

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2015

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 Inspection

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

Form sections B through K: B Check if applicable; C Name of organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA), INC.; D Employer identification number 13-1685039; E Telephone number (404) 681-2552; G Gross receipts \$ 620,761,375; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: X 501(c)(3); J Website: WWW.CARE.ORG; K Form of organization: X Corporation; L Year of formation: 1945; M State of legal domicile: DC

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission...; 2-7 Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances. Includes a 'COPY FOR PUBLIC INSPECTION' stamp.

Part II Signature Block

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

Signature and Preparer sections: Sign Here (Signature of officer PETER BUIJS, Date 12/16/2016); Paid Preparer Use Only (Print/Type preparer's name AERRIAL M ORR, Preparer's signature, Date 12/16/16, Firm's name ERNST & YOUNG U.S. LLP, Firm's address 55 IVAN ALLEN BLVD, SUITE 1000 ATLANTA, GA 30308)

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 355,555,558. including grants of \$ 103,847,148.) (Revenue \$ 0.)

ATTACHMENT 2

4b (Code: _____) (Expenses \$ 126,006,058. including grants of \$ 36,802,602.) (Revenue \$ 0.)

ATTACHMENT 3

4c (Code: _____) (Expenses \$ 6,000,000. including grants of \$ 0.) (Revenue \$ 0.)

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.

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

(Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses **▶** 487,561,616.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

PETER BUIJS 151 ELLIS ST. NE ATLANTA, GA 30303

404-681-2552

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE NUNN BOARD MBR/PRESIDENT & CEO	40.00 2.00	X	X					253,570.	0.	2,560.
(2) PAUL J JANSEN BOARD MEMBER/CHAIR	3.00 3.00	X						0.	0.	0.
(3) ALEXANDER B CUMMINGS BOARD MEMBER/TREASURER	3.00 0.	X						0.	0.	0.
(4) JOANNE BRADFORD BOARD MEMBER	3.00 0.	X						0.	0.	0.
(5) MARTHA BROOKS BOARD MEMBER	3.00 1.00	X						0.	0.	0.
(6) EDUARDO CASTRO-WRIGHT BOARD MEMBER	3.00 1.00	X						0.	0.	0.
(7) SUSAN CROWN BOARD MEMBER	3.00 0.	X						0.	0.	0.
(8) MICHELE FLOURNOY BOARD MEMBER	3.00 2.00	X						0.	0.	0.
(9) SUSAN S. HASSAN BOARD MEMBER	3.00 0.	X						0.	0.	0.
(10) LEILA JANAH BOARD MEMBER	3.00 2.00	X						0.	0.	0.
(11) MUSIMBI KANYORO BOARD MEMBER	3.00 0.	X						0.	0.	0.
(12) EMERY KOENIG BOARD MEMBER	3.00 0.	X						0.	0.	0.
(13) RICHARD A. MARIN BOARD MEMBER	3.00 0.	X						0.	0.	0.
(14) H. CONRAD MEYER III BOARD MEMBER	3.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) VICKI R. PALMER ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(16) RANDALL E. POND ----- BOARD MEMBER	3.00 ----- 1.00	X						0.	0.	0.
(17) VIRGINIA SALL ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(18) RANVIR K. TREHAN ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(19) DEIDRA WAGER ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(20) W. BOWMAN CUTTER ----- BOARD MEMEBER UNTIL OCT 2015	3.00 ----- 1.00	X						0.	0.	0.
(21) DEAN C. KEHLER ----- BOARD MEMBER UNTIL SEP 2015	3.00 ----- 0.	X						0.	0.	0.
(22) DORIS MEISSNER ----- BOARD MEMBER UNTIL SEP 2015	3.00 ----- 2.00	X						0.	0.	0.
(23) BRUCE C. TULLY ----- BOARD MEMBER UNTIL SEP 2015	3.00 ----- 0.	X						0.	0.	0.
(24) WILLIAM D. UNGER ----- BOARD MEMBER UNTIL SEP 2015	3.00 ----- 1.00	X						0.	0.	0.
(25) PETER BUIJS ----- CHIEF FINANCIAL OFFICER	40.00 ----- 1.00			X				211,087.	0.	21,495.
1b Sub-total								253,570.	0.	2,560.
c Total from continuation sheets to Part VII, Section A								3,648,538.	0.	261,358.
d Total (add lines 1b and 1c)								3,902,108.	0.	263,918.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 168

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 ► 54

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) CAROL HUDSON CHIEF OF STAFF/BOARD SECRETARY	40.00 0.			X			151,977.	0.	19,038.	
(27) LEE T LOVE VP IND FUNDRAISING & MARKTNG	40.00 0.				X		295,810.	0.	28,869.	
(28) EMMA M NAYLOR-NGUGI REG DIR-EAST, CEN & S AFRICA	40.00 0.				X		236,584.	0.	11,116.	
(29) NICHOLAS C OSBORNE VP INT'L PROGRAM & OPERATIONS	40.00 0.				X		230,074.	0.	20,428.	
(30) PATRICK SOLOMON VP HR & ADMIN	40.00 0.				X		218,077.	0.	22,238.	
(31) NAVA R GYAWALI REG DIR OF ASIA	40.00 0.				X		203,137.	0.	10,431.	
(32) DIAWARY BOUARE REG DIR OF WEST AFRICA	40.00 0.				X		191,815.	0.	10,059.	
(33) DAVID RAY VP ADVOCACY	32.00 8.00				X		190,853.	0.	22,540.	
(34) THOMAS L REYNOLDS VP PROG PARTNERSHIP & LEARNING	40.00 0.				X		187,675.	0.	23,792.	
(35) YAWO T DOUVON COUNTRY DIRECTOR OF MALI	40.00 0.					X	230,255.	0.	8,341.	
(36) MICHELLE D CARTER MNGNG DPTY REG DIR STHN AFRICA	40.00 0.					X	210,960.	0.	9,444.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 168

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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, 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) CHRISTOPHER J WILLIAMS DIRECTOR OF SECURITY	40.00 0.					X		208,856.	0.	9,214.
(38) JOHANNES SCHOORS COUNTRY DIRECTOR DRC	40.00 0.					X		208,277.	0.	3,426.
(39) GARTH VAN'T HUL COUNTRY DIRECTOR OF ETHIOPIA	40.00 0.					X		205,589.	0.	8,723.
(40) HELENE D GAYLE FORMER PRESIDENT AND CEO	0. 0.						X	284,430.	0.	21,630.
(41) JEAN MICHEL VIGREUX FMR SRVP PGM QUAL/DIR HAITI	40.00 0.						X	183,082.	0.	10,574.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 168

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

Section B. Independent Contractors

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	413,236.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	152,933,000.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	364,522,843.					
	g Noncash contributions included in lines 1a-1f: \$		51,088,120.					
	h Total. Add lines 1a-1f ▶		517,869,079.					
	Program Service Revenue	2a _____	Business Code					
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f ▶			0.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶		5,804,765.				5,804,765.	
	4 Income from investment of tax-exempt bond proceeds . ▶		0.					
	5 Royalties ▶		27,882.				27,882.	
	6a Gross rents	(i) Real	(ii) Personal					
		303,605.	359,568.					
		b Less: rental expenses						
		c Rental income or (loss)	303,605.	359,568.				
	d Net rental income or (loss) ▶			663,173.				663,173.
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		92,081,745.	96,923.					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)	-2,223,166.	96,923.				
	d Net gain or (loss) ▶			-2,126,243.				-2,126,243.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
		b Less: direct expenses b						
c Net income or (loss) from fundraising events ▶				0.				
9a Gross income from gaming activities. See Part IV, line 19 a								
	b Less: direct expenses b							
	c Net income or (loss) from gaming activities ▶			0.				
10a Gross sales of inventory, less returns and allowances a								
	b Less: cost of goods sold b							
	c Net income or (loss) from sales of inventory ▶			0.				
Miscellaneous Revenue		Business Code						
11a SALE OF GOODS NON-UBIT	900099		4,217,808.				4,217,808.	
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶			4,217,808.					
12 Total revenue. See instructions. ▶			526,456,464.				8,587,385.	

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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,420,057.	10,420,057.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	130,229,693.	130,229,693.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,983,139.	1,664,235.	1,142,418.	176,486.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	288,682.	222,245.	66,437.	
7 Other salaries and wages	100,925,392.	86,196,459.	10,331,955.	4,396,978.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,925,219.	4,217,577.	458,196.	249,446.
9 Other employee benefits	31,948,571.	29,377,519.	1,731,092.	839,960.
10 Payroll taxes	4,983,799.	4,090,299.	592,707.	300,793.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	502,867.	419,295.	43,728.	39,844.
c Accounting	2,658,051.	811,447.	1,846,604.	
d Lobbying	401,429.	401,429.		
e Professional fundraising services. See Part IV, line 17	1,791,588.			1,791,588.
f Investment management fees	211,307.		211,307.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	27,308,753.	23,906,929.	2,810,713.	591,111.
12 Advertising and promotion	5,018,847.	4,444,991.	183,350.	390,506.
13 Office expenses	30,995,994.	14,761,027.	2,423,778.	13,811,189.
14 Information technology	4,162,240.	3,071,240.	590,085.	500,915.
15 Royalties	0.			
16 Occupancy	10,704,308.	9,387,622.	858,319.	458,367.
17 Travel	36,100,711.	33,584,915.	1,870,608.	645,188.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	11,192,931.	11,146,184.	32,025.	14,722.
20 Interest	445,004.	363,424.	81,580.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	5,509,282.	4,144,497.	1,303,555.	61,230.
23 Insurance	978,889.	909,780.	23,444.	45,665.
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	61,299,871.	61,299,871.		
b AGRICULTURAL COMMODITIES	40,576,613.	40,576,613.		
c BAD DEBT EXPENSE	2,738,771.	2,738,771.		
d FOREIGN EXCHANGE LOSS	2,442,347.	2,442,347.		
e All other expenses	6,976,611.	6,733,150.	98,427.	145,034.
25 Total functional expenses. Add lines 1 through 24e	538,720,966.	487,561,616.	26,700,328.	24,459,022.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	146,565.	1	121,272.
	2 Savings and temporary cash investments	71,813,084.	2	74,900,266.
	3 Pledges and grants receivable, net	81,271,450.	3	69,774,714.
	4 Accounts receivable, net	29,433,443.	4	24,155,169.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated 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 contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	343,816.	7	48,210.
	8 Inventories for sale or use	1,453,852.	8	1,690,503.
	9 Prepaid expenses and deferred charges	4,727,477.	9	3,938,440.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 71,758,979.		
	b Less: accumulated depreciation	10b 54,402,390.		
	11 Investments - publicly traded securities	164,840,001.	11	152,582,705.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	5,102,987.	13	5,648,611.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	128,627,529.	15	120,371,882.
16 Total assets. Add lines 1 through 15 (must equal line 34)	507,467,047.	16	470,588,361.	
Liabilities	17 Accounts payable and accrued expenses	64,130,565.	17	58,912,445.
	18 Grants payable	77,777,002.	18	67,775,080.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	42,011,974.	25	41,975,217.
	26 Total liabilities. Add lines 17 through 25	183,919,541.	26	168,662,742.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	78,422,527.	27	69,947,658.
	28 Temporarily restricted net assets	104,316,297.	28	99,686,936.
	29 Permanently restricted net assets	140,808,682.	29	132,291,025.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	323,547,506.	33	301,925,619.
	34 Total liabilities and net assets/fund balances	507,467,047.	34	470,588,361.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	526,456,464.
2	Total expenses (must equal Part IX, column (A), line 25)	2	538,720,966.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,264,502.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	323,547,506.
5	Net unrealized gains (losses) on investments	5	1,535,696.
6	Donated services and use of facilities	6	-16,425.
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	-10,876,656.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	301,925,619.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

Employer identification number
13-1685039

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	541,567,076.	471,675,545.	522,181,567.	512,280,155.	517,869,079.	2,565,573,422.
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.	541,567,076.	471,675,545.	522,181,567.	512,280,155.	517,869,079.	2,565,573,422.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						435,096,852.
6 Public support. Subtract line 5 from line 4.						2,130,476,570.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	541,567,076.	471,675,545.	522,181,567.	512,280,155.	517,869,079.	2,565,573,422.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,012,008.	11,225,595.	5,282,878.	7,608,735.	6,495,820.	40,625,036.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,314,163.	3,543,734.	4,761,514.	7,229,771.	4,217,808.	25,066,990.
11 Total support. Add lines 7 through 10						2,631,265,448.
12 Gross receipts from related activities, etc. (see instructions)					12	117,897.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	80.97 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	81.02 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a 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						
c 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 (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section 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? <i>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.</i>	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? <i>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.</i>	2	

Section C. Type II Supporting Organizations

		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)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	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 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.</i>	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? <i>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.</i>	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	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 "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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 \$4,217,808 IS THE TOTAL SALE OF GOODS NON-UBIT,
WHICH IS MISCELLANEOUS INCOME GENERATED FROM THE COUNTRY OFFICES
PRIMARILY THROUGH SALE OF ASSETS.

Schedule of Contributors

2015

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

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For 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 for 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).

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 needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 22,705,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 12,430,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 28,633,046.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 11,195,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 46,193,457.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 132,072,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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 needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 44,129,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
1	SHELTER, HYGIENCE/KITCHEN KITS _____ _____ _____	\$ 174,676.	08/01/2015
6	AGRICULTURAL COMMODITIES _____ _____ _____	\$ 35,624,155.	VAR
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2015

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.**

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2015

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	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:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		25,990.
e Publications, or published or broadcast statements?	X		604.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		7,781.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		232,054.
i Other activities?	X		135,000.
j Total. Add lines 1c through 1i			401,429.
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			
c 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?			

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

	Yes	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	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part 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 amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, 1A

USE OF VOLUNTEERS FOR SENDING LETTERS AND PUBLICATIONS TO GOVERNMENT OFFICIALS AND LEGISLATURES; MEETING WITH AND CALLING GOVERNMENT OFFICIALS AND LEGISLATURES; SENDING AND DISTRIBUTING LETTERS AND PUBLICATIONS (INCLUDING NEWSLETTERS, BROCHURES, ETC.), TO THE GENERAL PUBLIC AND PLACING ADVERTISEMENTS.

SCHEDULE C, PART II-B, 1B

USE OF PAID STAFF OR MANAGEMENT FOR SENDING LETTERS AND PUBLICATIONS TO GOVERNMENT OFFICIALS AND LEGISLATURES; MEETING WITH AND CALLING GOVERNMENT OFFICIALS AND LEGISLATURES; SENDING AND DISTRIBUTING LETTERS AND PUBLICATIONS (INCLUDING NEWSLETTERS, BROCHURES, ETC.), TO THE GENERAL PUBLIC AND PLACING ADVERTISEMENTS

SCHEDULE C, PART II-B, 1D

USE OF PAID CONSULTANTS TO DEVELOP AND DISSEMINATE EMAIL COMMUNICATIONS AND MAILINGS TO SPECIFIC MEMBERS, LEGISLATORS, AND THE PUBLIC ON SPECIFIC LEGISLATION.

SCHEDULE C, PART II-B, 1E

USE OF PAID CONSULTANTS TO DEVELOP PUBLICATIONS TO SPECIFIC MEMBERS, LEGISLATORS, AND THE PUBLIC ON SPECIFIC LEGISLATION.

SCHEDULE C, PART II-B, 1G

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

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, 1H

USE OF PAID CONSULTANTS FOR THE ANNUAL CARE NATIONAL CONFERENCE TO
SUPPORT CARE'S LOBBYING ACTIVITIES.

SCHEDULE C, PART II-B, 1I

USE OF PAID CONSULTANTS TO DEVELOP AND IMPLEMENT STRATEGIES RELATED TO
ADVOCATE FOR CARE'S WORK TO SPECIFIC MEMBERS, LEGISLATORS, AND THE PUBLIC
ON SPECIFIC LEGISLATION.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Employer identification number 13-1685039

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,739,921.	35,342,275.	35,455,776.	33,050,817.	36,854,409.
b Contributions	56,686.	5,282.	11,187,143.	1,169,857.	2,925,473.
c Net investment earnings, gains, and losses	862,771.	1,070,551.	5,839,332.	4,398,281.	539,481.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,090,292.	644,000.	17,108,332.	3,133,251.	7,245,980.
f Administrative expenses	28,012.	34,187.	31,644.	29,928.	22,566.
g End of year balance	35,541,074.	35,739,921.	35,342,275.	35,455,776.	33,050,817.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 17.8700 %
 - b** Permanent endowment ▶ 75.1200 %
 - c** Temporarily restricted endowment ▶ 7.0100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,066,714.		3,066,714.
b Buildings		12,166,980.	10,794,047.	1,372,933.
c Leasehold improvements		1,701,327.	853,967.	847,360.
d Equipment		54,823,958.	42,754,376.	12,069,582.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,356,589.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PERPETUAL TRUSTS 3RD PARTIES	115,206,079.
(2) OTHER ASSETS	4,462,684.
(3) DEPOSITS	703,119.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	120,371,882.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) BENEFITS ACCRUED FOR OVERSEAS NATIO	23,924,355.
(3) SUBSIDIARY LOANS PAYABLE	18,050,862.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	41,975,217.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on 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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part 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

SCHEDULE D, PART V, LINE 4

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENTS IS TO FUND PROGRAMS

CONSISTENT WITH THE ORGANIZATION'S MISSION AS DIRECTED BY THE DONORS WHO

HAVE ESTABLISHED THOSE ENDOWMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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

Employer identification number
13-1685039

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	9.	431.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	37,052,252.
(2) EAST ASIA AND THE PACIFIC	4.	37.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	6,837,628.
(3) EUROPE	2.	60.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	11,510,680.
(4) MIDDLE EAST AND NORTH AFRICA	25.	444.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	48,082,187.
(5) RUSSIA/INDEPENDENT STATES	3.	24.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	1,702,339.
(6) SOUTH AMERICA	7.	52.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	7,024,114.
(7) SOUTH ASIA	75.	1,445.	INVESTMENTS	RELIEF & DEVELOPMENT	86,262,772.
(8) SUB-SAHARAN AFRICA	97.	2,606.	PROGRAM SERVICES	RELIEF & DEVELOPMENT	234,449,579.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	222.	5,099.			432,921,551.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	222.	5,099.			432,921,551.

