G (Form 990 or 990-EZ) 2014		Page 3			
11	Does the organization conduct 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 conducted in:					
а	The organization's facility		%			
b			%			
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 ▶ \$					
С	If "Yes," enter name and address of the third party:					
	Name ►					
	Address					
	Address ▶					
16	Gaming manager information:					
10	Gaming manager information.					
	Name ▶					
	Gaming manager compensation ▶\$					
	Description of services provided ▶					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
а						
_	retain the state gaming license?	Yes	No			
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations					
Por	or spent in the organization's own exempt activities during the tax year ▶ \$ t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and	(v) and				
rai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor					
	(see instructions).	nation				
PRO	FESSIONAL SERVICE AMOUNT VS FUNDRAISING EXPENSE					
FUN:	DRAISING EXPENSE AMOUNT PER VENDOR (DIFFERENT FROM FUNDRAISING SERVICE					
AMO	UNT REPORTED IN SCHEDULE G, PART I, LINE 2B, COLUMN V):					
- F	OR THE BELOW VENDORS, FUNDRAISING EXPENSES PRIMARILY INCLUDE PAID					
SEA	RCHES, DISPLAY MEDIA AND EMAIL ACQUISITION:					

MER.	KLE = \$108,026					
טבט	ENGINE DIGITAL = \$10,846					
עניניו	THOTHE PICTIME - VIOLOTO					

Sched	ule G (Form 990 or 990-EZ) 2014 Page 3
11	Does the organization conduct 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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Nama N
	Name ►
	Address >
	Address ►
16	Gaming manager information:
. •	
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	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 > \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
	(200 mondono).
– F(OR TARGET MARKETEAM INC, FUNDRAISING EXPENSE INCLUDES COST OF
-	on the transfer the front to the transfer the transfer of the transfer the transfer of the tra
PRI	NTING, POSTAGE, ENVELOPES, ETC.:
\$8,	974,648
- F	OR FUNDRAISING INITITIVES, FUNDRAISING EXPENSE INCLUDES NEW MONTHLY
DON	OR ACQUISITION FEES SUCH AS DONOR CUSTOMER SERVICE, GIFT PROCESSING,

Schedule G (Fol	rm 990 or 990-EZ) 2014	Page 3
11 Does t	the organization conduct gaming activities with nonmembers?	No
12 Is the 0	organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
formed	d to administer charitable gaming?	No
13 Indicat	te the percentage of gaming activity conducted in:	
a The or	ganization's facility	%
	side facility	%
	the name and address of the person who prepares the organization's gaming/special events books and	
record	S:	
Name	>	
Addres	ss >	
	the organization have a contract with a third party from whom the organization receives gaming	_
revenu		No
b If "Yes	s," enter the amount of gaming revenue received by the organization ▶ \$ and the	
amoun	nt of gaming revenue retained by the third party ▶ \$	
c If "Yes	s," enter name and address of the third party:	
Mana		
Name	>	
Addros		
Addres	ss >	
16 Gamin	g manager information:	
10 Carrill	g manager miormation.	
Name	>	
	·	
Gamin	ng manager compensation ▶\$	
Descri	ption of services provided	
Di	irector/officer Employee Independent contractor	
	atory distributions:	
	organization required under state law to make charitable distributions from the gaming proceeds to	_
retain t	the state gaming license?	No
	the amount of distributions required under state law to be distributed to other exempt organizations	
	nt in the organization's own exempt activities during the tax year ▶ \$	
	Supplemental Information. 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 provide any additional information	
	(see instructions).	
FEES PAIL	D TO STREET CANVASSERS AND DATA ANALYSIS:	
\$1,744,19	90	
γ 1 ,/ 1 1,12		
- FOR RUS	SS REID, FUNDRAISING EXPENSE INCLUDES NEW MONTHLY DONOR	
1 011 1102	30 1.2.2 / 1 01.2.1.2.2.10 2.1.2.1.02.02.2.2.3 1.2.11 1.02.1.1.2.2 2.0.10.1	
ACOUISITI	ION FEES SUCH AS VIDEO EDITING, MEDIA BUYS, DONOR CUSTOMER	
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
SERVICE A	AND DATA ANALYSIS:	
\$928,450		

Sched	ule G (Form 990 or 990-EZ) 2014 Page 3
11	Does the organization conduct 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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	records.
	Nama N
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?Yes No
b	
	amount of gaming revenue retained by the third party ▶ \$
С	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:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
_ F(OR MDS COMMUNICATION CORP., FUNDRAISING FEES INCLUDED IN SCHEDULE
- F(OR MDS COMMONICATION CORP., FUNDRAISING FEES INCLUDED IN SCHEDULE
G/P	ART I INCLUDE BOTH FUNDRAISING FEES AND FUNDRAISING EXPENSES (FOR THE
COS	T OF COMPLETED CALLS). THE CONTRACT STATES THAT CARE WILL PAY COST BY
COM	PLETED CALLS AND DOES NOT DISTINGUISH WHAT PORTION OF THE EXPENSE IS
F'OR	FEES VS. EXPENSES. AS SUCH, ENTIRE AMOUNT IS REPORTED AS FUNDRAISING
FEE:	S IN PART I.