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

Schedule F (Form 990) 2015

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	1-PT V	5,388.	CHECK			
(2)			SOUTH ASIA	2-PT V	222,242.	EFT			
(3)			SOUTH ASIA	3-PT V	151,406.	EFT			
(4)			SOUTH ASIA	4-PT V	17,644.	CHECK			
(5)			SOUTH ASIA	5-PT V	20,000.	EFT			
(6)			SOUTH ASIA	6-PT V	9,517.	EFT			
(7)			SUB-SAHARAN AFRICA	7-PT V	47,280.	EFT			
(8)			SUB-SAHARAN AFRICA	8-PT V	318,268.	EFT			
(9)			SUB-SAHARAN AFRICA	9-PT V	50,474.	EFT			
(10)			SUB-SAHARAN AFRICA	10-PT V	43,230.	EFT			
(11)			SUB-SAHARAN AFRICA	11-PT V	22,972.	EFT			
(12)			SUB-SAHARAN AFRICA	12-PT V	49,904.	EFT			
(13)			SUB-SAHARAN AFRICA	13-PT V	116,942.	EFT			
(14)			SUB-SAHARAN AFRICA	14-PT V	167,879.	EFT			
(15)			SUB-SAHARAN AFRICA	15-PT V	93,875.	EFT			
(16)			SUB-SAHARAN AFRICA	16-PT V	166,550.	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. ▶ _____

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	17-PT V	89,943.	EFT			
(2)			SUB-SAHARAN AFRICA	18-PT V	14,257.	EFT			
(3)			SUB-SAHARAN AFRICA	19-PT V	36,106.	EFT			
(4)			SUB-SAHARAN AFRICA	20-PT V	57,014.	EFT			
(5)			SUB-SAHARAN AFRICA	21-PT V	75,323.	EFT			
(6)			SUB-SAHARAN AFRICA	22-PT V	103,868.	EFT			
(7)			SUB-SAHARAN AFRICA	23-PT V	62,541.	EFT			
(8)			SUB-SAHARAN AFRICA	24-PT V	80,417.	EFT			
(9)			SUB-SAHARAN AFRICA	25-PT V	108,611.	EFT			
(10)			SUB-SAHARAN AFRICA	26-PT V	57,743.	EFT			
(11)			SUB-SAHARAN AFRICA	27-PT V	68,915.	EFT			
(12)			SUB-SAHARAN AFRICA	28-PT V	283,458.	EFT			
(13)			SUB-SAHARAN AFRICA	29-PT V	46,335.	EFT			
(14)			SUB-SAHARAN AFRICA	30-PT V	35,100.	EFT			
(15)			SUB-SAHARAN AFRICA	31-PT V	6,828.	EFT			
(16)			SUB-SAHARAN AFRICA	32-PT V	9,480.	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. **▶** _____

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	33-PT V	6,099.	EFT			
(2)			SUB-SAHARAN AFRICA	34-PT V	13,614.	EFT			
(3)			SUB-SAHARAN AFRICA	35-PT V	20,425.	EFT			
(4)			SUB-SAHARAN AFRICA	36-PT V	13,620.	EFT			
(5)			SUB-SAHARAN AFRICA	37-PT V	12,330.	EFT			
(6)			SUB-SAHARAN AFRICA	38-PT V	23,049.	EFT			
(7)			SUB-SAHARAN AFRICA	39-PT V	7,084.	EFT			
(8)			SUB-SAHARAN AFRICA	40-PT V	19,382.	EFT			
(9)			SUB-SAHARAN AFRICA	41-PT V	62,202.	EFT			
(10)			SUB-SAHARAN AFRICA	42-PT V	12,523.	EFT			
(11)			SUB-SAHARAN AFRICA	43-PT V	7,612.	EFT			
(12)			SUB-SAHARAN AFRICA	44-PT V	25,730.	EFT			
(13)			SUB-SAHARAN AFRICA	45-PT V	18,097.	EFT			
(14)			SUB-SAHARAN AFRICA	46-PT V	57,216.	EFT			
(15)			SUB-SAHARAN AFRICA	47-PT V	37,828.	EFT			
(16)			SUB-SAHARAN AFRICA	48-PT V	30,629.	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. ▶ _____

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	49-PT V	24,069.	EFT			
(2)			SUB-SAHARAN AFRICA	50-PT V	7,529.	EFT			
(3)			SUB-SAHARAN AFRICA	51-PT V	18,653.	EFT			
(4)			SUB-SAHARAN AFRICA	52-PT V	15,024.	EFT			
(5)			SUB-SAHARAN AFRICA	53-PT V	5,516.	EFT			
(6)			SUB-SAHARAN AFRICA	54-PT V	11,680.	EFT			
(7)			SUB-SAHARAN AFRICA	55-PT V	29,541.	EFT			
(8)			SUB-SAHARAN AFRICA	56-PT V	21,285.	EFT			
(9)			SOUTH ASIA	57-PT V	32,440.	CHECK			
(10)			SOUTH ASIA	58-PT V	32,356.	CHECK			
(11)			SOUTH ASIA	59-PT V	96,465.	CHECK			
(12)			SOUTH ASIA	60-PT V	93,991.	CHECK			
(13)			SOUTH ASIA	61-PT V	104,699.	CHECK			
(14)			SOUTH ASIA	62-PT V	126,457.	CHECK			
(15)			SOUTH ASIA	63-PT V	15,726.	CHECK			
(16)			SOUTH ASIA	64-PT V	28,390.	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. ▶ _____

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	65-PT V	5,711.	CHECK			
(2)			SOUTH ASIA	66-PT V	1,034,473.	CHECK			
(3)			SOUTH ASIA	67-PT V	142,332.	CHECK			
(4)			SOUTH ASIA	68-PT V	268,965.	CHECK			
(5)			SOUTH ASIA	69-PT V	57,846.	CHECK			
(6)			SOUTH ASIA	70-PT V	62,839.	CHECK			
(7)			SOUTH ASIA	71-PT V	59,501.	CHECK			
(8)			SOUTH ASIA	72-PT V	60,271.	CHECK			
(9)			SOUTH ASIA	73-PT V	61,066.	CHECK			
(10)			SOUTH ASIA	74-PT V	22,994.	CHECK			
(11)			SOUTH ASIA	75-PT V	33,648.	CHECK			
(12)			SOUTH ASIA	76-PT V	6,430.	CHECK			
(13)			SOUTH ASIA	77-PT V	42,349.	CHECK			
(14)			SOUTH ASIA	78-PT V	29,779.	CHECK			
(15)			SOUTH ASIA	79-PT V	122,065.	CHECK			
(16)			SOUTH ASIA	80-PT V	109,513.	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. ▶ _____

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	81-PT V	8,839.	CHECK			
(2)			SOUTH ASIA	82-PT V	6,430.	CHECK			
(3)			SOUTH ASIA	83-PT V	35,821.	CHECK			
(4)			SOUTH ASIA	84-PT V	39,356.	CHECK			
(5)			SOUTH ASIA	85-PT V	49,589.	CHECK			
(6)			SOUTH ASIA	86-PT V	5,706.	CHECK			
(7)			SOUTH ASIA	87-PT V	68,228.	CHECK			
(8)			SOUTH ASIA	88-PT V	53,878.	CHECK			
(9)			SOUTH ASIA	89-PT V	65,450.	CHECK			
(10)			SOUTH ASIA	90-PT V	7,816.	CHECK			
(11)			SOUTH ASIA	91-PT V	6,280.	CHECK			
(12)			SOUTH ASIA	92-PT V	8,669.	CHECK			
(13)			SOUTH ASIA	93-PT V	5,394.	CHECK			
(14)			SOUTH ASIA	94-PT V	36,681.	CHECK			
(15)			SOUTH ASIA	95-PT V	31,136.	CHECK			
(16)			SOUTH ASIA	96-PT V	28,655.	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. ▶ _____

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	97-PT V	10,929.	CHECK			
(2)			SOUTH ASIA	98-PT V	16,988.	CHECK			
(3)			SOUTH ASIA	99-PT V	78,977.	CHECK			
(4)			SOUTH ASIA	100-PT V	59,604.	CHECK			
(5)			SOUTH ASIA	101-PT V	83,117.	CHECK			
(6)			SOUTH ASIA	102-PT V	68,758.	CHECK			
(7)			SOUTH ASIA	103-PT V	134,278.	CHECK			
(8)			SOUTH ASIA	104-PT V	81,029.	CHECK			
(9)			SOUTH ASIA	105-PT V	17,886.	CHECK			
(10)			SOUTH ASIA	106-PT V	26,888.	CHECK			
(11)			SOUTH ASIA	107-PT V	40,357.	CHECK			
(12)			SOUTH ASIA	108-PT V	39,715.	CHECK			
(13)			SOUTH ASIA	109-PT V	40,671.	CHECK			
(14)			SOUTH ASIA	110-PT V	45,483.	CHECK			
(15)			SOUTH ASIA	111-PT V	7,129.	CHECK			
(16)			SOUTH ASIA	112-PT V	121,169.	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. **▶** _____

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	113-PT V	160,723.	CHECK			
(2)			SOUTH AMERICA	114-PT V	95,638.	CHECK			
(3)			SOUTH AMERICA	115-PT V	105,660.	CHECK			
(4)			SOUTH AMERICA	116-PT V	216,001.	EFT			
(5)			SOUTH AMERICA	117-PT V	114,334.	EFT			
(6)			SOUTH AMERICA	118-PT V	136,856.	EFT			
(7)			SOUTH AMERICA	119-PT V	104,322.	CHECK			
(8)			SUB-SAHARAN AFRICA	120-PT V	78,198.	EFT			
(9)			SUB-SAHARAN AFRICA	121-PT V	82,014.	EFT			
(10)			SUB-SAHARAN AFRICA	122-PT V	70,994.	EFT			
(11)			SUB-SAHARAN AFRICA	123-PT V	108,380.	EFT			
(12)			SUB-SAHARAN AFRICA	124-PT V	95,174.	EFT			
(13)			SUB-SAHARAN AFRICA	125-PT V	22,809.	EFT			
(14)			SUB-SAHARAN AFRICA	126-PT V	150,234.	EFT			
(15)			SUB-SAHARAN AFRICA	127-PT V	32,257.	EFT			
(16)			SUB-SAHARAN AFRICA	128-PT V	19,365.	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. ▶ _____

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	129-PT V	74,387.	EFT			
(2)			SUB-SAHARAN AFRICA	130-PT V	15,579.	EFT			
(3)			SUB-SAHARAN AFRICA	131-PT V	156,762.	EFT			
(4)			SUB-SAHARAN AFRICA	132-PT V	7,000.	EFT			
(5)			SUB-SAHARAN AFRICA	133-PT V	5,548.	EFT			
(6)			SUB-SAHARAN AFRICA	134-PT V	14,351.	EFT			
(7)			SUB-SAHARAN AFRICA	135-PT V	13,199.	EFT			
(8)			SUB-SAHARAN AFRICA	136-PT V	33,565.	EFT			
(9)			SUB-SAHARAN AFRICA	137-PT V	24,801.	EFT			
(10)			SUB-SAHARAN AFRICA	138-PT V	14,529.	EFT			
(11)			SUB-SAHARAN AFRICA	139-PT V	33,423.	EFT			
(12)			SUB-SAHARAN AFRICA	140-PT V	69,169.	EFT			
(13)			SUB-SAHARAN AFRICA	141-PT V	138,399.	EFT			
(14)			SUB-SAHARAN AFRICA	142-PT V	45,411.	EFT			
(15)			SUB-SAHARAN AFRICA	143-PT V	61,222.	EFT			
(16)			SUB-SAHARAN AFRICA	144-PT V	57,383.	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. **▶** _____

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	145-PT V	44,489.	EFT			
(2)			SUB-SAHARAN AFRICA	146-PT V	9,137.	EFT			
(3)			SUB-SAHARAN AFRICA	147-PT V	29,590.	EFT			
(4)			SUB-SAHARAN AFRICA	148-PT V	8,939.	EFT			
(5)			SUB-SAHARAN AFRICA	149-PT V	34,266.	EFT			
(6)			SUB-SAHARAN AFRICA	150-PT V	7,811.	EFT			
(7)			SUB-SAHARAN AFRICA	151-PT V	1,055,744.	CHECK			
(8)			SUB-SAHARAN AFRICA	152-PT V	1,202,878.	EFT			
(9)			SUB-SAHARAN AFRICA	153-PT V	79,097.	EFT			
(10)			SUB-SAHARAN AFRICA	154-PT V	164,143.	EFT			
(11)			SUB-SAHARAN AFRICA	155-PT V	92,882.	EFT			
(12)			SUB-SAHARAN AFRICA	156-PT V	38,855.	EFT			
(13)			SUB-SAHARAN AFRICA	157-PT V	82,370.	EFT			
(14)			SUB-SAHARAN AFRICA	158-PT V	39,585.	EFT			
(15)			SUB-SAHARAN AFRICA	159-PT V	49,396.	EFT			
(16)			SUB-SAHARAN AFRICA	160-PT V	12,289.	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. **▶** _____

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	161-PT V	83,239.	EFT			
(2)			SUB-SAHARAN AFRICA	162-PT V	41,625.	EFT			
(3)			SUB-SAHARAN AFRICA	163-PT V	7,170.	EFT			
(4)			SUB-SAHARAN AFRICA	164-PT V	18,209.	EFT			
(5)			SUB-SAHARAN AFRICA	165-PT V	40,398.	EFT			
(6)			SOUTH AMERICA	166-PT V	63,374.	EFT			
(7)			SOUTH AMERICA	167-PT V	101,858.	EFT			
(8)			SOUTH AMERICA	168-PT V	10,735.	EFT			
(9)			SOUTH AMERICA	169-PT V	76,155.	EFT			
(10)			SOUTH AMERICA	170-PT V	95,442.	EFT			
(11)			SOUTH AMERICA	171-PT V	159,300.	EFT			
(12)			SOUTH AMERICA	172-PT V	170,564.	EFT			
(13)			MIDDLE EAST/NORTH AFRICA	173-PT V	16,244.	EFT			
(14)			MIDDLE EAST/NORTH AFRICA	174-PT V	51,301.	EFT			
(15)			MIDDLE EAST/NORTH AFRICA	175-PT V	59,851.	EFT			
(16)			MIDDLE EAST/NORTH AFRICA	176-PT V	10,250.	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. **▶** _____

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	177-PT V	28,475.	EFT			
(2)			MIDDLE EAST/NORTH AFRICA	178-PT V	31,059.	CHECK			
(3)			MIDDLE EAST/NORTH AFRICA	179-PT V	26,923.	CHECK			
(4)			MIDDLE EAST/NORTH AFRICA	180-PT V	29,895.	EFT			
(5)			MIDDLE EAST/NORTH AFRICA	181-PT V	19,726.	EFT			
(6)			MIDDLE EAST/NORTH AFRICA	182-PT V	15,866.	CHECK			
(7)			MIDDLE EAST/NORTH AFRICA	183-PT V	19,560.	EFT			
(8)			MIDDLE EAST/NORTH AFRICA	184-PT V	10,784.	CHECK			
(9)			MIDDLE EAST/NORTH AFRICA	185-PT V	11,682.	CHECK			
(10)			MIDDLE EAST/NORTH AFRICA	186-PT V	12,356.	CHECK			
(11)			MIDDLE EAST/NORTH AFRICA	187-PT V	5,223.	CHECK			
(12)			MIDDLE EAST/NORTH AFRICA	188-PT V	14,266.	CHECK			
(13)			MIDDLE EAST/NORTH AFRICA	189-PT V	67,397.	EFT			
(14)			MIDDLE EAST/NORTH AFRICA	190-PT V	23,444.	CHECK			
(15)			MIDDLE EAST/NORTH AFRICA	191-PT V	22,636.	CHECK			
(16)			MIDDLE EAST/NORTH AFRICA	192-PT V	22,645.	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. **▶** _____

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	193-PT V	44,071.	CHECK			
(2)			MIDDLE EAST/NORTH AFRICA	194-PT V	25,830.	EFT			
(3)			MIDDLE EAST/NORTH AFRICA	195-PT V	26,458.	CHECK			
(4)			SUB-SAHARAN AFRICA	196-PT V	127,063.	EFT			
(5)			SUB-SAHARAN AFRICA	197-PT V	300,023.	EFT			
(6)			SUB-SAHARAN AFRICA	198-PT V	342,870.	CHECK			
(7)			SUB-SAHARAN AFRICA	199-PT V	10,009.	EFT			
(8)			SUB-SAHARAN AFRICA	200-PT V	578,315.	EFT			
(9)			SUB-SAHARAN AFRICA	201-PT V	337,326.	EFT			
(10)			SUB-SAHARAN AFRICA	202-PT V	43,077.	CHECK			
(11)			SUB-SAHARAN AFRICA	203-PT V	91,506.	CHECK			
(12)			SUB-SAHARAN AFRICA	204-PT V	214,314.	CHECK			
(13)			SUB-SAHARAN AFRICA	205-PT V	226,083.	CHECK			
(14)			SUB-SAHARAN AFRICA	206-PT V	103,503.	EFT			
(15)			SUB-SAHARAN AFRICA	207-PT V	60,186.	CHECK			
(16)			SUB-SAHARAN AFRICA	208-PT V	565,795.	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. **▶** _____

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	209-PT V	219,064.	CHECK			
(2)			SUB-SAHARAN AFRICA	210-PT V	48,093.	CHECK			
(3)			SUB-SAHARAN AFRICA	211-PT V	253,113.	CHECK			
(4)			SUB-SAHARAN AFRICA	212-PT V	1,041,476.	CHECK			
(5)			SUB-SAHARAN AFRICA	213-PT V	134,218.	CHECK			
(6)			SUB-SAHARAN AFRICA	214-PT V	150,534.	CHECK			
(7)			SUB-SAHARAN AFRICA	215-PT V	411,990.	CHECK			
(8)			SUB-SAHARAN AFRICA	216-PT V	7,359.	EFT			
(9)			SUB-SAHARAN AFRICA	217-PT V	54,439.	EFT			
(10)			SUB-SAHARAN AFRICA	218-PT V	51,689.	EFT			
(11)			SUB-SAHARAN AFRICA	219-PT V	16,092.	EFT			
(12)			SUB-SAHARAN AFRICA	220-PT V	753,711.	EFT			
(13)			SUB-SAHARAN AFRICA	221-PT V	931,974.	EFT			
(14)			SUB-SAHARAN AFRICA	222-PT V	917,637.	EFT			
(15)			SUB-SAHARAN AFRICA	223-PT V	353,988.	EFT			
(16)			RUSSIA/NEWLY IND. STATES	224-PT V	110,198.	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. **▶** _____

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)			RUSSIA/NEWLY IND. STATES	225-PT V	244,707.	EFT			
(2)			RUSSIA/NEWLY IND. STATES	226-PT V	24,134.	EFT			
(3)			RUSSIA/NEWLY IND. STATES	227-PT V	23,243.	EFT			
(4)			RUSSIA/NEWLY IND. STATES	228-PT V	30,287.	EFT			
(5)			RUSSIA/NEWLY IND. STATES	229-PT V	40,752.	EFT			
(6)			SUB-SAHARAN AFRICA	230-PT V	15,397.	CHECK			
(7)			SUB-SAHARAN AFRICA	231-PT V	23,128.	CHECK			
(8)			SUB-SAHARAN AFRICA	232-PT V	48,448.	CHECK			
(9)			SUB-SAHARAN AFRICA	233-PT V	98,246.	CHECK			
(10)			SUB-SAHARAN AFRICA	234-PT V	42,049.	CHECK			
(11)			SUB-SAHARAN AFRICA	235-PT V	18,853.	CHECK			
(12)			SUB-SAHARAN AFRICA	236-PT V	57,063.	CHECK			
(13)			SUB-SAHARAN AFRICA	237-PT V	100,914.	CHECK			
(14)			SUB-SAHARAN AFRICA	238-PT V	15,603.	CHECK			
(15)			SUB-SAHARAN AFRICA	239-PT V	8,374.	CHECK			
(16)			SUB-SAHARAN AFRICA	240-PT V	29,959.	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. ▶ _____