Sched	ule G (Form 990 or 990-EZ) 2014 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address >
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of convices provided
	Description of services provided ►
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
-	retain the state gaming license?
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	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
- F	OR THOMPSON, HABIB & DENISON, INC. FUNDRAISING EXPENSE INCLUDES
MARI	KETING & COMMUNICATION MATERIALS
DES	CRIPTION OF HOW PROFESSIONAL FUNDRAISING SERVICE AMOUNT (REPORTED IN
SCH	G, PART I, LINE 2B, COLUMN V) IS DISTINGUISHED FROM FUNDRAISING
EXP	ENSE AMOUNT FOR ALL FUNDRAISERS LISTED ABOVE:

2197HI 2217 PAGE 172

Sched	lule G (Form 990 or 990-EZ) 2014
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ▶
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 ► \$
С	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
47	Manual atom, all atom by the grant
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
h	retain the state gaming license? Yes No 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	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
- F	OR THE BELOW VENDORS, THE INVOICE DISTINGUISHES THE FUNDRAISING
SER	VICE AMOUNT VS. THE FUNDRAISING EXPENSE: MERKLE, RED ENGINE DIGITAL
Z NID	M_D CTDATECTC CEDITOEC
AND	M+R STRATEGIC SERVICES
- F	OR THE BELOW VENDORS THE CONTRACT CLEARLY DEFINES THE EXACT COSTS FOR
PRO:	FESSIONAL FUNDRAISING SERVICES. ALL OTHER COSTS ARE CONSIDERED
TTT 73.71	DDATGING EVDENGEG : MADGEM MADVEMEAN DUNDDATGING INTERACTION DIVIG
F UN	DRAISING EXPENSES.: TARGET MARKETEAM, FUNDRAISING INITIATIVES, RUSS
REI	D AND THOMPSON, HABIB & DENISON, INC.

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COOPERATIVE FOR A	SSISTANCE	E AND RELIE	F			Employer identification	on number
EVERYWHERE (CARE USA), INC. 13-1685039							
Part I General Information on Grants and	d Assistanc	e				'	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand dures for mor	ce? nitoring the use	of grant funds in the	e United States.		[X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the	omestic Or hat received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can b	vernments. Com be duplicated if a	nplete if the organiza additional space is n	ation answered "Ye needed.	es" to Form 990,
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) ABT ASSOCIATES INC							
55 WHEELER ST CAMBRIDGE, MA 02138	04-2347643		315,468.				1 - PT IV
(2) ABT ASSOCIATES INC			,				
55 WHEELER ST CAMBRIDGE, MA 02138	04-2347643		189,631.				2 - PT IV
(3) ABT ASSOCIATES INC							
55 WHEELER ST CAMBRIDGE, MA 02138	04-2347643		28,479.				3 - PT IV
(4) BRIDGES TO PROSPERITY							
126 VICTORY RD YORKTOWN, MA 23692	54-2031102	501(C)(3)	117,694.				4 - PT IV
(5) CARE ACTION NOW							
1825 I ST NW, STE #301 WASHINGTON, DC 20006	26-1728410	501(C)(4)	229,575.				5 - PT IV
(6) CATHOLIC RELIEF SERVICES							
228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	47,505.				6 - PT IV
(7) CATHOLIC RELIEF SERVICES							
228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	9,577.				7 - PT IV
(8) CATHOLIC RELIEF SERVICES							
228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	11,483.				8 - PT IV
(9) CATHOLIC RELIEF SERVICES							
228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	416,869.				9 - PT IV
(10) CHILD DEVELOPMENT FOUNDATION							
2500 DELKALB PIKE NORRISTOWN, PA 19401	23-1539361	501(C)(3)	7,253.				10 - PT IV
(11) COLUMBIA UNIVERSITY							
615 WEST 131 ST. 4TH FL NEW YORK, NY 10027	13-5598093	501(C)(3)	381,254.				11 - PT IV
(12) CONSERVATION INTERNATIONAL FOUNDATION							
2011 CRYSTAL DR STE 500 ARLINGTON, VA 22202	52-1497470	501(C)(3)	286,552.				12 - PT IV
2 Enter total number of section 501(c)(3) an3 Enter total number of other organizations I							

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

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.

Department of the Treasury Internal Revenue Service

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

2014

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF							Employer identification number		
EVERYWHERE (CARE USA), INC.						13-1685039)		
Part I General Information on Grants and	d Assistanc	е				•			
1 Does the organization maintain records to si	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grants	s or assistance, and			
the selection criteria used to award the grant	s or assistand	ce?					X Yes No		
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.					
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the							es" to Form 990,		
(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) CORNELL UNIVERSITY									
317 DAY HALL ITHACA, NY 14853	15-0532082	501(C)(3)	149,346.				13 - PT IV		
(2) CORNELL UNIVERSITY									
317 DAY HALL ITHACA, NY 14853	15-0532082	501(C)(3)	10,000.				14 - PT IV		
(3) CORNELL UNIVERSITY									
317 DAY HALL ITHACA, NY 14853	15-0532082	501(C)(3)	37,837.				15 - PT IV		
(4) EMORY UNIVERSITY									
1599 CLIFTON RD NE. ATLANTA, GA 30322	58-0566256	501(C)(3)	216,934.				16 - PT IV		
(5) EMORY UNIVERSITY									
1599 CLIFTON RD NE. ATLANTA, GA 30322	58-0566256	501(C)(3)	26,351.				17 - PT IV		
(6) ENGENDERHEALTH INC									
440 NINTH AVENUE NEW YORK, NY 10001	13-1623838	501(C)(3)	516,642.				18 - PT IV		
(7) GEORGETOWN UNIVERSITY									
3700 O ST NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	345,701.				19 - PT IV		
(8) GLOBAL VIRAL FORECASTING INITIATIVE									
425 CALIFORNIA ST #200 NEW YORK, NY 94104	26-1379391	501(C)(3)	81,216.				20 - PT IV		
(9) HELLO TRACTOR INC									
1231B GOOD HOPE RD SE WASHINGTON, DC 20020			8,500.				21 - PT IV		
(10) INTERNATIONAL CENTER FOR RESEARCH ON WOMEN									
1120 20TH ST NW #500 N WASHINGTON, DC 20036	52-1081455	501(C)(3)	15,728.				22 - PT IV		
(11) INTERNATIONAL CENTER FOR RESEARCH ON WOMEN									
1120 20TH ST NW #500 N WASHINGTON, DC 20036	52-1081455	501(C)(3)	20,912.				23 - PT IV		
(12) INTERNATIONAL RESCUE COMMITTEE									
122 EAST 42ND ST NEW YORK, NY 10017	13-5660870		242,861.				24 - PT IV		
2 Enter total number of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 t	able					

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

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

2014

Name of the organization COOPERATIVE FOR A	ASSISTANCE	E AND RELIE	F			Employer identificati	ion number
EVERYWHERE (CARE USA), INC.						13-1685039)
Part I General Information on Grants ar	nd Assistanc	е				•	
1 Does the organization maintain records to s	substantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, and	
the selection criteria used to award the gran							X Yes No
2 Describe in Part IV the organization's proce	dures for mo	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient	Domestic Or that received	ganizations and more than \$5	nd Domestic Gov 5,000. Part II can b	vernments. Competed if a	nplete if the organiz additional space is i	ation answered "Y needed.	es" to Form 990,
(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							
122 EAST 42ND ST NEW YORK, NY 10017	13-5660870	501(C)(3)	284,279.				25 - PT IV
(2) JOHNS HOPKINS UNIVERSITY							
111 MARKET PL STE 310 BALTIMORE, MD 21202	52-0595110	501(C)(3)	234,154.				26 - PT IV
(3) JOHNS HOPKINS UNIVERSITY							
111 MARKET PL STE 310 BALTIMORE, MD 21202	52-0595110	501(C)(3)	478,311.				27 - PT IV
(4) MERCY CORPS							
45 SW ANKENY ST PORTLAND, OR 97204	91-1148123	501(C)(3)	187,769.				28 - PT IV
(5) PLAN INTERNATIONAL USA, INC.							
155 PLAN WAY WARWICK, RI 02886	13-5661832	501(C)(3)	164,901.				29 - PT IV
(6) SAVE THE CHILDREN - DC							
54 WILTON RD. WESTPORT, CT 06880	06-0726487	501(C)(3)	323,566.				30 - PT IV
(7) SAVE THE CHILDREN - DC							
54 WILTON RD. WESTPORT, CT 06880	06-0726487	501(C)(3)	111,574.				31 - PT IV
(8) TUFTS UNIVERSITY							
419 BOSTON AVENUE MEDFORD, MA 02155	04-2103634	501(C)(3)	160,761.				32 - PT IV
(9) un women							
220 EAST 42ND STREET NEW YORK, NY 10017		501(C)(3)	47,519.				33 - PT IV
(10) WORLD VISION INTERNATIONAL							
800 W CHESTNUT AVE MONROVIA, CA 91016	95-3202116	501(C)(3)	112,674.				34 - PT IV
(11) WORLD VISION INTERNATIONAL	_						
800 W CHESTNUT AVE MONROVIA, CA 91016	95-3202116	501(C)(3)	104,177.				35 - PT IV
(12) WORLD WILDLIFE FUND							
12E0 24EH CE NH HACHINGEON DG 20027	E2 1602207	E01/G1/31	102 057	[26 DE TV

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

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

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

COOPERATIVE FOR ASSISTANCE AND RELIEF

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

EVERYWHERE (CARE USA), INC.	13-1685039	13-1685039					
Part I General Information on Grants	and Assistanc	е				•	
1 Does the organization maintain records to							
the selection criteria used to award the gr	ants or assistand	ce?					X Yes No
2 Describe in Part IV the organization's pro-	cedures for mo	nitoring the use	of grant funds in the	United States.			
Part IV, line 21, for any recipien							es" to Form 990,
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 WILDLIFE FUND							
1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	237,709.				37 - PT IV
(2) WORLD WILDLIFE FUND							
1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	124,201.				38 - PT IV
(3) CHILD DEVELOPMENT FOUNDATION							
2500 DELKALB PIKE NORRISTOWN, PA 19401	23-1539361	501(C)(3)	64,406.				39 - PT IV
(4) CHILD DEVELOPMENT FOUNDATION							
2500 DELKALB PIKE NORRISTOWN, PA 19401	23-1539361	501(C)(3)	61,484.				40 - PT IV
(5) CHILD DEVELOPMENT FOUNDATION							
2500 DELKALB PIKE NORRISTOWN, PA 19401	23-1539361	501(C)(3)	8,574.				41 - PT IV
_(6)							
(7)							
(8)							
(10)							
(44)							
(11)							
(12)							
2 Enter total number of section 501(c)(3)	and governmer	ıt organizations	listed in the line 1 t	lable		<u> </u>	20.
3 Enter total number of other organization							3.

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

13-1685039

Schedule I (Form 990) (2014)

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, Part III, column (b), and any other additional information.

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

FORM 990, SCHEDULE I

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

13-1685039

Schedule I (Form 990) (2014)

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, Part III, column (b), and any other additional information.

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

Schedule I (Form 990) (2014)

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, Part III, column (b), and any other additional information.

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 SIZE

OF AWARDS, PERCENTAGE OF THE PASS-THROUGH ENTITY'S TOTAL PROGRAM FUNDS

13-1685039

Schedule I (Form 990) (2014)

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, Part III, column (b), and any other additional information.

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 REQUIREMENTS,

AND RISK OF SUB-RECIPIENT NON-COMPLIANCE AS ASSESSED BY THE PASS-THROUGH

ENTITY MAY INFLUENCE THE NATURE AND EXTENT OF MONITORING PROCEDURES.