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	241-PT V	35,799.	CHECK			
(2)			SUB-SAHARAN AFRICA	242-PT V	11,295.	CHECK			
(3)			SUB-SAHARAN AFRICA	243-PT V	12,723.	CHECK			
(4)			SUB-SAHARAN AFRICA	244-PT V	15,990.	CHECK			
(5)			SUB-SAHARAN AFRICA	245-PT V	16,194.	CHECK			
(6)			SUB-SAHARAN AFRICA	246-PT V	13,655.	CHECK			
(7)			SUB-SAHARAN AFRICA	247-PT V	37,814.	CHECK			
(8)			SUB-SAHARAN AFRICA	248-PT V	56,052.	CHECK			
(9)			SUB-SAHARAN AFRICA	249-PT V	21,594.	CHECK			
(10)			SUB-SAHARAN AFRICA	250-PT V	10,928.	CHECK			
(11)			SUB-SAHARAN AFRICA	251-PT V	7,398.	CHECK			
(12)			SUB-SAHARAN AFRICA	252-PT V	25,155.	CHECK			
(13)			SUB-SAHARAN AFRICA	253-PT V	24,423.	CHECK			
(14)			SUB-SAHARAN AFRICA	254-PT V	24,954.	CHECK			
(15)			SUB-SAHARAN AFRICA	255-PT V	14,118.	CHECK			
(16)			SUB-SAHARAN AFRICA	256-PT V	57,906.	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. **▶** _____

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	257-PT V	15,880.	CHECK			
(2)			SUB-SAHARAN AFRICA	258-PT V	33,465.	CHECK			
(3)			SUB-SAHARAN AFRICA	259-PT V	622,247.	CHECK			
(4)			SUB-SAHARAN AFRICA	260-PT V	24,349.	CHECK			
(5)			SUB-SAHARAN AFRICA	261-PT V	11,256.	CHECK			
(6)			SUB-SAHARAN AFRICA	262-PT V	20,430.	CHECK			
(7)			SUB-SAHARAN AFRICA	263-PT V	9,704.	CHECK			
(8)			SUB-SAHARAN AFRICA	264-PT V	20,478.	CHECK			
(9)			SUB-SAHARAN AFRICA	265-PT V	31,895.	CHECK			
(10)			SUB-SAHARAN AFRICA	266-PT V	10,091.	CHECK			
(11)			SUB-SAHARAN AFRICA	267-PT V	33,612.	CHECK			
(12)			SUB-SAHARAN AFRICA	268-PT V	16,354.	CHECK			
(13)			SUB-SAHARAN AFRICA	269-PT V	105,615.	CHECK			
(14)			SUB-SAHARAN AFRICA	270-PT V	28,175.	CHECK			
(15)			SUB-SAHARAN AFRICA	271-PT V	9,802.	CHECK			
(16)			SUB-SAHARAN AFRICA	272-PT V	5,211.	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. **▶** _____

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	273-PT V	42,203.	CHECK			
(2)			SUB-SAHARAN AFRICA	274-PT V	25,843.	CHECK			
(3)			SUB-SAHARAN AFRICA	275-PT V	17,253.	CHECK			
(4)			SUB-SAHARAN AFRICA	276-PT V	8,115.	CHECK			
(5)			SUB-SAHARAN AFRICA	277-PT V	29,511.	CHECK			
(6)			SUB-SAHARAN AFRICA	278-PT V	42,127.	CHECK			
(7)			CENT. AMERICA/CARIBBEAN	279-PT V	6,723.	CHECK			
(8)			CENT. AMERICA/CARIBBEAN	280-PT V	7,136.	CHECK			
(9)			CENT. AMERICA/CARIBBEAN	281-PT V	26,052.	CHECK			
(10)			CENT. AMERICA/CARIBBEAN	282-PT V	20,488.	CHECK			
(11)			CENT. AMERICA/CARIBBEAN	283-PT V	22,524.	CHECK			
(12)			CENT. AMERICA/CARIBBEAN	284-PT V	6,669.	EFT			
(13)			CENT. AMERICA/CARIBBEAN	285-PT V	65,614.	CHECK			
(14)			CENT. AMERICA/CARIBBEAN	286-PT V	26,245.	CHECK			
(15)			CENT. AMERICA/CARIBBEAN	288-PT V	8,968.	CHECK			
(16)			CENT. AMERICA/CARIBBEAN	289-PT V	13,252.	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. ▶ _____

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	290-PT V	7,696.	CHECK			
(2)			CENT. AMERICA/CARIBBEAN	291-PT V	20,316.	CHECK			
(3)			CENT. AMERICA/CARIBBEAN	292-PT V	6,756.	CHECK			
(4)			CENT. AMERICA/CARIBBEAN	293-PT V	25,879.	CHECK			
(5)			CENT. AMERICA/CARIBBEAN	294-PT V	14,823.	CHECK			
(6)			CENT. AMERICA/CARIBBEAN	295-PT V	115,246.	CHECK			
(7)			CENT. AMERICA/CARIBBEAN	296-PT V	178,363.	CHECK			
(8)			CENT. AMERICA/CARIBBEAN	297-PT V	14,711.	CHECK			
(9)			CENT. AMERICA/CARIBBEAN	298-PT V	4,106,969.	EFT			
(10)			CENT. AMERICA/CARIBBEAN	299-PT V	2,731,951.	EFT			
(11)			CENT. AMERICA/CARIBBEAN	300-PT V	573,768.	EFT			
(12)			CENT. AMERICA/CARIBBEAN	301-PT V	547,298.	EFT			
(13)			CENT. AMERICA/CARIBBEAN	302-PT V	1,412,163.	EFT			
(14)			CENT. AMERICA/CARIBBEAN	303-PT V	32,169.	EFT			
(15)			MIDDLE EAST/NORTH AFRICA	304-PT V	74,336.	EFT			
(16)			MIDDLE EAST/NORTH AFRICA	305-PT V	25,102.	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. ▶ _____

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	306-PT V	209,302.	EFT			
(2)			MIDDLE EAST/NORTH AFRICA	307-PT V	68,094.	EFT			
(3)			MIDDLE EAST/NORTH AFRICA	308-PT V	29,744.	EFT			
(4)			MIDDLE EAST/NORTH AFRICA	309-PT V	983,994.	EFT			
(5)			MIDDLE EAST/NORTH AFRICA	310-PT V	198,906.	EFT			
(6)			MIDDLE EAST/NORTH AFRICA	311-PT V	24,651.	EFT			
(7)			MIDDLE EAST/NORTH AFRICA	312-PT V	24,618.	EFT			
(8)			MIDDLE EAST/NORTH AFRICA	313-PT V	9,329.	EFT			
(9)			MIDDLE EAST/NORTH AFRICA	314-PT V	24,648.	EFT			
(10)			MIDDLE EAST/NORTH AFRICA	315-PT V	24,696.	EFT			
(11)			MIDDLE EAST/NORTH AFRICA	316-PT V	7,045.	EFT			
(12)			MIDDLE EAST/NORTH AFRICA	317-PT V	24,720.	EFT			
(13)			MIDDLE EAST/NORTH AFRICA	318-PT V	24,723.	EFT			
(14)			MIDDLE EAST/NORTH AFRICA	319-PT V	24,701.	EFT			
(15)			MIDDLE EAST/NORTH AFRICA	320-PT V	24,762.	EFT			
(16)			MIDDLE EAST/NORTH AFRICA	321-PT V	24,732.	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. ▶ _____

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	322-PT V	24,646.	EFT			
(2)			MIDDLE EAST/NORTH AFRICA	323-PT V	24,720.	EFT			
(3)			MIDDLE EAST/NORTH AFRICA	324-PT V	24,729.	EFT			
(4)			MIDDLE EAST/NORTH AFRICA	325-PT V	13,070.	EFT			
(5)			MIDDLE EAST/NORTH AFRICA	326-PT V	24,879.	EFT			
(6)			MIDDLE EAST/NORTH AFRICA	327-PT V	14,944.	EFT			
(7)			MIDDLE EAST/NORTH AFRICA	328-PT V	12,237.	EFT			
(8)			MIDDLE EAST/NORTH AFRICA	329-PT V	8,834.	EFT			
(9)			MIDDLE EAST/NORTH AFRICA	330-PT V	68,472.	EFT			
(10)			MIDDLE EAST/NORTH AFRICA	331-PT V	139,864.	EFT			
(11)			MIDDLE EAST/NORTH AFRICA	332-PT V	142,341.	EFT			
(12)			MIDDLE EAST/NORTH AFRICA	333-PT V	68,939.	EFT			
(13)			MIDDLE EAST/NORTH AFRICA	334-PT V	22,539.	EFT			
(14)			MIDDLE EAST/NORTH AFRICA	335-PT V	150,233.	EFT			
(15)			MIDDLE EAST/NORTH AFRICA	336-PT V	99,550.	EFT			
(16)			MIDDLE EAST/NORTH AFRICA	337-PT V	83,734.	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. **▶** _____

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	338-PT V	17,565.	EFT			
(2)			MIDDLE EAST/NORTH AFRICA	339-PT V	16,203.	EFT			
(3)			MIDDLE EAST/NORTH AFRICA	340-PT V	17,026.	EFT			
(4)			MIDDLE EAST/NORTH AFRICA	341-PT V	13,599.	EFT			
(5)			MIDDLE EAST/NORTH AFRICA	342-PT V	22,219.	EFT			
(6)			MIDDLE EAST/NORTH AFRICA	343-PT V	59,516.	EFT			
(7)			SOUTH ASIA	344-PT V	133,852.	CHECK			
(8)			SOUTH ASIA	345-PT V	80,694.	CHECK			
(9)			SOUTH ASIA	346-PT V	59,935.	CHECK			
(10)			SOUTH ASIA	347-PT V	32,418.	CHECK			
(11)			SOUTH ASIA	348-PT V	23,785.	CHECK			
(12)			SOUTH ASIA	349-PT V	17,217.	CHECK			
(13)			SOUTH ASIA	350-PT V	5,738.	CHECK			
(14)			SOUTH ASIA	351-PT V	10,846.	CHECK			
(15)			SOUTH ASIA	352-PT V	11,266.	CHECK			
(16)			SOUTH ASIA	353-PT V	85,427.	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. **▶** _____

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	354-PT V	17,261.	CHECK			
(2)			SOUTH ASIA	355-PT V	6,594.	CHECK			
(3)			SOUTH ASIA	356-PT V	11,426.	CHECK			
(4)			SOUTH ASIA	357-PT V	6,106.	CHECK			
(5)			SOUTH ASIA	358-PT V	52,314.	CHECK			
(6)			SUB-SAHARAN AFRICA	359-PT V	480,919.	EFT			
(7)			SUB-SAHARAN AFRICA	360-PT V	5,468.	EFT			
(8)			SUB-SAHARAN AFRICA	361-PT V	13,314.	CHECK			
(9)			SUB-SAHARAN AFRICA	362-PT V	97,964.	EFT			
(10)			SUB-SAHARAN AFRICA	363-PT V	102,577.	EFT			
(11)			SUB-SAHARAN AFRICA	364-PT V	96,689.	EFT			
(12)			SUB-SAHARAN AFRICA	365-PT V	7,273.	EFT			
(13)			SUB-SAHARAN AFRICA	366-PT V	141,125.	EFT			
(14)			SUB-SAHARAN AFRICA	367-PT V	124,764.	EFT			
(15)			SUB-SAHARAN AFRICA	368-PT V	123,448.	EFT			
(16)			SUB-SAHARAN AFRICA	369-PT V	49,691.	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. **▶** _____

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	370-PT V	52,343.	EFT			
(2)			SUB-SAHARAN AFRICA	371-PT V	45,471.	EFT			
(3)			SUB-SAHARAN AFRICA	372-PT V	112,434.	EFT			
(4)			SUB-SAHARAN AFRICA	373-PT V	204,597.	EFT			
(5)			SUB-SAHARAN AFRICA	374-PT V	39,192.	EFT			
(6)			SUB-SAHARAN AFRICA	375-PT V	49,170.	EFT			
(7)			SUB-SAHARAN AFRICA	376-PT V	23,447.	EFT			
(8)			SUB-SAHARAN AFRICA	377-PT V	52,132.	EFT			
(9)			SUB-SAHARAN AFRICA	378-PT V	10,139.	EFT			
(10)			SUB-SAHARAN AFRICA	379-PT V	99,045.	EFT			
(11)			SUB-SAHARAN AFRICA	380-PT V	95,564.	EFT			
(12)			SUB-SAHARAN AFRICA	381-PT V	81,402.	EFT			
(13)			SUB-SAHARAN AFRICA	382-PT V	59,587.	EFT			
(14)			SUB-SAHARAN AFRICA	383-PT V	10,355.	EFT			
(15)			SUB-SAHARAN AFRICA	384-PT V	7,952.	EFT			
(16)			SUB-SAHARAN AFRICA	385-PT V	17,402.	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. **▶** _____

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	386-PT V	9,344.	EFT			
(2)			SUB-SAHARAN AFRICA	387-PT V	32,744.	EFT			
(3)			SUB-SAHARAN AFRICA	388-PT V	92,220.	EFT			
(4)			SUB-SAHARAN AFRICA	389-PT V	36,263.	EFT			
(5)			SUB-SAHARAN AFRICA	390-PT V	25,820.	EFT			
(6)			SUB-SAHARAN AFRICA	391-PT V	34,159.	EFT			
(7)			SUB-SAHARAN AFRICA	392-PT V	61,078.	EFT			
(8)			SUB-SAHARAN AFRICA	393-PT V	62,978.	EFT			
(9)			SUB-SAHARAN AFRICA	394-PT V	103,203.	EFT			
(10)			SUB-SAHARAN AFRICA	395-PT V	74,937.	EFT			
(11)			SUB-SAHARAN AFRICA	396-PT V	156,651.	EFT			
(12)			SUB-SAHARAN AFRICA	397-PT V	14,104.	EFT			
(13)			SUB-SAHARAN AFRICA	398-PT V	77,400.	EFT			
(14)			SUB-SAHARAN AFRICA	399-PT V	16,917.	EFT			
(15)			SUB-SAHARAN AFRICA	400-PT V	23,491.	EFT			
(16)			SUB-SAHARAN AFRICA	401-PT V	84,345.	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. **▶** _____

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	402-PT V	95,739.	EFT			
(2)			SUB-SAHARAN AFRICA	403-PT V	7,727.	EFT			
(3)			SUB-SAHARAN AFRICA	404-PT V	44,141.	EFT			
(4)			SUB-SAHARAN AFRICA	405-PT V	25,082.	EFT			
(5)			SUB-SAHARAN AFRICA	406-PT V	10,842.	EFT			
(6)			SUB-SAHARAN AFRICA	407-PT V	39,440.	EFT			
(7)			SUB-SAHARAN AFRICA	408-PT V	20,385.	EFT			
(8)			SUB-SAHARAN AFRICA	409-PT V	14,019.	EFT			
(9)			SUB-SAHARAN AFRICA	410-PT V	11,407.	EFT			
(10)			SUB-SAHARAN AFRICA	411-PT V	34,594.	EFT			
(11)			SUB-SAHARAN AFRICA	412-PT V	28,346.	EFT			
(12)			SUB-SAHARAN AFRICA	413-PT V	15,127.	EFT			
(13)			SUB-SAHARAN AFRICA	414-PT V	16,686.	EFT			
(14)			SUB-SAHARAN AFRICA	415-PT V	342,811.	EFT			
(15)			SUB-SAHARAN AFRICA	416-PT V	111,143.	EFT			
(16)			SUB-SAHARAN AFRICA	417-PT V	56,851.	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. **▶** _____

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	418-PT V	23,129.	EFT			
(2)			SUB-SAHARAN AFRICA	419-PT V	45,743.	EFT			
(3)			SUB-SAHARAN AFRICA	420-PT V	91,568.	EFT			
(4)			SUB-SAHARAN AFRICA	421-PT V	157,515.	EFT			
(5)			SUB-SAHARAN AFRICA	422-PT V	159,827.	CHECK			
(6)			SUB-SAHARAN AFRICA	423-PT V	211,480.	CHECK			
(7)			SUB-SAHARAN AFRICA	424-PT V	141,731.	CHECK			
(8)			SUB-SAHARAN AFRICA	425-PT V	147,804.	CHECK			
(9)			SUB-SAHARAN AFRICA	426-PT V	52,768.	EFT			
(10)			SUB-SAHARAN AFRICA	427-PT V	57,488.	EFT			
(11)			SUB-SAHARAN AFRICA	428-PT V	50,391.	EFT			
(12)			SUB-SAHARAN AFRICA	429-PT V	64,819.	EFT			
(13)			SUB-SAHARAN AFRICA	430-PT V	65,820.	EFT			
(14)			SUB-SAHARAN AFRICA	431-PT V	45,508.	EFT			
(15)			SUB-SAHARAN AFRICA	432-PT V	50,695.	EFT			
(16)			SUB-SAHARAN AFRICA	433-PT V	97,339.	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. **▶** _____

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	434-PT V	6,606.	EFT			
(2)			SUB-SAHARAN AFRICA	435-PT V	262,907.	EFT			
(3)			SUB-SAHARAN AFRICA	436-PT V	17,619.	EFT			
(4)			SUB-SAHARAN AFRICA	437-PT V	138,665.	EFT			
(5)			SUB-SAHARAN AFRICA	438-PT V	39,635.	EFT			
(6)			SUB-SAHARAN AFRICA	439-PT V	67,474.	EFT			
(7)			SUB-SAHARAN AFRICA	440-PT V	81,656.	EFT			
(8)			SUB-SAHARAN AFRICA	441-PT V	112,247.	EFT			
(9)			SUB-SAHARAN AFRICA	442-PT V	153,174.	EFT			
(10)			SUB-SAHARAN AFRICA	443-PT V	418,249.	EFT			
(11)			SUB-SAHARAN AFRICA	444-PT V	6,777.	EFT			
(12)			SUB-SAHARAN AFRICA	445-PT V	211,404.	EFT			
(13)			SUB-SAHARAN AFRICA	446-PT V	15,141.	EFT			
(14)			SUB-SAHARAN AFRICA	447-PT V	19,040.	EFT			
(15)			SUB-SAHARAN AFRICA	448-PT V	28,325.	EFT			
(16)			SUB-SAHARAN AFRICA	449-PT V	22,352.	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. ▶ _____