2197HI 2217

Schedule I (Form 990) (2014)

art 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
2					
3					
4					
5					
3					
7					

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

GRANT PURPOSES

FORM 990, SCHEDULE I, PART II

- 1 FAMILY HEALTH INITIATIVE IN BIHAR INDIA
- 2 TO IMPLEMENT TECHNICAL ASSISTANCE TO THE GOVERNMENT OF BIHAR INDIA
- IMPROVING HEALTH, NUTRITION, COVERAGE AND OUTCOMES
- 3 IMPROVING TREATMENT FOR CHILD HEALTH IN BIHAR INDIA
- 4 IMPLEMENTATION OF THE COMMUNITY BASED RESILIENCE BUILDING PROJECT

IN GRAND ANSE-HAITI

- 5 CARE ACTION NOW
- 6 STRENGTHENING CAPACITIES AND COORDINATION WITHIN THE HUMANITARIAN

Schedule I (Form 990) (2014)

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

COMMUNITY TO RESPOND TO NATURAL DISASTERS IN BOLIVIA

- 7 AGREEMENT FRAMEWORK IN COORDINATION WITH THE ORGANIZATION LEADERS
- OF THE ALLIANCE OF WATER FOR THE MILLENNIUM IN HONDURAS
- 8 GLOBAL WATER INITIATIVE GLOBAL POLICY AND ADVOCACY PROJECT
- 9 GRADUATION WITH RESILIENCE TO ACHIEVE SUSTAINABLE DEVELOPMENT
- 10 NORTH SUDAN UNRESTRICTED PROJECT
- 11 FAMILY HEALTH INITIATIVE IN BIHAR INDIA
- 12 NEWLY DECLARED PRIMIERAS AND SEGUNDAS RESERVE, AND BEYOND IN
- MOZAMBIQUE IN PARTNERSHIP WITH WORLD WILDLIFE FUND AND SALL FOUNDATION
- 13 CLIMATE SMART INITIATIVE PROJECT

Schedule I (Form 990) (2014)

Part III can be duplicated if additional space is needed.	Part III	Grants and Other Assistance to Individuals in the Ur	nited States. Co	mplete if the or	rganization answered	"Yes" on Form 990, Part IV, li	ne 22.
				•			

(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					
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_ 6					
7					

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

14 TO SUPPORT THE OPERATION OF THE POVERTY , ENVIRONMENT AND CLIMATE

CHANGE NETWORK

15 STEWARD PROGRAM PHASE III - BIO DIVERSITY AND NATURAL RESOURCE

MANAGEMENT

- 16 FAMILY HEALTH INITIATIVE IN BIHAR INDIA
- 17 WATER SANITATION AND HEALTH
- 18 TO IMPLEMENT TECHNICAL ASSISTANCE TO THE GOVERNMENT OF BIHAR INDIA
- IMPROVING HEALTH, NUTRITION, COVERAGE AND OUTCOMES
- 19 WATER SANITATION AND HEALTH
- 20 CONTINUUM OF PREVENTION CARE AND TREATMENT OF HUMAN

Schedule I (Form 990) (2014)

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					
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7					

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

IMMUNODEFICIENCY VIRUS INFECTION/ACQUIRED IMMUNE DEFICIENCY SYNDROME OF

MOST-AT-RISK POPULATION IN CAMEROON

- 21 BETA TEST OF SMART TRACTORS IN GHANA
- 22 SUPPORT FOR GIRLS NOT BRIDES
- 23 TIPPING POINT: INNOVATION AND ADVOCACY IN ADDRESSING UNDERLYING

CAUSES OF CHILD MARRIAGE

24 IMPLEMENTATION OF THE COMMUNITY BASED RESILIENCE BUILDING PROJECT

IN GRAND ANSE-HAITI

25 UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT WATER AND

SANITATION FOR HEALTH NUTRITION

Schedule I (Form 990) (2014)

art 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					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

26 CONTINUUM OF PREVENTION CARE AND TREATMENT OF HUMAN

IMMUNODEFICIENCY VIRUS INFECTION/ACQUIRED IMMUNE DEFICIENCY SYNDROME OF

MOST-AT-RISK POPULATION IN CAMEROON

27 TO IMPROVE MATERNAL AND REPRODUCTIVE HEALTH IN SIX DISTRICTS OF THE

TABORA REGION OF TANZANIA BY IMPROVING UTILIZATION OF MATERNAL AND

REPRODUCTIVE HEALTH SERVICES BY WOMEN AND ADOLESCENT GIRLS IN THE

COMMUNITIES WHERE THEY LIVE BY IMPROVING THE QUALITY OF THESE SERVICES,

AND BY STRENGTHENING HEALTH SERVICE MANAGEMENT AND ACCOUNTABILITY FOR THE

SERVICES.

28 CLIMATE SMART INITIATIVE PROJECT

Schedule I (Form 990) (2014)

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

29 IMPLEMENTATION OF UNITED STATES AGENCY FOR INTERNATIONAL

DEVELOPMENT PROJECT PROTECTING THE RIGHTS OF CHILDREN, WOMEN AND YOUTH IN

HAITI

- 30 FAMILY HEALTH INITIATIVE IN BIHAR INDIA
- 31 GIRLS EDUCATION PROJECT
- 32 GRADUATION WITH RESILIENCE TO ACHIEVE SUSTAINABLE DEVELOPMENT
- 33 TO IMPLEMENT WOMEN'S EMPOWERMENT THROUGH STAGE ANIMATED AWARENESS

AND LOBBYING PROJECT ACTIVITY

34 IMPLEMENTATION OF SAFETY NET PROGRAM THAT IMPROVES ACCESS TO

LOCALLY PRODUCED FOODS AMONG VULNERABLE HOUSEHOLDS IN HAITI FUNDED BY

Schedule I (Form 990) (2014)

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

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT.

35 STRENGTHENING REGIONAL PROGRAM OF WATER AND FOOD SECURITY IN THE

SAHEL AND HORN OF AFRICA

- 36 PROJECT IMPLEMENTATION
- 37 MAKING PROTECTION REAL AND LEARNING FROM OUR EXPERIENCE
- 38 CARE-WORLD WILDLIFE FUND ALLIANCE FOR UNDERSTANDING VULNERABILITY

AND MARGINALIZATION SMALL SCALE MARINE FISHING COMMUNITIES

- 39 PARTNERING FOR CHANGE
- 40 PARTNERING FOR CHANGE
- 41 SOUTH DARFUR EMERGENCY & RECOVERY PROGRAM

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" on Form 990, Part IV, line 23.

► Attach to Form 990.
► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COOPERATIVE FOR ASSISTANCE AND RELIEF Employer identification number EVERYWHERE (CARE USA), INC. 13-1685039 **Questions Regarding Compensation**

			Yes	No
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.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account 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	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	_		
	1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Form 990 of other organizations Compensation survey or study X 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: Receive a severance payment or change-of-control payment?	4a		X
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	21	
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The to any of lines 40 o, list the persons and provide the applicable amounts for each item in rait in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	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		X
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		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

COOPERATIVE FOR ASSISTANCE AND RELIEF 13-1685039

Schedule J (Form 990) 2014 Page 2

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
HELENE D GAYLE	(i)	419,380.	(15,867.	20,800.	842.	456,889.	0
1 BOARD MBR / PRESIDENT AND CEO	(ii)	0	(0	0	0	O	0
PETER BUIJS	(i)	212,990.	(1,208.	16,199.	5,216.	235,613.	0
2 CHIEF FINANCIAL OFFICER	(ii)	0	(0	0	0	0	0
NICHOLAS C OSBORNE	(i)	215,080.	(286.	16,764.	2,223.	234,353.	0
3 VP INTL PROGRAM & OPERATIONS	(ii)	0	(0	0	0	0	0
JONATHAN W MITCHELL	(i)	143,514.	(30,887.	14,154.	3,116.	191,671.	0
4 FMR CHIEF OPTG OFFICER/SVP IPO	(ii)	0	(0	0	0	0	0
PATRICK SOLOMON	(i)	208,675.	(449.	17,081.	4,840.	231,045.	0
5 SR VP HR & ADMIN	(ii)	0	(0	O	0	0	0
LEE T LOVE	(i)	285,980.	(438.	20,800.	7,206.	314,424.	0
6 VP INDIVIDUAL FNDRAISNG/MRKTNG	(ii)	0	(0	0	0	0	0
EMMA M NAYLOR NGUGI	(i)	244,827.	(0	9,902.	1,807.	256,536.	0
7 REG DIR-EAST, CEN & S AFRICA	(ii)	0	(0	0	0	0	0
MUHAMMAD MUSA	(i)	177,190.	(60,711.	8,424.	1,542.	247,867.	0
8 COUNTRY DIRECTOR /CEO INDIA	(ii)	0	(0	0	0	0	0
JEAN MICHEL VIGREUX	(i)	149,481.	(32,963.	8,415.	2,110.	192,969.	0
9 FMR SRVP PGM QUAL/DIR HAITI	(ii)	0	(0	0	0	0	0
NAVA GYAWALI	(i)	157,384.	(32,445.	8,508.	1,146.	199,483.	0
10REGIONAL DIRECTOR OF ASIA REG	(ii)	105 450	(0	10.515	1 224	000 100	0
THOMAS REYNOLDS	(i)	187,452.	(286.	10,515.	1,934.	200,187.	0
11 VP PROG PARTNERSHIP LEARNING	(ii)	124 001	() 0	6 100	1 540	056 514	0
YAWO DOUVON 12COUNTRY DIRECTOR OF MALI	(i)	134,081.	(114,601.	6,490.	1,542.	256,714.	0
	(ii)	141 060	(101.066	7 207	1 001	052 122	0
CHRISTOPHER WILLIAMS 13DIRECTOR OF SECURITY	(i)	141,969.	(101,966.	7,207.	1,991.	253,133.	0
	(ii)	127 214	(00 000	6.066	1 001	242 200	0
AFURIKA JUVENAL 14 ^{Chief of party}	(i)	137,314.	(98,009.	6,066.	1,991.	243,380.	0
RUPERT BLADON	(ii)	171,297.	(56 407	1 000	2 110	221 002	0
15 PROGRAM MGR CHIEF OF PARTY	(i)	1/1,29/.	(56,497.	1,899.	2,110.	231,803.	0
15-1001011 1011 011 111111	(ii)	U		1	Ų	U	U	
40	(i)							
16	(ii)							

Schedule J (Form 990) 2014

2197HI 2217 PAGE 190

COOPERATIVE FOR ASSISTANCE AND RELIEF 13-1685039

Schedule J (Form 990) 2014

Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION PROVIDED BY ORGANIZATION LISTED IN FORM 990, PART VII, SEC. A SCHEDULE J, PART I, #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.
- HOUSING IS PROVIDED FOR QUALIFIED INTERNATIONAL STAFF RESIDING OUTSIDE THEIR HOME COUNTRY. THE COSTS ASSOCIATED WITH HOUSING ARE INCLUDED IN THE EMPLOYEE'S INCOME.
- THE FOLLOWING COMMENTS ARE RELATED TAX INDEMNIFICATION AND GROSS-UP PAYMENTS:

QUALIFIED INTERNATIONAL STAFF ARE TAX INDEMNIFIED FOR HOST COUNTRY TAX
OBLIGATIONS. THE BASE COMPENSATION FOR CERTAIN QUALIFIED INTERNATIONAL
STAFF LISTED IN 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 ETHIOPIA, KENYA, PERU AND THAILAND. AMOUNTS
PER PERSON RANGE FROM \$750.00 - \$83K.