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	450-PT V	24,039.	EFT			
(2)			SUB-SAHARAN AFRICA	451-PT V	15,672.	EFT			
(3)			SUB-SAHARAN AFRICA	452-PT V	73,573.	EFT			
(4)			SUB-SAHARAN AFRICA	453-PT V	125,189.	EFT			
(5)			SUB-SAHARAN AFRICA	454-PT V	177,595.	EFT			
(6)			SUB-SAHARAN AFRICA	455-PT V	138,878.	EFT			
(7)			SUB-SAHARAN AFRICA	456-PT V	60,590.	EFT			
(8)			SUB-SAHARAN AFRICA	457-PT V	178,829.	EFT			
(9)			SUB-SAHARAN AFRICA	458-PT V	100,702.	EFT			
(10)			SUB-SAHARAN AFRICA	459-PT V	107,106.	EFT			
(11)			SUB-SAHARAN AFRICA	460-PT V	68,556.	EFT			
(12)			SUB-SAHARAN AFRICA	461-PT V	166,522.	EFT			
(13)			SUB-SAHARAN AFRICA	462-PT V	169,096.	EFT			
(14)			SUB-SAHARAN AFRICA	463-PT V	161,760.	EFT			
(15)			SUB-SAHARAN AFRICA	464-PT V	104,095.	EFT			
(16)			SUB-SAHARAN AFRICA	465-PT V	44,208.	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. **▶** _____

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	466-PT V	18,773.	EFT			
(2)			SUB-SAHARAN AFRICA	467-PT V	115,883.	EFT			
(3)			CENT. AMERICA/CARIBBEAN	468-PT V	34,080.	CHECK			
(4)			SOUTH ASIA	469-PT V	30,709.	EFT			
(5)			SOUTH ASIA	470-PT V	46,191.	EFT			
(6)			SOUTH ASIA	471-PT V	42,761.	EFT			
(7)			SOUTH ASIA	472-PT V	78,335.	EFT			
(8)			SOUTH ASIA	473-PT V	61,037.	EFT			
(9)			SOUTH ASIA	474-PT V	64,946.	EFT			
(10)			SOUTH ASIA	475-PT V	10,459.	EFT			
(11)			SOUTH ASIA	476-PT V	16,325.	EFT			
(12)			SOUTH ASIA	477-PT V	224,213.	EFT			
(13)			SOUTH ASIA	478-PT V	41,677.	EFT			
(14)			SOUTH ASIA	479-PT V	55,864.	EFT			
(15)			SOUTH ASIA	480-PT V	91,595.	EFT			
(16)			SOUTH ASIA	481-PT V	14,996.	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. ▶ _____

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	482-PT V	23,988.	EFT			
(2)			SOUTH ASIA	483-PT V	40,989.	EFT			
(3)			SOUTH ASIA	484-PT V	12,756.	EFT			
(4)			SOUTH ASIA	485-PT V	21,242.	EFT			
(5)			SOUTH ASIA	486-PT V	20,516.	EFT			
(6)			SOUTH ASIA	487-PT V	20,046.	EFT			
(7)			SOUTH ASIA	488-PT V	11,709.	EFT			
(8)			SOUTH ASIA	489-PT V	37,095.	EFT			
(9)			SOUTH ASIA	490-PT V	48,443.	EFT			
(10)			SOUTH ASIA	491-PT V	66,975.	EFT			
(11)			SOUTH ASIA	492-PT V	6,043.	EFT			
(12)			SOUTH ASIA	493-PT V	144,650.	EFT			
(13)			SOUTH ASIA	494-PT V	60,941.	EFT			
(14)			SOUTH ASIA	495-PT V	6,974.	EFT			
(15)			SOUTH ASIA	496-PT V	50,673.	EFT			
(16)			SOUTH ASIA	497-PT V	70,916.	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. ▶ _____

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	498-PT V	41,056.	EFT			
(2)			SOUTH ASIA	499-PT V	26,645.	EFT			
(3)			SOUTH ASIA	500-PT V	14,033.	EFT			
(4)			SOUTH ASIA	501-PT V	16,097.	EFT			
(5)			SOUTH ASIA	502-PT V	61,986.	EFT			
(6)			SOUTH ASIA	503-PT V	9,918.	EFT			
(7)			SOUTH ASIA	504-PT V	24,972.	EFT			
(8)			SOUTH ASIA	505-PT V	28,949.	EFT			
(9)			SOUTH ASIA	506-PT V	29,089.	EFT			
(10)			SOUTH ASIA	507-PT V	10,068.	EFT			
(11)			SOUTH ASIA	508-PT V	28,752.	EFT			
(12)			SOUTH ASIA	509-PT V	158,669.	EFT			
(13)			SOUTH ASIA	510-PT V	15,903.	EFT			
(14)			SOUTH ASIA	511-PT V	28,457.	EFT			
(15)			SOUTH ASIA	512-PT V	22,362.	EFT			
(16)			SOUTH ASIA	513-PT V	19,406.	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. **▶** _____

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	514-PT V	20,737.	EFT			
(2)			SOUTH ASIA	515-PT V	23,641.	EFT			
(3)			SOUTH ASIA	516-PT V	33,114.	EFT			
(4)			SOUTH ASIA	517-PT V	10,348.	EFT			
(5)			SOUTH ASIA	518-PT V	5,048.	EFT			
(6)			SOUTH ASIA	519-PT V	29,083.	EFT			
(7)			SOUTH ASIA	520-PT V	40,511.	EFT			
(8)			SOUTH ASIA	521-PT V	66,688.	EFT			
(9)			SOUTH ASIA	522-PT V	28,990.	EFT			
(10)			SOUTH ASIA	523-PT V	8,253.	EFT			
(11)			SOUTH ASIA	524-PT V	8,784.	EFT			
(12)			SOUTH ASIA	525-PT V	202,326.	EFT			
(13)			SOUTH ASIA	526-PT V	164,816.	EFT			
(14)			SOUTH ASIA	527-PT V	94,418.	EFT			
(15)			SOUTH ASIA	528-PT V	87,694.	EFT			
(16)			SOUTH ASIA	529-PT V	79,770.	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. ▶ _____

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	530-PT V	24,860.	EFT			
(2)			SOUTH ASIA	531-PT V	10,134.	EFT			
(3)			SOUTH ASIA	532-PT V	5,022.	EFT			
(4)			SOUTH ASIA	533-PT V	41,693.	EFT			
(5)			SOUTH ASIA	534-PT V	51,959.	EFT			
(6)			SOUTH ASIA	535-PT V	24,881.	EFT			
(7)			SOUTH ASIA	536-PT V	6,254.	EFT			
(8)			SOUTH ASIA	537-PT V	93,791.	EFT			
(9)			SOUTH ASIA	538-PT V	80,404.	EFT			
(10)			SOUTH ASIA	539-PT V	5,360.	EFT			
(11)			SOUTH ASIA	540-PT V	11,174.	EFT			
(12)			SOUTH ASIA	541-PT V	14,851.	EFT			
(13)			SOUTH ASIA	542-PT V	24,794.	EFT			
(14)			SOUTH ASIA	543-PT V	40,847.	EFT			
(15)			SOUTH ASIA	544-PT V	59,298.	EFT			
(16)			SOUTH ASIA	545-PT V	14,042.	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. **▶** _____

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	546-PT V	27,023.	EFT			
(2)			SOUTH ASIA	547-PT V	28,066.	EFT			
(3)			SOUTH ASIA	548-PT V	9,917.	EFT			
(4)			SOUTH ASIA	549-PT V	28,560.	EFT			
(5)			SOUTH ASIA	550-PT V	12,671.	EFT			
(6)			SOUTH ASIA	551-PT V	11,019.	EFT			
(7)			SOUTH ASIA	552-PT V	12,900.	EFT			
(8)			SOUTH ASIA	553-PT V	11,449.	EFT			
(9)			SOUTH ASIA	554-PT V	19,189.	EFT			
(10)			SOUTH ASIA	555-PT V	18,064.	EFT			
(11)			SOUTH ASIA	556-PT V	265,900.	EFT			
(12)			SOUTH ASIA	557-PT V	12,016.	EFT			
(13)			SOUTH ASIA	558-PT V	139,173.	EFT			
(14)			SOUTH ASIA	559-PT V	20,095.	EFT			
(15)			SOUTH ASIA	560-PT V	18,494.	EFT			
(16)			SOUTH ASIA	561-PT V	5,692.	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. **▶** _____

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	562-PT V	7,855.	EFT			
(2)			SOUTH ASIA	563-PT V	90,161.	EFT			
(3)			SOUTH ASIA	564-PT V	36,147.	EFT			
(4)			SOUTH ASIA	565-PT V	59,667.	EFT			
(5)			SOUTH ASIA	566-PT V	29,229.	EFT			
(6)			SOUTH ASIA	567-PT V	18,315.	EFT			
(7)			SOUTH ASIA	568-PT V	16,552.	EFT			
(8)			SOUTH ASIA	569-PT V	320,444.	EFT			
(9)			SOUTH ASIA	570-PT V	8,652.	EFT			
(10)			SOUTH ASIA	571-PT V	178,814.	EFT			
(11)			SOUTH ASIA	572-PT V	66,694.	EFT			
(12)			SOUTH ASIA	573-PT V	184,092.	EFT			
(13)			SOUTH ASIA	574-PT V	40,603.	EFT			
(14)			SOUTH ASIA	575-PT V	23,747.	EFT			
(15)			SOUTH ASIA	576-PT V	8,729.	EFT			
(16)			SOUTH ASIA	577-PT V	190,373.	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. **▶** _____

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	578-PT V	57,571.	EFT			
(2)			SOUTH ASIA	579-PT V	10,530.	EFT			
(3)			SOUTH ASIA	580-PT V	38,095.	EFT			
(4)			SOUTH ASIA	581-PT V	12,434.	EFT			
(5)			SOUTH ASIA	582-PT V	75,824.	EFT			
(6)			SOUTH ASIA	583-PT V	13,317.	EFT			
(7)			SOUTH ASIA	584-PT V	37,198.	EFT			
(8)			SOUTH ASIA	585-PT V	52,576.	EFT			
(9)			SOUTH ASIA	586-PT V	273,473.	EFT			
(10)			SOUTH ASIA	587-PT V	70,616.	EFT			
(11)			SOUTH ASIA	588-PT V	18,638.	EFT			
(12)			EAST ASIA AND THE PACIFI	589-PT V	11,908.	EFT			
(13)			EAST ASIA AND THE PACIFI	590-PT V	60,536.	EFT			
(14)			EAST ASIA AND THE PACIFI	591-PT V	52,033.	EFT			
(15)			EAST ASIA AND THE PACIFI	592-PT V	56,977.	EFT			
(16)			EAST ASIA AND THE PACIFI	593-PT V	68,508.	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. ▶ _____

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)			EAST ASIA AND THE PACIFI	594-PT V	5,509.	CHECK			
(2)			EAST ASIA AND THE PACIFI	595-PT V	5,986.	CHECK			
(3)			EAST ASIA AND THE PACIFI	596-PT V	7,416.	EFT			
(4)			EAST ASIA AND THE PACIFI	597-PT V	32,551.	CHECK			
(5)			EAST ASIA AND THE PACIFI	598-PT V	21,103.	CHECK			
(6)			EAST ASIA AND THE PACIFI	599-PT V	7,051.	EFT			
(7)			EAST ASIA AND THE PACIFI	600-PT V	17,800.	CHECK			
(8)			EAST ASIA AND THE PACIFI	601-PT V	27,699.	CHECK			
(9)			EAST ASIA AND THE PACIFI	602-PT V	7,893.	CHECK			
(10)			EAST ASIA AND THE PACIFI	603-PT V	7,249.	CHECK			
(11)			EAST ASIA AND THE PACIFI	604-PT V	28,598.	EFT			
(12)			EAST ASIA AND THE PACIFI	605-PT V	143,785.	CHECK			
(13)			EAST ASIA AND THE PACIFI	606-PT V	10,512.	CHECK			
(14)			EAST ASIA AND THE PACIFI	607-PT V	16,988.	CHECK			
(15)			EAST ASIA AND THE PACIFI	608-PT V	398,646.	EFT			
(16)			EAST ASIA AND THE PACIFI	609-PT V	8,066.	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. ▶ _____

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)			EAST ASIA AND THE PACIFI	610-PT V	22,187.	EFT			
(2)			EAST ASIA AND THE PACIFI	611-PT V	23,802.	EFT			
(3)			SUB-SAHARAN AFRICA	612-PT V	42,093.	MONEY ORDER			
(4)			SUB-SAHARAN AFRICA	613-PT V	35,596.	MONEY ORDER			
(5)			SUB-SAHARAN AFRICA	614-PT V	89,768.	MONEY ORDER			
(6)			SUB-SAHARAN AFRICA	615-PT V	6,605.	MONEY ORDER			
(7)			SUB-SAHARAN AFRICA	616-PT V	53,665.	MONEY ORDER			
(8)			SUB-SAHARAN AFRICA	617-PT V	70,169.	MONEY ORDER			
(9)			SUB-SAHARAN AFRICA	618-PT V	131,244.	MONEY ORDER			
(10)			SUB-SAHARAN AFRICA	619-PT V	48,313.	MONEY ORDER			
(11)			SUB-SAHARAN AFRICA	620-PT V	111,975.	MONEY ORDER			
(12)			SUB-SAHARAN AFRICA	621-PT V	38,879.	MONEY ORDER			
(13)			SUB-SAHARAN AFRICA	622-PT V	19,066.	MONEY ORDER			
(14)			SUB-SAHARAN AFRICA	623-PT V	605,019.	MONEY ORDER			
(15)			SUB-SAHARAN AFRICA	624-PT V	359,214.	MONEY ORDER			
(16)			SUB-SAHARAN AFRICA	625-PT V	11,453.	MONEY ORDER			

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

3 Enter total number of other organizations or entities. **▶** _____

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" 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	626-PT V	8,919.	MONEY ORDER			
(2)			SUB-SAHARAN AFRICA	627-PT V	23,864.	MONEY ORDER			
(3)			SUB-SAHARAN AFRICA	628-PT V	31,666.	MONEY ORDER			
(4)			SUB-SAHARAN AFRICA	629-PT V	27,519.	MONEY ORDER			
(5)			SUB-SAHARAN AFRICA	630-PT V	86,899.	MONEY ORDER			
(6)			SUB-SAHARAN AFRICA	631-PT V	73,587.	MONEY ORDER			
(7)			SUB-SAHARAN AFRICA	632-PT V	27,082.	MONEY ORDER			
(8)			SUB-SAHARAN AFRICA	633-PT V	7,300.	MONEY ORDER			
(9)			SUB-SAHARAN AFRICA	634-PT V	17,820.	MONEY ORDER			
(10)			SUB-SAHARAN AFRICA	635-PT V	35,027.	MONEY ORDER			
(11)			SUB-SAHARAN AFRICA	636-PT V	42,045.	MONEY ORDER			
(12)			SUB-SAHARAN AFRICA	637-PT V	11,587.	MONEY ORDER			
(13)			SUB-SAHARAN AFRICA	638-PT V	102,177.	MONEY ORDER			
(14)			SUB-SAHARAN AFRICA	639-PT V	55,127.	MONEY ORDER			
(15)			SUB-SAHARAN AFRICA	640-PT V	19,904.	EFT			
(16)			SUB-SAHARAN AFRICA	641-PT V	9,082.	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. **▶** _____

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	642-PT V	18,319.	EFT			
(2)			SUB-SAHARAN AFRICA	643-PT V	60,932.	EFT			
(3)			SUB-SAHARAN AFRICA	644-PT V	42,628.	EFT			
(4)			SUB-SAHARAN AFRICA	645-PT V	85,233.	EFT			
(5)			SUB-SAHARAN AFRICA	646-PT V	81,567.	EFT			
(6)			SUB-SAHARAN AFRICA	647-PT V	16,118.	EFT			
(7)			SUB-SAHARAN AFRICA	648-PT V	59,635.	EFT			
(8)			SUB-SAHARAN AFRICA	649-PT V	29,361.	EFT			
(9)			SUB-SAHARAN AFRICA	650-PT V	6,143.	EFT			
(10)			SUB-SAHARAN AFRICA	651-PT V	18,480.	EFT			
(11)			SUB-SAHARAN AFRICA	652-PT V	21,755.	EFT			
(12)			SUB-SAHARAN AFRICA	653-PT V	5,999.	EFT			
(13)			SUB-SAHARAN AFRICA	654-PT V	23,810.	EFT			
(14)			SUB-SAHARAN AFRICA	655-PT V	41,291.	EFT			
(15)			SUB-SAHARAN AFRICA	656-PT V	131,858.	EFT			
(16)			SUB-SAHARAN AFRICA	657-PT V	43,153.	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. ▶ _____

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	658-PT V	15,973.	EFT			
(2)			SUB-SAHARAN AFRICA	659-PT V	204,529.	EFT			
(3)			SUB-SAHARAN AFRICA	660-PT V	46,228.	EFT			
(4)			SUB-SAHARAN AFRICA	661-PT V	68,096.	EFT			
(5)			SUB-SAHARAN AFRICA	662-PT V	23,958.	EFT			
(6)			SUB-SAHARAN AFRICA	663-PT V	56,794.	EFT			
(7)			SUB-SAHARAN AFRICA	664-PT V	21,096.	EFT			
(8)			SUB-SAHARAN AFRICA	665-PT V	49,389.	EFT			
(9)			SUB-SAHARAN AFRICA	666-PT V	10,885.	EFT			
(10)			SUB-SAHARAN AFRICA	667-PT V	173,582.	EFT			
(11)			SUB-SAHARAN AFRICA	668-PT V	12,595.	EFT			
(12)			SUB-SAHARAN AFRICA	669-PT V	28,265.	EFT			
(13)			SUB-SAHARAN AFRICA	670-PT V	21,525.	EFT			
(14)			SUB-SAHARAN AFRICA	671-PT V	27,750.	EFT			
(15)			SUB-SAHARAN AFRICA	672-PT V	109,917.	CHECK			
(16)			SUB-SAHARAN AFRICA	673-PT V	183,767.	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. **▶** _____

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	674-PT V	111,039.	CHECK			
(2)			SUB-SAHARAN AFRICA	675-PT V	180,018.	CHECK			
(3)			SUB-SAHARAN AFRICA	676-PT V	157,668.	EFT			
(4)			SUB-SAHARAN AFRICA	677-PT V	136,693.	CHECK			
(5)			SUB-SAHARAN AFRICA	678-PT V	176,744.	CHECK			
(6)			SUB-SAHARAN AFRICA	679-PT V	1,113,088.	EFT			
(7)			SUB-SAHARAN AFRICA	680-PT V	85,270.	CHECK			
(8)			SUB-SAHARAN AFRICA	681-PT V	111,110.	CHECK			
(9)			SUB-SAHARAN AFRICA	682-PT V	32,651.	CHECK			
(10)			SUB-SAHARAN AFRICA	683-PT V	236,032.	CHECK			
(11)			SUB-SAHARAN AFRICA	684-PT V	287,807.	CHECK			
(12)			SUB-SAHARAN AFRICA	685-PT V	178,756.	EFT			
(13)			SUB-SAHARAN AFRICA	686-PT V	93,299.	EFT			
(14)			SUB-SAHARAN AFRICA	687-PT V	49,427.	EFT			
(15)			SUB-SAHARAN AFRICA	688-PT V	39,630.	CHECK			
(16)			SUB-SAHARAN AFRICA	689-PT V	12,000.	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. ▶ _____