- HEALTH CLUB FEES, NOT TO EXCEED \$20/MONTH, ARE REIMBURSABLE TO ALL

Schedule J (Form 990) 2014

COOPERATIVE FOR ASSISTANCE AND RELIEF 13-1685039

Schedule J (Form 990) 2014 Page 3

Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

EMPLOYEES. HEALTH CLUB REIMBURSEMENTS ARE INCLUDED IN THE EMPLOYEE'S

INCOME.

FORM 990, SCHEDULE J, PART I, LINE 4B

HELENE GAYLE, PRESIDENT AND CEO, PARTICIPATED IN A SUPPLEMENTAL

NON-QUALIFIED PENSION PLAN. CONTRIBUTION AMOUNT WAS \$13,932.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

COOPERATIVE FOR ASSISTANCE AND RELIEF

Attach to Form 990.

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

Employer identification number 13-1685039

EVERYWHERE (CARE USA), INC. 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	Method o			
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							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	194.	5,057,380.	COST/SELI	LING	PRI	<u> </u>
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
4.5	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	X	23,890.	14,686,559.	COST/SELI	TNG	DRT	
19 20	Food inventory	Λ	23,050.	14,000,337.	COST/SELL	JING	FICE	
21	Drugs and medical supplies Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(_ATCH_1)		650,753.	2,845,973.				
26	Other ►()		,	, , , , , , , , , , , , , , , , , , , ,				
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least th	•			•			
	to be used for exempt purposes for		olding period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a			=				
	contributions?					31	Х	
32a	Does the organization hire or use	•	_	•				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2014)

33

describe in Part II.

Schedule M (Form 990) (2014) Page **2**

Part II Supplement

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A)	CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
MOSQUITO NETS		X	589618.	1,874,985.	COST/SELLING PRICE
SHLTR/CLTHNG/WTR/HYG K	ITS	Х	40064.	789,000.	COST/SELLING PRICE
HYG/WTR PURIFICATION K	ITS	Х	21070.	181,299.	COST/SELLING PRICE
ALL OTHER		X	1.	689.	COST/SELLING PRICE
TOTALS		-	650,753.	2,845,973.	

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service

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.

Inspection **Employer identification number**

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA), INC. 13-1685039

DESCRIPTION OF OTHER PROGRAM SERVICES FORM 990, PART III, LINE 4D 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.

FOREIGN COUNTRIES

FORM 990, PART V, LINE 4B

AFGHANISTAN

BURUNDI

BENIN

BANGLADESH

BOLIVIA

CODE D'IVOIRE (IVORY COAST)

DEMOCRATIC REPUBLIC OF CONGO

DJIBOUTI

ECUADOR

EGYPT

EL SALVADOR

ETHIOPIA

GEORGIA

GHANA

GUATEMALA

HONDURAS

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF

EVERYWHERE (CARE USA), INC.

Employer identification number

13-1685039

HAITI

INDIA

JORDAN

KENYA

LESOTHO

LIBERIA

MADAGASCAR

MALAWI

MALI

MOZAMBIQUE

NEPAL

NICARAGUA

NIGER

NORTH SUDAN

PAKISTAN

PERU

PHILLIPINES

RWANDA

SIERRA LEONE

SRI LANKA

SOMALIA

SOUTH AFRICA

SOUTH SUDAN

TANZANIA

THAILAND

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF

EVERYWHERE (CARE USA), INC.

Employer identification number

13-1685039

TURKEY

UGANDA

UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)

WEST BANK-GAZA

YEMEN

FAMILY OR BUSINESS RELATIONSHIPS

FORM 990, PART VI, LINE 2

BRUCE C. TULLY & RICHARD A. MARIN - BUSINESS RELATIONSHIP

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

FORM 990, PART VI, LINE 7A

AT EACH ANNUAL MEETING OF THE BOARD OF DIRECTORS, THE BOARD WILL ELECT DIRECTORS.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, LINE 11B

THE 990 IS SENT TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. THE BOARD OF DIRECTORS ARE REQUESTED TO REVIEW THE DOCUMENT AND RESPOND WITH ANY QUESTIONS OR COMMENTS WITHIN A SPECIFIED TIMEFRAME.

CARE'S AUDIT & RISK MANAGEMENT COMMITTEE REVIEWS THE 990 AT ITS FIRST MEETING FOLLOWING COMPLETION OF THE RETURN.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, LINE 12C

THE BOARD OF DIRECTORS REVIEWS AND APPROVES A CONFLICT OF INTEREST POLICY

Employer identification number 13-1685039

Page 2

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 NOMINATING

& GOVERNANCE COMMITTEE CHAIR, REMOVE THEMSELVES FROM DISCUSSIONS AND

VOTING ON ANY RELATED MATTER. IN ADDITION, THE BOARD AND KEY EMPLOYEES

COMPLETE A DISCLOSURE/CONFLICT OF INTEREST 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 CONFLICT 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, WHICH CAN BE UP TO AND INCLUDING

TERMINATION.