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	690-PT V	97,881.	EFT			
(2)			SUB-SAHARAN AFRICA	691-PT V	19,047.	EFT			
(3)			SUB-SAHARAN AFRICA	692-PT V	5,512.	CHECK			
(4)			SUB-SAHARAN AFRICA	693-PT V	115,728.	EFT			
(5)			SUB-SAHARAN AFRICA	694-PT V	177,173.	EFT			
(6)			SUB-SAHARAN AFRICA	695-PT V	92,585.	EFT			
(7)			SUB-SAHARAN AFRICA	696-PT V	547,050.	EFT			
(8)			SUB-SAHARAN AFRICA	697-PT V	71,407.	CASH			
(9)			SUB-SAHARAN AFRICA	698-PT V	15,875.	CHECK			
(10)			EUROPE (INC. IC AND GL)	699-PT V	122,752.	EFT			
(11)			EUROPE (INC. IC AND GL)	700-PT V	331,726.	EFT			
(12)			EUROPE (INC. IC AND GL)	701-PT V	19,480.	EFT			
(13)			EUROPE (INC. IC AND GL)	702-PT V	1,239,275.	EFT			
(14)			EUROPE (INC. IC AND GL)	703-PT V	221,039.	EFT			
(15)			EUROPE (INC. IC AND GL)	704-PT V	15,019.	EFT			
(16)			EUROPE (INC. IC AND GL)	705-PT V	888,089.	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. ▶ _____

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)			EUROPE (INC. IC AND GL)	706-PT V	128,693.	EFT			
(2)			EUROPE (INC. IC AND GL)	707-PT V	203,535.	EFT			
(3)			EUROPE (INC. IC AND GL)	708-PT V	156,128.	EFT			
(4)			EUROPE (INC. IC AND GL)	709-PT V	14,750.	EFT			
(5)			EUROPE (INC. IC AND GL)	710-PT V	464,048.	EFT			
(6)			EUROPE (INC. IC AND GL)	711-PT V	122,372.	EFT			
(7)			EUROPE (INC. IC AND GL)	712-PT V	31,883.	EFT			
(8)			EUROPE (INC. IC AND GL)	713-PT V	68,868.	EFT			
(9)			SUB-SAHARAN AFRICA	714-PT V	19,204.	EFT			
(10)			SUB-SAHARAN AFRICA	715-PT V	24,811.	EFT			
(11)			SUB-SAHARAN AFRICA	716-PT V	26,982.	EFT			
(12)			SUB-SAHARAN AFRICA	717-PT V	18,012.	EFT			
(13)			SUB-SAHARAN AFRICA	718-PT V	106,215.	EFT			
(14)			SUB-SAHARAN AFRICA	719-PT V	99,267.	EFT			
(15)			SUB-SAHARAN AFRICA	720-PT V	143,759.	EFT			
(16)			SUB-SAHARAN AFRICA	721-PT V	60,135.	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. ▶ _____

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	722-PT V	48,325.	EFT			
(2)			SUB-SAHARAN AFRICA	723-PT V	16,322.	CHECK			
(3)			SUB-SAHARAN AFRICA	724-PT V	16,131.	EFT			
(4)			SUB-SAHARAN AFRICA	725-PT V	15,137.	CHECK			
(5)			SUB-SAHARAN AFRICA	726-PT V	171,541.	EFT			
(6)			SUB-SAHARAN AFRICA	727-PT V	28,884.	CHECK			
(7)			SUB-SAHARAN AFRICA	728-PT V	19,458.	CHECK			
(8)			SUB-SAHARAN AFRICA	729-PT V	16,564.	CHECK			
(9)			SUB-SAHARAN AFRICA	730-PT V	18,157.	CHECK			
(10)			SUB-SAHARAN AFRICA	731-PT V	27,513.	CHECK			
(11)			SUB-SAHARAN AFRICA	732-PT V	12,880.	CHECK			
(12)			SUB-SAHARAN AFRICA	733-PT V	22,389.	EFT			
(13)			SUB-SAHARAN AFRICA	734-PT V	25,426.	CHECK			
(14)			SUB-SAHARAN AFRICA	735-PT V	8,896.	EFT			
(15)			SUB-SAHARAN AFRICA	736-PT V	26,501.	CHECK			
(16)			SUB-SAHARAN AFRICA	737-PT V	7,987.	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. **▶** _____

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	738-PT V	66,379.	CHECK			
(2)			SUB-SAHARAN AFRICA	739-PT V	47,271.	CHECK			
(3)			SUB-SAHARAN AFRICA	740-PT V	51,033.	EFT			
(4)			SUB-SAHARAN AFRICA	741-PT V	33,709.	EFT			
(5)			SUB-SAHARAN AFRICA	742-PT V	72,070.	EFT			
(6)			SUB-SAHARAN AFRICA	743-PT V	70,548.	EFT			
(7)			SUB-SAHARAN AFRICA	744-PT V	67,777.	CHECK			
(8)			SUB-SAHARAN AFRICA	745-PT V	65,247.	EFT			
(9)			SUB-SAHARAN AFRICA	746-PT V	73,991.	EFT			
(10)			SUB-SAHARAN AFRICA	747-PT V	60,931.	EFT			
(11)			SUB-SAHARAN AFRICA	748-PT V	34,088.	EFT			
(12)			SUB-SAHARAN AFRICA	749-PT V	67,155.	EFT			
(13)			SUB-SAHARAN AFRICA	750-PT V	10,100.	EFT			
(14)			SUB-SAHARAN AFRICA	751-PT V	49,222.	EFT			
(15)			SUB-SAHARAN AFRICA	752-PT V	110,130.	EFT			
(16)			SUB-SAHARAN AFRICA	753-PT V	103,101.	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. **▶** _____

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	754-PT V	80,264.	EFT			
(2)			SUB-SAHARAN AFRICA	755-PT V	249,820.	EFT			
(3)			SUB-SAHARAN AFRICA	756-PT V	30,080.	EFT			
(4)			SUB-SAHARAN AFRICA	757-PT V	27,366.	EFT			
(5)			SUB-SAHARAN AFRICA	758-PT V	40,756.	EFT			
(6)			SUB-SAHARAN AFRICA	759-PT V	11,025.	EFT			
(7)			SUB-SAHARAN AFRICA	760-PT V	20,399.	EFT			
(8)			SUB-SAHARAN AFRICA	761-PT V	9,531.	EFT			
(9)			SUB-SAHARAN AFRICA	762-PT V	102,162.	EFT			
(10)			SUB-SAHARAN AFRICA	763-PT V	83,750.	EFT			
(11)			SUB-SAHARAN AFRICA	764-PT V	16,330.	EFT			
(12)			SUB-SAHARAN AFRICA	765-PT V	7,983.	EFT			
(13)			SUB-SAHARAN AFRICA	766-PT V	103,078.	EFT			
(14)			SUB-SAHARAN AFRICA	767-PT V	57,102.	EFT			
(15)			SUB-SAHARAN AFRICA	768-PT V	53,249.	EFT			
(16)			SUB-SAHARAN AFRICA	769-PT V	23,705.	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. **▶** _____

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	770-PT V	13,255.	EFT			
(2)			SUB-SAHARAN AFRICA	771-PT V	60,572.	EFT			
(3)			SUB-SAHARAN AFRICA	772-PT V	9,735.	EFT			
(4)			SUB-SAHARAN AFRICA	773-PT V	19,783.	EFT			
(5)			SUB-SAHARAN AFRICA	774-PT V	11,857.	CHECK			
(6)			SUB-SAHARAN AFRICA	775-PT V	42,015.	EFT			
(7)			SUB-SAHARAN AFRICA	776-PT V	49,178.	EFT			
(8)			SUB-SAHARAN AFRICA	777-PT V	38,846.	EFT			
(9)			SUB-SAHARAN AFRICA	778-PT V	28,497.	EFT			
(10)			SUB-SAHARAN AFRICA	779-PT V	24,742.	EFT			
(11)			SUB-SAHARAN AFRICA	780-PT V	26,620.	EFT			
(12)			SUB-SAHARAN AFRICA	781-PT V	20,551.	EFT			
(13)			SUB-SAHARAN AFRICA	782-PT V	18,498.	EFT			
(14)			EUROPE (INC. IC AND GL)	783-PT V	141,000.	EFT			
(15)			CENT. AMERICA/CARIBBEAN	784-PT V	41,723.	EFT			
(16)			CENT. AMERICA/CARIBBEAN	785-PT V	11,543.	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. ▶ _____

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	786-PT V	51,771.	EFT			
(2)			SUB-SAHARAN AFRICA	787-PT V	1,100,688.	EFT			
(3)			SUB-SAHARAN AFRICA	788-PT V	559,405.	EFT			
(4)			MIDDLE EAST/NORTH AFRICA	789-PT V	300,000.	EFT			
(5)			EAST ASIA AND THE PACIFI	790-PT V	7,957.	CHECK			
(6)			SOUTH AMERICA	791-PT V	40,332.	EFT			
(7)			SUB-SAHARAN AFRICA	792-PT V	11,446.	EFT			
(8)			SUB-SAHARAN AFRICA	793-PT V	12,769.	EFT			
(9)			EAST ASIA AND THE PACIFI	794-PT V	52,418.	EFT			
(10)			SUB-SAHARAN AFRICA	795-PT V	70,024.	EFT			
(11)			SUB-SAHARAN AFRICA	796-PT V	356,720.	EFT			
(12)			MIDDLE EAST/NORTH AFRICA	797-PT V	862,458.	EFT			
(13)			SUB-SAHARAN AFRICA	798-PT V	400,533.	EFT			
(14)			SOUTH ASIA	799-PT V	140,529.	EFT			
(15)			SOUTH ASIA	800-PT V	118,124.	EFT			
(16)			SOUTH ASIA	801-PT V	775,406.	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. ▶ _____

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	802-PT V	90,887.	EFT			
(2)			SUB-SAHARAN AFRICA	803-PT V	4,288,979.	EFT			
(3)			SUB-SAHARAN AFRICA	804-PT V	151,355.	EFT			
(4)			SOUTH AMERICA	805-PT V	73,251.	EFT			
(5)			SOUTH ASIA	806-PT V	24,279.	EFT			
(6)			EUROPE (INC. IC AND GL)	807-PT V	86,834.	EFT			
(7)			EUROPE (INC. IC AND GL)	808-PT V	248,062.	EFT			
(8)			SOUTH ASIA	809-PT V	159,558.	EFT			
(9)			EUROPE (INC. IC AND GL)	810-PT V	28,423.	EFT			
(10)			EAST ASIA AND THE PACIFI	811-PT V	382,964.	EFT			
(11)			SOUTH ASIA	812-PT V	73,456.	EFT			
(12)			SUB-SAHARAN AFRICA	813-PT V	6,188.	EFT			
(13)			SUB-SAHARAN AFRICA	814-PT V	33,860.	EFT			
(14)			EAST ASIA AND THE PACIFI	815-PT V	8,509.	EFT			
(15)			EAST ASIA AND THE PACIFI	816-PT V	10,010.	EFT			
(16)			SUB-SAHARAN AFRICA	817-PT V	18,428.	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. ▶ _____

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	818-PT V	16,888.	EFT			
(2)			SOUTH ASIA	819-PT V	69,483.	EFT			
(3)			EAST ASIA AND THE PACIFI	820-PT V	5,770.	EFT			
(4)			SUB-SAHARAN AFRICA	821-PT V	414,884.	EFT			
(5)			SUB-SAHARAN AFRICA	822-PT V	826,347.	EFT			
(6)			EAST ASIA AND THE PACIFI	823-PT V	31,606.	EFT			
(7)			EAST ASIA AND THE PACIFI	824-PT V	20,759.	EFT			
(8)			EAST ASIA AND THE PACIFI	825-PT V	64,073.	EFT			
(9)			EAST ASIA AND THE PACIFI	826-PT V	54,288.	EFT			
(10)			EAST ASIA AND THE PACIFI	827-PT V	7,769.	EFT			
(11)			EAST ASIA AND THE PACIFI	828-PT V	18,497.	EFT			
(12)			EAST ASIA AND THE PACIFI	829-PT V	7,246.	EFT			
(13)			EAST ASIA AND THE PACIFI	830-PT V	8,446.	EFT			
(14)			EAST ASIA AND THE PACIFI	831-PT V	7,137.	EFT			
(15)			EAST ASIA AND THE PACIFI	832-PT V	14,619.	CHECK			
(16)			EAST ASIA AND THE PACIFI	833-PT V	36,129.	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. ▶ _____

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	834-PT V	254,545.	EFT			
(2)			EUROPE (INC. IC AND GL)	835-PT V	78,996.	EFT			
(3)			EUROPE (INC. IC AND GL)	836-PT V	94,780.	EFT			
(4)			SOUTH ASIA	837-PT V	476,010.	EFT			
(5)			SOUTH ASIA	838-PT V	13,498,321.	EFT			
(6)			SOUTH ASIA	839-PT V	4,272,745.	EFT			
(7)			SOUTH ASIA	840-PT V	1,214,413.	EFT			
(8)			SOUTH ASIA	841-PT V	702,711.	EFT			
(9)			SOUTH ASIA	842-PT V	23,525.	EFT			
(10)			SOUTH ASIA	843-PT V	310,547.	EFT			
(11)			SOUTH ASIA	844-PT V	219,644.	EFT			
(12)			SOUTH ASIA	845-PT V	326,473.	EFT			
(13)			SOUTH ASIA	846-PT V	280,105.	EFT			
(14)			SOUTH ASIA	847-PT V	247,707.	EFT			
(15)			SOUTH ASIA	848-PT V	80,000.	EFT			
(16)			SUB-SAHARAN AFRICA	849-PT V	383,804.	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. **▶** _____

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	850-PT V	251,253.	EFT			
(2)			SUB-SAHARAN AFRICA	851-PT V	40,923.	EFT			
(3)			EUROPE (INC. IC AND GL)	852-PT V	189,048.	EFT			
(4)			SOUTH AMERICA	853-PT V	123,104.	EFT			
(5)			SOUTH ASIA	854-PT V	263,814.	EFT			
(6)			EUROPE (INC. IC AND GL)	855-PT V	71,372.	EFT			
(7)			EUROPE (INC. IC AND GL)	856-PT V	47,750.	EFT			
(8)			SOUTH ASIA	857-PT V	62,348.	EFT			
(9)			SUB-SAHARAN AFRICA	858-PT V	21,371.	EFT			
(10)			SOUTH AMERICA	859-PT V	20,599.	EFT			
(11)			SOUTH ASIA	860-PT V	172,709.	EFT			
(12)			SOUTH ASIA	861-PT V	95,472.	EFT			
(13)			SUB-SAHARAN AFRICA	862-PT V	32,431.	EFT			
(14)			EAST ASIA AND THE PACIFI	863-PT V	43,344.	EFT			
(15)			EAST ASIA AND THE PACIFI	864-PT V	70,096.	EFT			
(16)			SOUTH AMERICA	865-PT V	129,083.	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. ▶ _____

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	866-PT V	37,344.	EFT			
(2)			NORTH AMERICA	867-PT V	40,300.	EFT			
(3)			EAST ASIA AND THE PACIFI	868-PT V	23,374.	EFT			
(4)			SUB-SAHARAN AFRICA	869-PT V	48,973.	EFT			
(5)			EAST ASIA AND THE PACIFI	870-PT V	21,125.	EFT			
(6)			SOUTH ASIA	871-PT V	24,922.	EFT			
(7)			SOUTH ASIA	872-PT V	66,670.	EFT			
(8)			SOUTH ASIA	873-PT V	9,327.	EFT			
(9)			SOUTH ASIA	874-PT V	219,054.	EFT			
(10)			SUB-SAHARAN AFRICA	875-PT V	59,462.	EFT			
(11)			SUB-SAHARAN AFRICA	876-PT V	92,872.	EFT			
(12)			EAST ASIA AND THE PACIFI	877-PT V	62,228.	CHECK			
(13)			SUB-SAHARAN AFRICA	878-PT V	488,763.	EFT			
(14)			EUROPE (INC. IC AND GL)	879-PT V	10,321.	EFT			
(15)			EUROPE (INC. IC AND GL)	880-PT V	43,548.	EFT			
(16)			EUROPE (INC. IC AND GL)	881-PT V	59,032.	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. ▶ _____

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)			EAST ASIA AND THE PACIFI	882-PT V	200,754.	EFT			
(2)			EAST ASIA AND THE PACIFI	883-PT V	210,408.	EFT			
(3)			SUB-SAHARAN AFRICA	884-PT V	514,454.	EFT			
(4)			SUB-SAHARAN AFRICA	885-PT V	133,647.	EFT			
(5)			SOUTH ASIA	886-PT V	227,456.	EFT			
(6)			SUB-SAHARAN AFRICA	887-PT V	160,997.	EFT			
(7)			EAST ASIA AND THE PACIFI	888-PT V	50,470.	EFT			
(8)			EAST ASIA AND THE PACIFI	889-PT V	80,874.	EFT			
(9)			EAST ASIA AND THE PACIFI	890-PT V	84,864.	EFT			
(10)			SUB-SAHARAN AFRICA	891-PT V	55,064.	CHECK			
(11)			SOUTH ASIA	892-PT V	9,759.	EFT			
(12)			SOUTH ASIA	893-PT V	30,312.	EFT			
(13)			EAST ASIA AND THE PACIFI	894-PT V	13,090.	EFT			
(14)			EAST ASIA AND THE PACIFI	895-PT V	37,961.	EFT			
(15)			EAST ASIA AND THE PACIFI	896-PT V	7,874.	CHECK			
(16)			EAST ASIA AND THE PACIFI	897-PT V	9,682.	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. ▶ _____

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)			EUROPE (INC. IC AND GL)	898-PT V	22,491.	EFT			
(2)			EUROPE (INC. IC AND GL)	899-PT V	31,870.	EFT			
(3)			SUB-SAHARAN AFRICA	900-PT V	586,860.	EFT			
(4)			SOUTH AMERICA	901-PT V	59,561.	EFT			
(5)			SOUTH ASIA	902-PT V	5,048.	EFT			
(6)			SOUTH ASIA	903-PT V	64,434.	EFT			
(7)			SOUTH ASIA	904-PT V	534,649.	EFT			
(8)			SOUTH ASIA	905-PT V	802,575.	EFT			
(9)			SOUTH ASIA	906-PT V	308,794.	EFT			
(10)			SOUTH ASIA	907-PT V	14,412.	EFT			
(11)			SOUTH ASIA	908-PT V	81,849.	EFT			
(12)			SOUTH ASIA	909-PT V	8,425.	EFT			
(13)			SUB-SAHARAN AFRICA	910-PT V	24,152.	EFT			
(14)			SOUTH AMERICA	911-PT V	1,100,000.	EFT			
(15)			SOUTH AMERICA	912-PT V	78,000.	EFT			
(16)			EUROPE (INC. IC AND GL)	913-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. ▶ _____