PROCESS FOR DETERMINING COMPENSATION FORM 990, PART VI, LINE 15

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 EXECUTIVE COMPENSATION COMMITTEE AND TALENT COMMITTEE (PART OF OUR BOARD OF DIRECTORS). SENIOR STAFF'S COMPENSATION IS REVIEWED PERIODICALLY BY THE TALENT COMMITTEE. THE LAST COMPARATIVE STUDY WAS DONE THIS PAST YEAR. FOR ALL SENIOR STAFF, DECISIONS AROUND COMPENSATION ARE DOCUMENTED IN OUR INTERNAL RECORDS.

PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990, PART VI, QUESTION 19

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF

EVERYWHERE (CARE USA), INC.

Employer identification number

13-1685039

AUDITED FINANCIAL STATEMENTS ARE POSTED ON CARE'S WEB SITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

-4,725,408, DECREASE IN VALUE OF TRUST HELD BY THIRD PARTIES

2,239,146, CHANGE IN SUBSIDIARY LOANS PAYABLE

-1,536,751, CHANGE IN NET ASSETS DUE TO ADDING SUDAN BEGINNING NA TO

CONTRIBUTIONS REVENUE

-1,474,000, CHANGE IN SUBSIDIARY NET ASSETS BALANCE

124,173, MINORITY INTEREST IN SUBSIDIARY INCOME

31,103, ACTUARIAL GAIN ON SPLIT INTEREST AGEEMENTS

13,038, MISCELLANEOUS

-5,328,699 = TOTAL

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

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF Employer identification number

EVERYWHERE (CARE USA), INC.

ATTACHMENT 1 (CONT'D)

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

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.

ATTACHMENT 2

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

79 PERCENT OF CARE'S PROGRAM EXPENSES IN FISCAL YEAR 2015 WERE
DEDICATED TO LASTING SOLUTIONS TO POVERTY. CARE'S WORK PROMOTES
WOMEN'S AND GIRLS' EMPOWERMENT, MATERNAL AND CHILD HEALTH,
EDUCATION, FOOD SECURITY, ACCESS TO CLEAN WATER AND STRIVES TO
HALT GENDER-BASED VIOLENCE. CARE PLACES SPECIAL EMPHASIS ON WOMEN
AND GIRLS BECAUSE OUR EXPERIENCE SHOWS THAT THEIR EMPOWERMENT
BENEFITS ENTIRE FAMILIES AND COMMUNITIES.

CARE REGULARLY EVALUATES AND PUBLISHES THE RESULTS OF ITS WORK.

FOR EXAMPLE, CARE'S 2015 REPORT, "VOWS OF POVERTY," IDENTIFIES 26

COUNTRIES WHERE MORE GIRLS MARRY BEFORE AGE 18 THAN ENROLL IN

SECONDARY SCHOOL. MANY OF THE UNDERLYING CAUSES OF CHILD MARRIAGE

- INCLUDING SOCIAL NORMS THAT DEVALUE WOMEN AND GIRLS - APPLY

ACROSS ALL THE COUNTRIES.

WORLDWIDE, ABOUT 39,000 GIRLS ARE FORCED TO MARRY EACH DAY.

MEANWHILE, 62 MILLION GIRLS ARE NOT IN SCHOOL, AND HALF OF THEM

ARE ADOLESCENTS. "VOWS OF POVERTY" ALSO HIGHLIGHTS SOME OF THE

PROMISING SOLUTIONS TO CHILD MARRIAGE THAT ARE TAKING HOLD FROM

Employer identification number 13-1685039

ATTACHMENT 2 (CONT'D)

BANGLADESH AND NEPAL TO ETHIOPIA AND MALAWI. CARE'S TIPPING POINT PROJECT, FOR EXAMPLE, PARTNERS WITH 90 VILLAGES IN BANGLADESH AND 16 AREAS OF NEPAL TO END CHILD MARRIAGE THROUGH LOCAL SOLUATIONS, LEARNING AND ADVOCACY. ITS AIM IS TO REACH A TIPPING POINT OF SUSTAINABLE CHANGE THAT WILL PREVENT AND MITIGATE CHILD MARRIAGE. TIPPING POINT'S FOCUS REACHES BEYOND FORMAL POLICIES - SUCH AS LAWS IMPOSING A MINIMUM AGE FOR MARRIAGE - AND ADDRESSES SOCIAL AND CULTURAL INSTITUTIONS DRIVING GENDER DISCRIMINATION AND PROMOTING CHILD MARRIAGE. SOME OF ITS STRATEGIES INCLUDE INCREASING GIRLS' AWARENESS OF GENDER AND INDIVIDUAL RIGHTS, WHILE BUILDING GIRLS' CONFIDENCE AND LIFE SKILLS; CHALLENGING HARMFUL SOCIAL NORMS SUCH AS DOWRY EXPECTATIONS AND CULTURAL LINKS BETWEEN SEXUAL PURITY AND FAMILY HONOR; BUILDING SUPPORT AMONG PARENTS FOR THE VOICES, OPINIONS AND ASPIRATIONS OF ADOLESCENT GIRLS; AND COLLABORATING WITH COMMUNITY GROUPS, NETWORKS AND ORGANIZATIONS TO PROMOTE ADVOCACY AND ACTION FOR GIRLS.

HTTP://VOWSOFPOVERTY.CARE.ORG/

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

CARE RESPONDS TO DOZENS OF GLOBAL EMERGENCIES AND DISASTERS

ANNUALLY. AN UP-TO-DATE LIST OF CARE'S EMERGENCY AND DISASTER

RELIEF PROGRAMS CAN BE FOUND AT WWW.CARE.ORG/EMERGENCIES. CARE

CONTINUES TO BE ONE OF THE LEADING HUMANITARIAN AGENCIES ASSISTING

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EMPloyer identification number 13-1685039

ATTACHMENT 3 (CONT'D)

PEOPLE DISPLACED BY THE ONGOING VIOLENT CONFLICT IN SYRIA. TO DATE CARE HAS HELPED MORE THAN ONE MILLION SYRIAN REFUGEES AND THOSE DISPLACED INSIDE SYRIA.