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" 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	914-PT V	71,031.	EFT			
(2)			SUB-SAHARAN AFRICA	915-PT V	25,000.	EFT			
(3)			SUB-SAHARAN AFRICA	916-PT V	2,749,484.	EFT			
(4)			EAST ASIA AND THE PACIFI	917-PT V	260,141.	EFT			
(5)			EAST ASIA AND THE PACIFI	918-PT V	58,935.	EFT			
(6)			SUB-SAHARAN AFRICA	919-PT V	65,572.	EFT			
(7)			EAST ASIA AND THE PACIFI	920-PT V	22,448.	CHECK			
(8)			SUB-SAHARAN AFRICA	921-PT V	1,083,599.	EFT			
(9)			SUB-SAHARAN AFRICA	922-PT V	1,110,387.	EFT			
(10)			SOUTH AMERICA	923-PT V	129,367.	EFT			
(11)			SUB-SAHARAN AFRICA	924-PT V	73,953.	EFT			
(12)			MIDDLE EAST/NORTH AFRICA	925-PT V	952,239.	EFT			
(13)			MIDDLE EAST/NORTH AFRICA	926-PT V	109,492.	EFT			
(14)			MIDDLE EAST/NORTH AFRICA	927-PT V	173,966.	EFT			
(15)			MIDDLE EAST/NORTH AFRICA	928-PT V	392,050.	EFT			
(16)			MIDDLE EAST/NORTH AFRICA	929-PT V	1,243,226.	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. **▶** _____

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	930-PT V	952,280.	EFT			
(2)			MIDDLE EAST/NORTH AFRICA	931-PT V	27,589.	EFT			
(3)			MIDDLE EAST/NORTH AFRICA	932-PT V	246,041.	EFT			
(4)			MIDDLE EAST/NORTH AFRICA	933-PT V	57,098.	EFT			
(5)			MIDDLE EAST/NORTH AFRICA	934-PT V	74,539.	EFT			
(6)			MIDDLE EAST/NORTH AFRICA	935-PT V	211,993.	EFT			
(7)			MIDDLE EAST/NORTH AFRICA	936-PT V	21,563.	EFT			
(8)			MIDDLE EAST/NORTH AFRICA	937-PT V	2,177,437.	EFT			
(9)			MIDDLE EAST/NORTH AFRICA	938-PT V	1,864,667.	EFT			
(10)			MIDDLE EAST/NORTH AFRICA	939-PT V	25,153.	EFT			
(11)			MIDDLE EAST/NORTH AFRICA	940-PT V	10,504.	EFT			
(12)			MIDDLE EAST/NORTH AFRICA	941-PT V	9,911.	EFT			
(13)			MIDDLE EAST/NORTH AFRICA	942-PT V	12,622.	EFT			
(14)			MIDDLE EAST/NORTH AFRICA	943-PT V	251,598.	EFT			
(15)			MIDDLE EAST/NORTH AFRICA	944-PT V	195,385.	EFT			
(16)			MIDDLE EAST/NORTH AFRICA	945-PT V	17,314.	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. **▶** _____

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	946-PT V	23,123.	EFT			
(2)			MIDDLE EAST/NORTH AFRICA	947-PT V	10,625.	EFT			
(3)			MIDDLE EAST/NORTH AFRICA	948-PT V	16,494.	EFT			
(4)			MIDDLE EAST/NORTH AFRICA	949-PT V	25,535.	EFT			
(5)			MIDDLE EAST/NORTH AFRICA	950-PT V	63,549.	EFT			
(6)			MIDDLE EAST/NORTH AFRICA	951-PT V	29,070.	EFT			
(7)			MIDDLE EAST/NORTH AFRICA	952-PT V	121,205.	EFT			
(8)			MIDDLE EAST/NORTH AFRICA	953-PT V	62,852.	EFT			
(9)			MIDDLE EAST/NORTH AFRICA	954-PT V	334,262.	EFT			
(10)			MIDDLE EAST/NORTH AFRICA	955-PT V	194,848.	EFT			
(11)			MIDDLE EAST/NORTH AFRICA	956-PT V	179,316.	EFT			
(12)			MIDDLE EAST/NORTH AFRICA	957-PT V	130,754.	EFT			
(13)			MIDDLE EAST/NORTH AFRICA	958-PT V	34,490.	EFT			
(14)			EAST ASIA AND THE PACIFI	959-PT V	14,248.	EFT			
(15)			SUB-SAHARAN AFRICA	960-PT V	9,730.	EFT			
(16)			SUB-SAHARAN AFRICA	961-PT V	33,418.	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. ▶ _____

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	962-PT V	35,126.	EFT			
(2)			SUB-SAHARAN AFRICA	963-PT V	26,784.	EFT			
(3)			SOUTH ASIA	964-PT V	78,604.	EFT			
(4)			MIDDLE EAST/NORTH AFRICA	965-PT V	43,222.	EFT			
(5)			SOUTH ASIA	966-PT V	7,028.	EFT			
(6)			EUROPE (INC. IC AND GL)	967-PT V	10,739.	EFT			
(7)			MIDDLE EAST/NORTH AFRICA	968-PT V	21,750.	EFT			
(8)			EAST ASIA AND THE PACIFI	969-PT V	123,753.	EFT			
(9)			SUB-SAHARAN AFRICA	970-PT V	25,151.	EFT			
(10)			MIDDLE EAST/NORTH AFRICA	971-PT V	36,550.	EFT			
(11)			EUROPE (INC. IC AND GL)	972-PT V	389,191.	EFT			
(12)			SUB-SAHARAN AFRICA	973-PT V	15,825.	EFT			
(13)			SUB-SAHARAN AFRICA	974-PT V	49,443.	EFT			
(14)			SOUTH ASIA	975-PT V	133,906.	EFT			
(15)			SOUTH ASIA	976-PT V	13,054.	EFT			
(16)			SOUTH ASIA	977-PT V	20,415.	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. ▶ _____

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	978-PT V	21,861.	EFT			
(2)			SOUTH ASIA	979-PT V	17,519.	EFT			
(3)			SOUTH ASIA	980-PT V	17,609.	EFT			
(4)			MIDDLE EAST/NORTH AFRICA	981-PT V	147,095.	EFT			
(5)			SOUTH ASIA	982-PT V	250,000.	EFT			
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **508.**

3 Enter total number of other organizations or entities. **63.**

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)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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)* Yes No

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

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

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

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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

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 ASPECTS OF SUB-RECIPIENT ACTIVITIES SUCH AS ELIGIBILITY DETERMINATION.

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).

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

GRANT PURPOSES

SCHEDULE F, PART II, COLUMN D

1 RESPONSIVE AND ACCOUNTABLE PROCESSES FOR INCLUSIVE DEVELOPMENT
 2 FOUNDATION FOR PEACE
 3 FOUNDATION FOR PEACE
 4 FOUNDATION FOR PEACE
 5 EVERY VOICE COUNT
 6 EVERY VOICE COUNT
 7 TO CARE BURUNDI'S CHILDREN EMPOWERMENT PROGRAM
 8 PROMOTING OPPORTUNITIES FOR WOMEN'S ECONOMIC EMPOWERMENT IN RURAL

AFRICA

9 PARTNERING FOR CHANGE
 10 PARTNERING FOR CHANGE
 11 PEACE UNDER CONSTRUCTION
 12 PEACE BUILDING PROGRAM
 13 PEACE BUILDING PROGRAM
 14 TO CONTRIBUTE TO GENDER EQUITY AND IMPROVED YOUTH SEXUAL 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).

REPRODUCTIVE HEALTH AND RIGHTS IN BURUNDI

15 TO CONTRIBUTE TO GENDER EQUITY AND IMPROVED YOUTH SEXUAL AND

REPRODUCTIVE HEALTH AND RIGHTS IN BURUNDI

16 TO CONTRIBUTE TO GENDER EQUITY AND IMPROVED YOUTH SEXUAL AND

REPRODUCTIVE HEALTH AND RIGHTS IN BURUNDI

17 TO CONTRIBUTE TO GENDER EQUITY AND IMPROVED YOUTH SEXUAL AND

REPRODUCTIVE HEALTH AND RIGHTS IN BURUNDI

18 INVESTING IN WOMEN'S ECONOMIC EMPOWERMENT PROJECT

19 INVESTING IN WOMEN'S ECONOMIC EMPOWERMENT PROJECT

20 BIRATURABA PROJECT

21 BIRATURABA PROJECT

22 BIRATURABA PROJECT

23 BIRATURABA PROJECT

24 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

25 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

26 GENDER EQUALITY AND WOMAN EMPOWERMENT PROJECT

27 BUILDING WOMEN'S ECONOMIC & SOCIAL EMPOWERMENT, LEADERSHIP AND

POLITICAL ENGAGEMENT AND FIGHTING FOR WOMEN'S RIGHTS.

28 BUILDING WOMEN'S ECONOMIC & SOCIAL EMPOWERMENT, LEADERSHIP AND

POLITICAL ENGAGEMENT AND FIGHTING FOR WOMEN'S RIGHTS.

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).

- 29 BUILDING WOMEN'S ECONOMIC & SOCIAL EMPOWERMENT, LEADERSHIP AND
POLITICAL ENGAGEMENT AND FIGHTING FOR WOMEN'S RIGHTS.
- 30 BRIDGE PERIOD PROJECT
- 31 GENERAL EDUCATION WORK EXPERIENCE PROGRAM
- 32 GENERAL EDUCATION WORK EXPERIENCE PROGRAM
- 33 GENERAL EDUCATION WORK EXPERIENCE PROGRAM
- 34 YOUTH WOMEN EMPOWERMENT PROJECT
- 35 PREVENT FORCED MARRIAGE
- 36 PREVENT FORCED MARRIAGE
- 37 PREVENT FORCED MARRIAGE
- 38 PREVENT FORCED MARRIAGE
- 39 CARE'S RESPONSE TO 2015 FLOODS IN NORTHERN BENIN
- 40 THE IMPROVEMENT OF ACCESS TO DRINKING WATER, SANITATION AND
IMPROVEMENTS IN SANITARY CONDITIONS OF SCHOOLS, HEALTH CENTERS AND RURAL
COMMUNITIES OF BENIN PROJECT - ACCESS
- 41 THE IMPROVEMENT OF ACCESS TO DRINKING WATER, SANITATION AND
IMPROVEMENTS IN SANITARY CONDITIONS OF SCHOOLS, HEALTH CENTERS AND RURAL
COMMUNITIES OF BENIN PROJECT - ACCESS
- 42 THE IMPROVEMENT OF ACCESS TO DRINKING WATER, SANITATION AND
IMPROVEMENTS IN SANITARY CONDITIONS OF SCHOOLS, HEALTH CENTERS AND RURAL
COMMUNITIES OF BENIN PROJECT - ACCESS
- 43 THE IMPROVEMENT OF ACCESS TO DRINKING WATER, SANITATION AND
IMPROVEMENTS IN SANITARY CONDITIONS OF SCHOOLS, HEALTH CENTERS AND RURAL
COMMUNITIES OF BENIN PROJECT - ACCESS

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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).

44 THE IMPROVEMENT OF ACCESS TO DRINKING WATER, SANITATION AND
IMPROVEMENTS IN SANITARY CONDITIONS OF SCHOOLS, HEALTH CENTERS AND RURAL
COMMUNITIES OF BENIN PROJECT - ACCESS

45 THE IMPROVEMENT OF ACCESS TO DRINKING WATER, SANITATION AND
IMPROVEMENTS IN SANITARY CONDITIONS OF SCHOOLS, HEALTH CENTERS AND RURAL
COMMUNITIES OF BENIN PROJECT - ACCESS

46 THE IMPROVEMENT OF ACCESS TO DRINKING WATER, SANITATION AND
IMPROVEMENTS IN SANITARY CONDITIONS OF SCHOOLS, HEALTH CENTERS AND RURAL
COMMUNITIES OF BENIN PROJECT - ACCESS

47 THE IMPROVEMENT OF ACCESS TO DRINKING WATER, SANITATION AND
IMPROVEMENTS IN SANITARY CONDITIONS OF SCHOOLS, HEALTH CENTERS AND RURAL
COMMUNITIES OF BENIN PROJECT - ACCESS

48 THE IMPROVEMENT OF ACCESS TO DRINKING WATER, SANITATION AND
IMPROVEMENTS IN SANITARY CONDITIONS OF SCHOOLS, HEALTH CENTERS AND RURAL
COMMUNITIES OF BENIN PROJECT - ACCESS

49 BORDER INITIATIVE TO PROMOTE WOMEN RIGHTS BEYOND TO PROPERTY

50 BORDER INITIATIVE TO PROMOTE WOMEN RIGHTS BEYOND TO PROPERTY

51 BORDER INITIATIVE TO PROMOTE WOMEN RIGHTS BEYOND TO PROPERTY

52 BORDER INITIATIVE TO PROMOTE WOMEN RIGHTS BEYOND TO PROPERTY

53 STRENGTHENING WOMEN'S ACTIONS CAPABILITIES PROJECT

54 FAMILY PLANNING

55 NUTRITION AT THE CENTER PROJECT

56 NUTRITION AT THE CENTER PROJECT

57 UNITED FOR TRANSLATING RIGHTS INTO ACTION NOW

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).

58 UNITED FOR TRANSLATING RIGHTS INTO ACTION NOW

59 PROMOTING SUSTAINABLE CONSUMPTION AND PRODUCTION OF JUTE
DIVERSIFIED PRODUCTS.

60 PROMOTING SUSTAINABLE CONSUMPTION AND PRODUCTION OF JUTE
DIVERSIFIED PRODUCTS

61 PROMOTING SUSTAINABLE CONSUMPTION AND PRODUCTION OF JUTE
DIVERSIFIED PRODUCTS

62 PROMOTING SUSTAINABLE CONSUMPTION AND PRODUCTION OF JUTE
DIVERSIFIED PRODUCTS

63 WHERE THE RAINFALLS COMMUNITY-BASED ADAPTATION COMPONENT-IMPROVING
RESILIENCE IN NORTHERN BANGLADESH

64 ACCESS TO HEALTH AND NUTRITION SERVICES AMONG GARMENTS WORKERS
AND THEIR FAMILY MEMBERS IN URBAN SLUMS

65 RESPONSE FLOOD & CYCLONE

66 RESPONSE FLOOD & CYCLONE

67 IMPLEMENT BUILDING RESILIENCE OF URBAN POOR PROJECT

68 STRENGTHENING THE DAIRY VALUE CHAIN, PHASE II: BUILDING A HUB
MODEL FOR PRO-POOR INCLUSIVE DAIRY DEVELOPMENT IN BANGLADESH.

69 SOCIAL AND ECONOMIC TRANSFORMATION OF THE ULTRA POOR

70 SOCIAL AND ECONOMIC TRANSFORMATION OF THE ULTRA POOR

71 SOCIAL AND ECONOMIC TRANSFORMATION OF THE ULTRA POOR

72 SOCIAL AND ECONOMIC TRANSFORMATION OF THE ULTRA POOR

73 SOCIAL AND ECONOMIC TRANSFORMATION OF THE ULTRA POOR

74 ULTRA POOR PROGRAM SUPPORT

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).

75 ULTRA POOR PROGRAM SUPPORT

76 ULTRA POOR PROGRAM SUPPORT

77 ULTRA POOR PROGRAM SUPPORT

78 ULTRA POOR PROGRAM SUPPORT

79 CHILD MARRIAGE

80 CHILD MARRIAGE

81 NUTRITION AT THE CENTER PROJECT

82 NUTRITION AT THE CENTER PROJECT

83 EXPANDING HUMAN IMMUNODEFICIENCY VIRUS PROGRAM IN BANGLADESH

84 EXPANDING HUMAN IMMUNODEFICIENCY VIRUS PROGRAM IN BANGLADESH

85 EXPANDING HUMAN IMMUNODEFICIENCY VIRUS PROGRAM IN BANGLADESH

86 EXPANDING HUMAN IMMUNODEFICIENCY VIRUS PROGRAM IN BANGLADESH

87 EXPANDING HUMAN IMMUNODEFICIENCY VIRUS/ ACQUIRED IMMUNE DEFICIENCY
SYNDROME PREVENTION IN BANGLADESH

88 EXPANDING HUMAN IMMUNODEFICIENCY VIRUS/ ACQUIRED IMMUNE DEFICIENCY
SYNDROME PREVENTION IN BANGLADESH

89 EXPANDING HUMAN IMMUNODEFICIENCY VIRUS/ ACQUIRED IMMUNE DEFICIENCY
SYNDROME PREVENTION IN BANGLADESH

90 HUMAN IMMUNODEFICIENCY VIRUS PREVENT PROGRAM

91 HUMAN IMMUNODEFICIENCY VIRUS PREVENT PROGRAM

92 HUMAN IMMUNODEFICIENCY VIRUS PREVENT PROGRAM

93 HUMAN IMMUNODEFICIENCY VIRUS PREVENT PROGRAM

94 HUMAN IMMUNODEFICIENCY VIRUS PREVENT PROGRAM

95 HUMAN IMMUNODEFICIENCY VIRUS PREVENT PROGRAM

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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).

96 HUMAN IMMUNODEFICIENCY VIRUS PREVENT PROGRAM

97 STRENGTHENING HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT OPPORTUNITIES

98 STRENGTHENING HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT OPPORTUNITIES

99 FOOD SECURITY PROGRAM

100 FOOD SECURITY PROGRAM

101 FOOD SECURITY PROGRAM

102 FOOD SECURITY PROGRAM

103 FOOD SECURITY PROGRAM

104 FOOD SECURITY PROGRAM

105 FOOD SECURITY PROGRAM

106 FOOD SECURITY PROGRAM

107 FOOD SECURITY PROGRAM

108 FOOD SECURITY PROGRAM

109 FOOD SECURITY PROGRAM

110 FOOD SECURITY PROGRAM

111 WOMEN HEALTH AND EDUCATION

112 IMPLEMENT GLOBAL WOMEN ECONOMIC EMPOWERMENT INITIATIVES

113 IMPLEMENT GLOBAL WOMEN ECONOMIC EMPOWERMENT INITIATIVES

114 TO IMPROVE MARKETING AND DIVERSIFIED SUPPLY OF PRODUCTS WITH ADDED VALUE OF RURAL ASSOCIATED ENTITIES OF MUNICIPALITIES OF THE DEPARTMENT OF CHUQUISACA

115 STRENGTHENING ANDEAN ORGANIZATIONS FOR INFLUENCING PUBLIC POLICY

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).

ON FOOD SECURITY IN BOLIVIA, ECUADOR AND PERU

116 DISASTER PREPAREDNESS PROGRAM BUILDING RESILIENCE

117 DISASTER PREPAREDNESS PROGRAM BUILDING RESILIENCE

118 DISASTER PREPAREDNESS PROGRAM BUILDING RESILIENCE

119 TO IMPROVE MARKETING AND DIVERSIFIED SUPPLY OF PRODUCTS WITH

ADDED VALUE OF RURAL ASSOCIATED ENTITIES OF MUNICIPALITIES OF THE

DEPARTMENT OF CHUQUISACA

120 POWER AFRICA PROMOTING OPPORTUNITIES FOR WOMEN'S ECONOMIC

EMPOWERMENT IN RURAL AFRICA

121 POWER AFRICA PROMOTING OPPORTUNITIES FOR WOMEN'S ECONOMIC

EMPOWERMENT IN RURAL AFRICA

122 POWER AFRICA PROMOTING OPPORTUNITIES FOR WOMEN'S ECONOMIC

EMPOWERMENT IN RURAL AFRICA

123 POWER AFRICA PROMOTING OPPORTUNITIES FOR WOMEN'S ECONOMIC

EMPOWERMENT IN RURAL AFRICA

124 COCOA LIFE EXPANSION

125 COCOA LIFE EXPANSION

126 COCOA LIFE EXPANSION

127 EBOLA RESPONSE

128 SCALING UP INTERVENTIONS TO COMBAT MALARIA IN COTE D'IVOIRE IN

THE CONTEXT OF NATIONAL RECONSTRUCTION.

129 HELP IMPLEMENT PROJECT ACTIVITY

130 SCALING UP INTERVENTIONS TO COMBAT MALARIA IN COTE D'IVOIRE IN

THE CONTEXT OF NATIONAL RECONSTRUCTION.

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).

131 SCALING UP INTERVENTIONS TO COMBAT MALARIA IN COTE D'IVOIRE IN
THE CONTEXT OF NATIONAL RECONSTRUCTION.

132 FAMILY PLANNING

133 PROGRAM PARTNERSHIP ARRANGEMENT GOVERNANCE

134 PROMOTION OF FAIR GOVERNANCE IN LOCAL LEVEL IN KINSHASA

135 PROMOTION OF FAIR GOVERNANCE IN LOCAL LEVEL IN KINSHASA

136 TUONGOZE PROJECT

137 TUONGOZE PROJECT

138 MAWE TATU PROJECT

139 MAWE TATU PROJECT

140 MAWE TATU PROJECT

141 PARTNERSHIP IN CHARGE OF REACHING UNSCHOOLED YOUTH

142 PARTNERSHIP IN CHARGE OF REACHING UNSCHOOLED YOUTH

143 PARTNERSHIP IN CHARGE OF TRANSFORMATION OF NEGATIVE STANDARDS
THAT IMPACT BADLY THE SEXUAL AND GENDER BASED VIOLENCE/SPREAD OUT OF
WOMEN RIGHTS

144 PARTNERSHIP IN CHARGE OF TRANSFORMATION OF NEGATIVE STANDARDS
THAT IMPACT BADLY THE SEXUAL AND GENDER BASED VIOLENCE/SPREAD OUT OF
WOMEN RIGHTS

145 YOUNG MEN INITIATIVES

146 YOUNG MEN INITIATIVES

147 GENERAL EDUCATION WORK EXPERIENCE PROGRAM

148 GENERAL EDUCATION WORK EXPERIENCE PROGRAM

149 TUFAIDIKE 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).

150 TUFALDIKE PROJECT
151 TUFALDIKE PROJECT
152 TUFALDIKE PROJECT
153 TUFALDIKE PROJECT
154 TUFALDIKE PROJECT
155 TUFALDIKE PROJECT
156 TUFALDIKE PROJECT
157 TUFALDIKE PROJECT
158 TUFALDIKE PROJECT
159 TUFALDIKE PROJECT
160 TUFALDIKE PROJECT
161 TUFALDIKE PROJECT
162 TUFALDIKE PROJECT
163 TUFALDIKE PROJECT
164 APPROPRIATE CARE FOR FAMILIES AND CHILDREN PROJECT
165 APPROPRIATE CARE FOR FAMILIES AND CHILDREN PROJECT
166 FOOD SECURITY
167 INTERCULTURAL DIALOGUE
168 INTERCULTURAL DIALOGUE
169 CIVIL SOCIETY RESPONSE TO TUBERCULOSIS
170 CIVIL SOCIETY RESPONSE TO TUBERCULOSIS
171 CIVIL SOCIETY RESPONSE TO TUBERCULOSIS
172 CIVIL SOCIETY RESPONSE TO TUBERCULOSIS
173 EMPOWERING WOMEN TO CLAIM THEIR INHERITANCE

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).

174 HUMAN DEVELOPMENT PROGRAM

175 EMPOWERING WOMEN IN CLAIMING THEIR INHERITANCE RIGHTS

176 AGRICULTURAL SECTOR PROJECT

177 SUPPORTING PARTICIPATION PROJECT

178 MILK COLLECTION

179 TO IMPLEMENT EARLY GRADE LITERACY PROJECT ACTIVITY

180 EARLY GRADE LITERACY IN EGYPT

181 TO IMPLEMENT VILLAGE SELF-LOANS PROJECT ACTIVITY

182 SUPPORT YOUTH AND WOMEN IN ACQUIRING FINANCIAL SERVICES AND
BUSINESS AND SOCIAL SKILLS THAT WILL HELP THEM ACHIEVE ECONOMIC
EMPOWERMENT.

183 TO IMPLEMENT VILLAGE SELF-LOANS PROJECT ACTIVITY

184 YOUTH EMPLOYMENT IN ASWAN

185 YOUTH EMPLOYMENT IN ASWAN

186 YOUTH EMPLOYMENT IN ASWAN

187 YOUTH EMPLOYMENT IN ASWAN

188 YOUTH EMPLOYMENT IN ASWAN

189 YOUTH EMPLOYMENT IN ASWAN

190 UNITED NATION WOMEN SHALL MEAN THE UNITED NATIONS ENTITY FOR THE
GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN.

191 UNITED NATION WOMEN SHALL MEAN THE UNITED NATIONS ENTITY FOR THE
GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN.

192 TO IMPLEMENT SAFE CITIES PROJECT ACTIVITY

193 TO IMPLEMENT HUMAN SECURITY 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).

194 TO IMPLEMENT KADM EL KHEIR PROJECT ACTIVITY

195 TO IMPLEMENT KADM EL KHEIR PROJECT ACTIVITY

196 IMPLEMENTING A FOUR YEAR WATER AND SANITATION FOR HEALTH PROJECT
IN FIVE WOREDAS OF SOUTH GONDAR ZONE

197 WOMEN'S EMPOWERMENT PROJECTS

198 FOOD SUFFICIENCY FOR FARMERS

199 WATER AND SANITATION PROMOTION

200 SUPPORT TO EARLY RECOVERY AND SOCIO ECONOMIC STABILITY OF
DROUGHT

201 SUPPORT TO EARLY RECOVERY AND SOCIO ECONOMIC STABILITY OF
DROUGHT

202 CLIMATE CHANGE RESILIENCE

203 WOMEN FOR WOMEN

204 REPRODUCTIVE AND NUTRITION

205 CLIMATE SMART INITIATIVE

206 BACKGROUND TO PRODUCTIVE SAFETY NET AND HOUSEHOLD ASSET BUILDING
PROGRAMS: CLIMATE SMART INITIATIVE

207 CLIMATE SMART INITIATIVE PROJECT

208 CLIMATE SMART INITIATIVE PROJECT

209 CLIMATE SMART INITIATIVE PROJECT

210 CLIMATE SMART INITIATIVE PROJECT

211 PASTORALISTS AREA RESILIENCE IMPROVEMENT AND MARKET EXPANSION

212 PASTORALISTS AREA RESILIENCE IMPROVEMENT AND MARKET EXPANSION

213 PASTORALIST AREAS RESILIENCE IMPROVEMENT AND MARKET EXPANSION

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).

PROGRAM

214 PASTORALIST AREAS RESILIENCE IMPROVEMENT THROUGH MARKET EXPANSION

(PRIME)

215 PASTORALIST AREAS RESILIENCE IMPROVEMENT THROUGH MARKET EXPANSION

(PRIME)

216 PASTORALIST AREAS RESILIENCE IMPROVEMENT THROUGH MARKET EXPANSION

(PRIME)

217 BETTER POTATO PROJECT

218 BETTER POTATO PROJECT

219 BETTER POTATO PROJECT

220 GRADUATION WITH RESILIENCE TO ACHIEVE SUSTAINABLE DEVELOPMENT

221 GRADUATION WITH RESILIENCE TO ACHIEVE SUSTAINABLE DEVELOPMENT

222 GRADUATION WITH RESILIENCE TO ACHIEVE SUSTAINABLE DEVELOPMENT

223 GRADUATION WITH RESILIENCE TO ACHIEVE SUSTAINABLE DEVELOPMENT

224 SMALL FARMERS CO-OPERATION COMPONENT

225 SMALL FARMERS CO-OPERATION COMPONENT

226 CONFIDENCE IN RECOVERY

227 CONFIDENCE IN RECOVERY

228 EUROPEAN NEIGHBORHOOD PROGRAM FOR AGRICULTURE AND RURAL

DEVELOPMENT IN GEORGIA - SMALL FARMERS CO-OPERATION COMPONENT

229 RURAL DEVELOPMENT

230 LINKING INITIATIVES, STAKEHOLDERS AND KNOWLEDGE TO ACHIEVE

GENDER-SENSITIVE LIVELIHOOD SECURITY

231 LINKING INITIATIVES, STAKEHOLDERS AND KNOWLEDGE TO ACHIEVE

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).

GENDER-SENSITIVE LIVELIHOOD SECURITY

232 YEN SORE PROGRAM

233 YEN SORE PROGRAM

234 YEN SORE PROGRAM

235 YEN SORE PROGRAM

236 YEN SORE PROGRAM

237 GOLD AND RIGHTS

238 ADAPTATION LEARNING PROGRAM

239 GHANA ECONOMIC SECURITY

240 COCOA FARMERS SUPPORT IN GHANA

241 COCOA FARMERS SUPPORT IN GHANA

242 WEST AFRICA WATER SUPPLY, SANITATION AND HYGIENE INITIATIVE-

ADEQUATE ACCESS TO CLEAN WATER AND SANITATION SERVICES

243 PATHWAYS TO SECURING LIVELIHOODS

244 RURAL AID ACTION PROGRAM I-BARCLAYS

245 RURAL AID ACTION PROGRAM I-BARCLAYS

246 RURAL AID ACTION PROGRAM I-BARCLAYS

247 RURAL AID ACTION PROGRAM I-BARCLAYS

248 GHANA MICRO LEAD PROJECT

249 GHANA MICRO LEAD PROJECT

250 GHANA MICRO LEAD PROJECT

251 GHANA MICRO LEAD PROJECT

252 GHANA MICRO LEAD PROJECT

253 GHANA MICRO LEAD 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).

254 GHANA MICRO LEAD PROJECT

255 STRENGTHENING ACCOUNTABILITY MECHANISMS

256 STRENGTHENING ACCOUNTABILITY MECHANISMS

257 STRENGTHENING ACCOUNTABILITY MECHANISMS

258 STRENGTHENING ACCOUNTABILITY MECHANISMS

259 STRENGTHENING ACCOUNTABILITY MECHANISMS

260 STRENGTHENING ACCOUNTABILITY MECHANISMS

261 STRENGTHENING ACCOUNTABILITY MECHANISMS

262 STRENGTHENING ACCOUNTABILITY MECHANISMS

263 STRENGTHENING ACCOUNTABILITY MECHANISMS

264 STRENGTHENING ACCOUNTABILITY MECHANISMS

265 STRENGTHENING ACCOUNTABILITY MECHANISMS

266 STRENGTHENING ACCOUNTABILITY MECHANISMS

267 STRENGTHENING ACCOUNTABILITY MECHANISMS

268 STRENGTHENING ACCOUNTABILITY MECHANISMS

269 STRENGTHENING ACCOUNTABILITY MECHANISMS

270 STRENGTHENING ACCOUNTABILITY MECHANISMS

271 STRENGTHENING ACCOUNTABILITY MECHANISMS

272 STRENGTHENING ACCOUNTABILITY MECHANISMS

273 STRENGTHENING ACCOUNTABILITY MECHANISMS

274 STRENGTHENING ACCOUNTABILITY MECHANISMS

275 STRENGTHENING ACCOUNTABILITY MECHANISMS

276 STRENGTHENING ACCOUNTABILITY MECHANISMS

277 STRENGTHENING ACCOUNTABILITY MECHANISMS

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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).

278 STRENGTHENING ACCOUNTABILITY MECHANISMS

279 RISK REDUCTION

280 LAST CHANGE FUN

281 STRENGTHENING HOUSEHOLD ABILITY TO RESPOND TO DEVELOPMENT OPPORTUNITIES

282 ENDING SEXUAL EXPLOITATION

283 NURTURING THE FUTURE

284 FOOD SECURITY AND CLIMATE CHANGE PROJECT

285 FOOD SECURITY AND CLIMATE CHANGE PROJECT

286 FOOD SECURITY AND CLIMATE CHANGE PROJECT

287 FOOD SECURITY AND CLIMATE CHANGE PROJECT

288 PROMOTING FOOD SECURITY AND ECONOMIC DEVELOPMENT

289 ADMINISTRATION OF FUNDS OF MICROCREDIT FOR THE PROMOTION OF ECONOMIC DEVELOPMENT

290 ADMINISTRATION OF FUNDS OF MICROCREDIT FOR THE PROMOTION OF ECONOMIC DEVELOPMENT

291 ADMINISTRATION OF FUNDS OF MICROCREDIT FOR THE PROMOTION OF ECONOMIC DEVELOPMENT

292 ADMINISTRATION OF FUNDS OF MICROCREDIT FOR THE PROMOTION OF ECONOMIC DEVELOPMENT

293 STRENGTHENING FOOD SECURITY AND PARTICIPATIVE RIGHTS OF THE POPULATION LOCATED IN ONE OF THE MOST VULNERABLE REGION.

294 STRENGTHENING FOOD SECURITY AND PARTICIPATIVE RIGHTS OF THE POPULATION LOCATED IN ONE OF THE MOST VULNERABLE REGION.

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).

295 PREVENTION AND PROTECTION AGAINST FIRE, FOREST PLAGUE AND CONTROL
OF ILLEGAL LOGGING

296 ACCESS TO QUALITY SERVICES

297 PROJECT OF DEVELOPMENT OPPORTUNITIES AND RURAL EMPLOYMENT

298 PROVIDE TITLE II SUPPORT FOR THE FOOD SECURITY ASSISTANT PROGRAM

299 IMPLEMENTATION OF FOOD FOR PEACE MULTI-YEAR FOOD ASSISTANCE
PROGRAM KORE-LAVI (LIFE SUPPORT)

300 IMPLEMENTATION OF FOOD FOR PEACE MULTI-YEAR FOOD ASSISTANCE
PROGRAM KORE-LAVI (LIFE SUPPORT)

301 IMPLEMENTATION OF FOOD FOR PEACE MULTI-YEAR FOOD ASSISTANCE
PROGRAM KORE-LAVI (LIFE SUPPORT)

302 IMPLEMENTATION OF FOOD FOR PEACE MULTI-YEAR FOOD ASSISTANCE
PROGRAM KORE-LAVI (LIFE SUPPORT)

303 EDUCATION

304 LIVELIHOODS ACTIVITY IMPLEMENTATION SUB AGREEMENT

305 LIVELIHOODS ACTIVITY IMPLEMENTATION SUB AGREEMENT

306 JORDAN URBAN REFUGEES

307 GENDER BASED VIOLENCE FOR GIRLS AND YOUNG WOMEN IN JORDAN

308 GENDER BASED VIOLENCE FOR GIRLS AND YOUNG WOMEN IN JORDAN

309 EMERGENCY SUPPORT

310 HUMAN ASSISTANCE FOR CRISIS IN JORDAN

311 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT

312 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT

313 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT

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).

314 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
315 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
316 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
317 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
318 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
319 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
320 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
321 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
322 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
323 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
324 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
325 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
326 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
327 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
328 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
329 JORDAN COMMUNITY DEVELOPMENT AND SUPPORT
330 HUMAN ASSISTANT FOR CRISIS IN JORDAN
331 HUMAN ASSISTANT FOR CRISIS IN JORDAN
332 HUMAN ASSISTANT FOR CRISIS IN JORDAN
333 HUMAN ASSISTANT FOR CRISIS IN JORDAN
334 LIVELIHOOD ASSESSMENT
335 EMERGENCY ASSISTANT & RECOVERY
336 INITIATIVE RURAL REHABILITATION SYRIA
337 INITIATIVE RURAL REHABILITATION SYRIA

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).

- 338 INVESTING IN WOMEN EMPOWERMENT
- 339 INVESTING IN WOMEN EMPOWERMENT
- 340 INVESTING IN WOMEN EMPOWERMENT
- 341 JORDAN WOMEN ECONOMIC
- 342 RAPID RESPONSE MOVEMENT
- 343 WATER SUPPLY SANITATION AND HYGIENE SUPPORT TO CONFLICT AFFECTED
COMMUNITIES
- 344 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..
- 345 SUSTAINABLE REINTEGRATION OF RETURNEES FROM AUSTRALIA AND INDIA
- 346 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.
- 347 UTILIZE THE POWER OF CULTURE TO FORM LINKAGES ACROSS SEEMINGLY
INCOMMENSURABLE ETHNIC AND REGIONAL DIVIDES
- 348 UTILIZE THE POWER OF CULTURE TO FORM LINKAGES ACROSS SEEMINGLY
INCOMMENSURABLE ETHNIC AND REGIONAL DIVIDES
- 349 THE PROJECT FOCUSES ON INCREASING PARTICIPATION OF WOMEN TO
PREVENT AND RESPOND TO GENDER BASED VIOLENCE THROUGH PARTNERS MOBILIZED

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).

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.

350 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.

351 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.

352 EMERGENCY RESPONSE

353 IMPLEMENTATION OF LIVELIHOOD AND DAMAGE INFRASTRUCTURE
 REHABILITATION COMPONENT OF FLOOD RECOVERY PROJECT.

354 IMPLEMENTATION OF LIVELIHOOD AND DAMAGE INFRASTRUCTURE
 REHABILITATION COMPONENT OF FLOOD RECOVERY PROJECT.

355 IMPLEMENTING PARTNER OF SKILL FOR YOUTH PROJECT IN TISSAMAHARAMA

356 GENDER BASED VIOLENCE THRU SOCIAL NORMS

357 INNOVATION FOR IMPACT

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).