(HTTP://www.care.org/emergencies/syria-crisis/care-response-syria-crisis). During fiscal year 2015 care also responded to the april earthquake in nepal. care provided shelter, sanitation and hygiene kits, food assistance, maternal health programs and safe demolition assistance to over 130,000 affected people and continues to help families build back safer and revive the local economy.

HTTP://www.care.org/sites/default/files/documents/care-nepal-6-mont H-FACTSHEET.PDF

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

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

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, OH, OK, PA,

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

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

TARGET MARKET TEAM INC. 1050 CROWN POINTE PKWY, 18 F ATLANTA, GA 30338 DIRECT MAILING SVCS

10,144,055.

Schedule O (Form 990 or 990-EZ) 2014

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF

EVERYWHERE (CARE USA), INC.

Employer identification number

13-1685039

ATTACHMENT 5 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FUNDRAISING INITIATIVES 8630 FENTON ST SILVER SPRINGS, MD 20910	FUNDRAISING SERVICES	3,710,722.
AMERICAN EXPRESS TRAVEL RELATED	FINANCIAL SERVICES	3,135,661.
PO BOX 360001 FORT LAUDERDALE, FL 33336-0001		
ERNST & YOUNG, LLP P.O. BOX 933514 ATLANTA, GA 31193-3514	CONSLTCY-AUDIT SVCS	2,979,038.
NEWMARK GRUBB KNIGHT FRANK MONARCH TOWER, 3424 PEACHTREE RD ATLANTA, GA 30326	FACILITY MAINTENANCE	832,804.

Page 2

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization COOPER

COOPERATIVE FOR ASSISTANCE AND RELIEF

Employer identification number 13-1685039

EVERYWHERE (CARE USA), INC.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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)					
<u>(3)</u>					
<u>(5)</u>					
(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 r	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	-	Section 5	(a) (512(b)(13) (rolled (ity?	
							Yes	No
(1) CARE INDIA TRUST	99-999999							
E-46/12, OKHLA INDUSTRIAL AREA	NEW DELHI, IN	CHARITABLE	IN	501(C)(3)	7	CARE USA	X	
(2) MOFAD MICROFINANCE COMPANY	99-999999							
STREET #11 TAIMANI, DISTRICT 4	KABUL, AF	MICROFINANCE	AF	501(C)(3)	7	CARE USA	X	
(3) CARE ACTION NOW	26-1728410							
1825 I STREET NW, SUITE #301	WASHINGTON, DC 20006	ADVOCACY	GA	501(C)(4)	N/A	CARE USA	X	
(4)								
(5)		_						
(6)								
		1						
(7)								

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

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

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?		Disproportionate		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
		000		,			Yes	No		Yes	No			
(1) ACCESS AFRICA FUND 27-3080676														
7315 WI AVE BETHESDA, MD 20814	MICROFINANCE	DE	CARE USA	RELATED INVESTMENT I	2,056,512.	16,151,011.		х	-21,697.		Х	90.9100		
(2)	_													
(3)														
(4)	-													
(5)	_													
(6)	_													
<u>(7)</u>	_													

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)		(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	Sec	o)(13) rolled
									Yes	No
(1) SEED FINANCE CORP 99-999	99999									
10B7 FRANCESCA TWR,73 SCOUT BRMEO S TRNGL,QZON CTY, RP	M	MICROFINANCE	RP	N/A	C CORP	-834,590.	298,000.	52.1600		X
(2) CARE ENTERPRISES 38-38	73371									
151 ELLIS ST ATLANTA, GA 30303	H	HOLDING CO.	DE	CARE USA, INC.	C CORP	-193,937.	363,296.	100.0000		Х
(3)										
(4)										
(5)										
(6)										
(7)										_
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Schedule R (Form 990) 2014

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Schedule R (Fo	orm 990) 2014	Page (
Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	te. 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)		Х	
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s).	1f		Х
a	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
ï	Exchange of assets with related organization(s)	1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
,	2000 of tabilities, equipment, of other access to related organization(o).	.,		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	х	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		x
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		y
"	Sharing of naid ampleyons with related organization(s)	10		y
U	Sharing of paid employees with related organization(s)	10		Λ
_	Deimhuraement neid to related ergenization(e) for expenses	1 1 1		Х
-	Reimbursement paid to related organization(s) for expenses.	1p		V
q	Reimbursement paid by related organization(s) for expenses	1q		$\overline{}$
_	Other transfer of each an area out to related annumentary (a)	4		X
r	Other transfer of cash or property to related organization(s)	1r		X
	Other transfer of cash or property from related organization(s).	1s		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 three		S.	
	(a) (b) (c) Name of related organization Transaction Amount involved Method			
	Ÿ I I I I I I I I I I I I I I I I I I I	unt invo	olved	Ü

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CARE ACTION NOW	В	229,575.	COST/FMV
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			

JSA 4E1309 1.000

Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014

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.

naging or	(j) Genera manag partne	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	ortionate tions?	Disprop	(g) Share of end-of-year assets	(f) Share of total income	ations?	(e) Are all partners section 501(c)(3) organizations?		(d) Predominant income (related, unrelated, excluded from tax under	(c) Legal domicile (state or foreign country)	(b) Primary activity	(a) Name, address, and EIN of entity
No	Yes	, , , , , , , , , , , , , , , , , , , ,	No	Yes			No	Yes	sections 512-514)				
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Schedule R (Form 990) 2014