358 LOCAL GOVERNANCE

359 INTEGRATED FOOD AND NUTRITION ACTIONS

360 ACTIONS INTEGRATED NUTRITION AND FOOD

361 IMPROVEMENT PROJECT OF ACCESS TO SAFE WATER, HYGIENE AND
SANITATION AND POOR POPULATION

362 INITIATIVE FOR FOOD SECURITY AND NUTRITION IN SEGOU

363 PREVENT FORCED MARRIAGE

364 PREVENT FORCED MARRIAGE

365 GENDER EQUALITY AND WOMEN EMPOWERMENT PROGRAM

366 WOMEN EMPOWERMENT

367 WOMEN EMPOWERMENT

368 WOMEN EMPOWERMENT

369 GENERAL EDUCATION WORK EXPERIENCE PROGRAM

370 GENERAL EDUCATION WORK EXPERIENCE PROGRAM

371 WOMEN EMPOWERMENT PROGRAM

372 WATER SANITATION AND HEALTH

373 WATER SANITATION AND HEALTH

374 PATHWAYS TO SECURE LIVELIHOODS: EMPOWERING WOMEN IN AGRICULTURE

375 PATHWAYS TO SECURE LIVELIHOODS: EMPOWERING WOMEN IN AGRICULTURE

376 PATHWAYS TO SECURE LIVELIHOODS: EMPOWERING WOMEN IN AGRICULTURE

377 PATHWAYS TO SECURE LIVELIHOODS: EMPOWERING WOMEN IN AGRICULTURE

378 EARLY CHILDHOOD DEVELOPMENT

379 FOOD SECURITY

380 FOOD 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).

381 FOOD SECURITY

382 FOOD SECURITY

383 EMERGENCY

384 EMERGENCY

385 EMERGENCY

386 EMERGENCY

387 PATSY COLLINS TRUST FUND

388 FOOD SECURITY PROGRAM

389 FOOD SECURITY PROGRAM

390 DEVELOPMENT FOOD ASSISTANCE PROGRAM

391 WASH AND MARKETING COMMUNITY AREAS, AND HYGIENE PROMOTION IN
SCHOOLS

392 IMPLEMENTATION OF THE WATER SUPPLY, SANITATION AND HYGIENE
PROJECT IN SCHOOL AND MILIUE COMMUNITY LED TOTAL SANITATION, COMMUNITY
ENVIRONMENT IN CIRCLES BANDAGARA BANKAS, REGION OF MOPTI.

393 IMPLEMENTATION OF THE WATER SUPPLY, SANITATION AND HYGIENE
PROJECT IN SCHOOL AND MILIUE COMMUNITY LED TOTAL SANITATION, COMMUNITY
ENVIRONMENT IN CIRCLES BANDAGARA BANKAS, REGION OF MOPTI.

394 PROMOTION HYGIENE

395 PROMOTION HYGIENE

396 UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT WATER AND
SANITATION FOR HEALTH NUTRITION

397 ASSISTANCE TO REFUGEES & INTERNALLY DISPLACED PERSON

398 EMERGENCY

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).

399 WORLD FOOD PROGRAM

400 WORLD FOOD PROGRAM

401 ADAPTATION TO CLIMATE CHANGE

402 ADAPTATION TO CLIMATE CHANGE

403 CIVIL SOCIETY STRENGTHENING PROGRAM FOCUSED ON RIGHT TO LAND AND
NATURAL RESOURCES

404 CIVIL SOCIETY STRENGTHENING PROGRAM FOCUSED ON RIGHT TO LAND AND
NATURAL RESOURCES

405 CIVIL SOCIETY STRENGTHENING PROGRAM FOCUSED ON RIGHT TO LAND AND
NATURAL RESOURCES

406 CIVIL SOCIETY STRENGTHENING PROGRAM FOCUSED ON RIGHT TO LAND AND
NATURAL RESOURCES

407 CIVIL SOCIETY STRENGTHENING PROGRAM FOCUSED ON RIGHT TO LAND AND
NATURAL RESOURCES

408 CIVIL SOCIETY STRENGTHENING PROGRAM FOCUSED ON RIGHT TO LAND AND
NATURAL RESOURCES

409 EARLY CHILDHOOD CARE AND DEVELOPMENT

410 EARLY CHILDHOOD CARE AND DEVELOPMENT

411 DISASTER RESILIENCE

412 EARLY CHILDHOOD DEVELOPMENT PROGRAM DELIVERY

413 EARLY CHILDHOOD DEVELOPMENT PROGRAM DELIVERY

414 EARLY CHILDHOOD DEVELOPMENT PROGRAM DELIVERY

415 TO TACKLE HOUSEHOLD FOOD AND NUTRITION INSECURITY WHILE
STRENGTHENING THE POOR'S RESILIENCE TO NATURAL DISASTER AND CLIMATE

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).

CHANGE.

416 PROJECT IMPLEMENTATION

417 EMERGENCY FLOOD RECOVERY

418 PHASE III: FIRST AND SECOND PROTECTION AREA OF NATIONAL RURAL
EXTENSION ASSOCIATION SUB-GRANT

419 PROJECT IMPLEMENTATION

420 EMPOWER WOMEN THROUGH IMPROVED ACCESS AND UTILIZATION OF
PRODUCTIVE RESOURCES, IMPROVED FORMAL AND INFORMAL INSTITUTIONS TO
SUPPORT WOMEN'S EMPOWERMENT.

421 ENABLE HOUSEHOLDS TO BUILD RESILIENT LIVELIHOODS THAT ARE
SUSTAINABLE AND PROFITABLE, INCORPORATING NATURAL RESOURCES MANAGEMENT
AND RISK REDUCTION FOR HOUSEHOLDS.

422 ENABLE HOUSEHOLDS TO BUILD RESILIENT LIVELIHOODS THAT ARE
SUSTAINABLE AND PROFITABLE, INCORPORATING NATURAL RESOURCES MANAGEMENT
AND RISK REDUCTION FOR HOUSEHOLDS.

423 ENABLE HOUSEHOLDS TO BUILD RESILIENT LIVELIHOODS THAT ARE
SUSTAINABLE AND PROFITABLE, INCORPORATING NATURAL RESOURCES MANAGEMENT
AND RISK REDUCTION FOR HOUSEHOLDS.

424 ENABLE HOUSEHOLDS TO BUILD RESILIENT LIVELIHOODS THAT ARE
SUSTAINABLE AND PROFITABLE, INCORPORATING NATURAL RESOURCES MANAGEMENT
AND RISK REDUCTION FOR HOUSEHOLDS.

425 ENABLE HOUSEHOLDS TO BUILD RESILIENT LIVELIHOODS THAT ARE
SUSTAINABLE AND PROFITABLE, INCORPORATING NATURAL RESOURCES MANAGEMENT
AND RISK REDUCTION FOR HOUSEHOLDS.

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).

426 IN SUPPORT FOR SERVICE INTEGRATION SERVICES PROJECT WITH JHPIEGO

427 IN SUPPORT FOR SERVICE INTEGRATION SERVICES PROJECT WITH JHPIEGO

428 IN SUPPORT FOR SERVICE INTEGRATION SERVICES PROJECT WITH JHPIEGO

429 IN SUPPORT FOR SERVICE INTEGRATION SERVICES PROJECT WITH JHPIEGO

430 EDUCATION -STRENGTHENING SOCIAL ACCOUNTABILITY IN THE EDUCATION
SECTOR IN MALAWI

431 WOMEN'S EMPOWERMENT PROGRAM

432 IMPROVING THE NUTRITION AND MATERNAL AND CHILD HEALTH

433 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES
MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

434 CIVIL SOCIETY STRENGTHENING PROGRAM FOCUSED ON RIGHT TO LAND AND
NATURAL RESOURCES

435 WATER, SANITATION AND ECOLOGICAL FERTILIZATION FOR ACHIEVING THE
MILLENNIUM DEVELOPMENT GOALS

436 WATER, SANITATION AND ECOLOGICAL FERTILIZATION FOR ACHIEVING THE
MILLENNIUM DEVELOPMENT GOALS

437 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES
MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

438 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES
MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

439 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES
MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

440 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES
MANAGEMENT AND AGRICULTURE AND FOOD 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).

441 WOMEN'S EMPOWERMENT PROGRAM OF CARE-NIGER

442 IMPLEMENTATION OF PROJECT ACTIVITIES MILKY WAY

443 REVALUATION PROJECT LIVING TOGETHER IN NIGER

444 IMPLEMENTATION PROJECT MILKY WAY

445 IMPLEMENTATION PROJECT LAND INSECURE

446 INSECURE LANDS

447 SOUTHERN VOICES ON CLIMATE CHANGE AND SUSTAINABLE DEVELOPMENT

448 ADAPTATION LEARNING PROGRAM

449 ADAPTATION LEARNING PROGRAM

450 ADAPTATION LEARNING PROGRAM

451 ADAPTATION LEARNING PROGRAM

452 HUMANITARIAN AID REFUGEES AND RETURNEES

453 PROJECT RESILIENCE FACE CHAOS IN NIGER ENVIRONMENTAL AND SOCIAL

454 PROJECT RESILIENCE FACE CHAOS IN NIGER ENVIRONMENTAL AND SOCIAL

455 PROJECT RESILIENCE FACE CHAOS IN NIGER ENVIRONMENTAL AND SOCIAL

456 GENDER EQUALITY AND WOMEN EMPOWERMENT PROGRAM

457 GENDER EQUALITY AND WOMEN EMPOWERMENT PROGRAM

458 GENDER EQUALITY AND WOMEN EMPOWERMENT PROGRAM

459 GENDER EQUALITY AND WOMEN EMPOWERMENT PROGRAM

460 WOMEN'S EMPOWERMENT PROGRAM

461 REGIONAL PROGRAM FOR FOOD WATER

462 REGIONAL PROGRAM FOR FOOD WATER

463 REGIONAL PROGRAM FOR FOOD WATER

464 REGIONAL PROGRAM FOR FOOD WATER

465 REGIONAL PROGRAM FOR FOOD WATER

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).

466 IMPROVEMENT OF FOOD AND NUTRITION SECURITY OF THE MOST VULNERABLE
HOUSEHOLDS

467 WOMEN'S EMPOWERMENT PROGRAM

468 VEGETABLE PRODUCTION

469 WOMEN'S EMPOWERMENT FOR TRANSFORMATION IN THE CHURIA AREA

470 WOMEN'S EMPOWERMENT FOR TRANSFORMATION IN THE CHURIA AREA

471 WOMEN'S EMPOWERMENT FOR TRANSFORMATION IN THE CHURIA AREA

472 UDAAN-CATCHING UP THE MISSED OPPORTUNITY

473 PROGRAM IMPLEMENTATION

474 PROGRAM IMPLEMENTATION

475 PROGRAM IMPLEMENTATION

476 DISASTER PREPAREDNESS PROGRAM BUILDING RESILIENCE

477 DISASTER PREPAREDNESS PROGRAM BUILDING RESILIENCE

478 EMERGENCY EARTHQUAKE

479 DISASTER PREPAREDNESS PROGRAM BUILDING RESILIENCE

480 DISASTER PREPAREDNESS PROGRAM BUILDING RESILIENCE

481 EMERGENCY EARTHQUAKE

482 EMERGENCY SUPPORT

483 EMERGENCY SUPPORT

484 NEPAL 2015 EARTHQUAKE

485 NEPAL 2015 EARTHQUAKE

486 GENDER BASED VIOLENCE AND PROTECTION

487 NEPAL EARTHQUAKE PROGRAM

488 DISASTER RISK REDUCTION AND BUILD BACK BETTER SCHOOLS

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).

489 NEPAL STRONGER COMMUNITIES

490 NEPAL STRONGER COMMUNITIES

491 INCREASE THE INCOME AND IMPROVE THE LIVELIHOODS OF SMALL HOLDER
FARMERS IN SINDHULI AND MAHOTTARI DISTRICTS FROM VEGETABLE PRODUCTION AND
MARKETING

492 RIGHT TO FOOD PROJECT

493 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES
MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

494 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES
MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

495 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES
MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

496 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES
MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

497 PROGRAM IMPLEMENTATION

498 EARTHQUAKE RECOVERY

499 POST PROJECT SUPPORT

500 LIVELIHOOD AND NATURAL RESOURCES

501 LIVELIHOOD AND NATURAL RESOURCES

502 NEPAL CAPACITY BUILDING

503 WOMEN EMPOWERMENT

504 PROGRAM IMPLEMENTATION

505 WOMEN EMPOWERMENT

506 WOMEN EMPOWERMENT

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).

507 WOMEN EMPOWERMENT

508 NEPAL 2015 EARTHQUAKE

509 NEPAL 2015 EARTHQUAKE

510 STRENGTHENING APPROACH FOR MAXIMIZING FOR MATERNAL, NEONATAL AND
REPRODUCTIVE HEALTH PROJECT

511 STRENGTHENING APPROACH FOR MAXIMIZING FOR MATERNAL, NEONATAL AND
REPRODUCTIVE HEALTH PROJECT

512 STRENGTHENING APPROACH FOR MAXIMIZING FOR MATERNAL, NEONATAL AND
REPRODUCTIVE HEALTH PROJECT

513 NEPAL EARTHQUAKE WINTERIZATION

514 FOOD SECURITY AND LIVELIHOOD

515 FOOD SECURITY AND LIVELIHOOD

516 STRENGTHENING APPROACH FOR MAXIMIZING FOR MATERNAL, NEONATAL AND
REPRODUCTIVE HEALTH PROJECT

517 STRENGTHENING APPROACH FOR MAXIMIZING FOR MATERNAL, NEONATAL AND
REPRODUCTIVE HEALTH PROJECT

518 PROGRAM IMPLEMENTATION

519 PROGRAM IMPLEMENTATION

520 EARTHQUAKE RESPONSE

521 EARTHQUAKE RESPONSE

522 EARTHQUAKE RESPONSE

523 EARTHQUAKE RESPONSE

524 EARTHQUAKE RESPONSE

525 LIVELIHOOD RECOVERY

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).

526 NEPAL EARTHQUAKE 2015

527 NEPAL EARTHQUAKE FOOD AND LIVELIHOOD

528 TIPPING POINT: INNOVATION & AD

529 TIPPING POINT: INNOVATION & AD

530 NEPAL EARTHQUAKE RESPONSE

531 NEPAL EARTHQUAKE RESPONSE

532 NEPAL COMMUNITY RESPONSE PROGRAM

533 NEPAL EARTHQUAKE RESPONSE

534 NEPAL EARTHQUAKE RESPONSE

535 NEPAL EARTHQUAKE RESPONSE

536 CONFLICT MITIGATION AND MANAGEMENT PROGRAM (SAMBAD: DIALOGUE FOR
PEACE)

537 CONFLICT MITIGATION AND MANAGEMENT PROGRAM (SAMBAD: DIALOGUE FOR
PEACE)

538 CONFLICT MITIGATION AND MANAGEMENT PROGRAM (SAMBAD: DIALOGUE FOR
PEACE)

539 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

540 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

541 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

542 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

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).

543 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

544 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

545 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

546 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

547 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

548 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

549 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

550 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

551 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

552 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

553 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

554 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

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).

555 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

556 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

557 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

558 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

559 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

560 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

561 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

562 TO REDUCE ADVERSE IMPACTS OF CLIMATE CHANGE AND THREATS TO
BIODIVERSITY IN NEPAL

563 FAMILY PLANNING

564 FAMILY PLANNING

565 FAMILY PLANNING

566 FAMILY PLANNING

567 COMMUNITY INFRASTRUCTURE IMPROVEMENT PROJECT

568 COMMUNITY INFRASTRUCTURE IMPROVEMENT PROJECT

569 EMERGENCY LIVELIHOODS, PROTECTION AND HEALTH ASSISTANCE FOR
VULNERABLE CONFLICT-AFFECTED INTERNALLY DISPLACED PERSONS LIVING

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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).

570 HEALTH AND PROTECTION FOR DISPLACED PERSON IN PESHAWAR VALLEY

571 HEALTH AND PROTECTION FOR DISPLACED PERSON IN PESHAWAR VALLEY

572 HEALTH AND PROTECTION FOR DISPLACED PERSON IN PESHAWAR VALLEY

573 PAKISTAN EARTHQUAKE 2015

574 PAKISTAN EARTHQUAKE 2015

575 PAKISTAN EARTHQUAKE 2015

576 PAKISTAN EARTHQUAKE 2015

577 ENHANCING SOCIO-ECONOMIC DEVELOPMENT THROUGH INVESTING IN HUMAN
CAPITAL IN PUNJAB AND SINDH

578 ENHANCING SOCIO-ECONOMIC DEVELOPMENT THROUGH INVESTING IN HUMAN
CAPITAL IN PUNJAB AND SINDH

579 PRIVATE SECTOR ENGAGEMENT

580 PROGRAM PARTNERSHIP ARRANGEMENT GOVERNANCE - EDUCATION ADVOCACY
AND CAPACITY BUILDING

581 INCLUSIVE COMMUNITY BASED DISASTER RISK MANAGEMENT ...

582 INCLUSIVE COMMUNITY BASED DISASTER RISK MANAGEMENT ...

583 EARTHQUAKE EMERGENCY

584 PROGRAM DEVELOPMENT FUND RAISING

585 ACCOUNTABLE HUMANITARIAN GOVERNANCE FOR AN EFFECTIVE AND
ACCOUNTABLE DISASTER PREPAREDNESS AND RESPONSE

586 PRE-ASSESSMENT PHASE OF INSTITUTIONAL SUPPORT FOR PARTICIPATORY,
INCLUSIVE AND RESPONSIVE EDUCATION II

587 PRE-ASSESSMENT PHASE OF INSTITUTIONAL SUPPORT FOR PARTICIPATORY,
INCLUSIVE AND RESPONSIVE EDUCATION II

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).

588 ECONOMIC EMPOWERMENT

589 HAGUPIT RESPONSE

590 WASH AND SHELTER SAMAR

591 TYPHOON RUBY RESPONSE

592 HAIYAN RECONSTRUCTION

593 TYPHOON KOPPU RESPONSE

594 LIVELIHOOD PROJECT

595 LIVELIHOOD RECOVERY PROJECT

596 PHILIPPINE LIVELIHOOD RECOVERY

597 PHILIPPINE LIVELIHOOD RECOVERY

598 PHILIPPINE LIVELIHOOD RECOVERY

599 PHILIPPINE LIVELIHOOD RECOVERY

600 PHILIPPINE LIVELIHOOD RECOVERY

601 PHILIPPINE LIVELIHOOD RECOVERY

602 PHILIPPINE LIVELIHOOD RECOVERY

603 PHILIPPINE TYPHOON

604 PHILIPPINE TYPHOON

605 PHILIPPINE TYPHOON

606 PHILIPPINE TYPHOON

607 PHILIPPINE TYPHOON

608 TYPHOON YOLANDA RESPONSE

609 HAIYAN CAPACITY BUILDING

610 TYPHOON HAIYAN RESPONSE

611 TYPHOON HAIYAN RESPONSE

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).

612 AFTER VILLAGE SAVINGS AND LOANS ASSOCIATIONS SCALE UP

613 AFTER VILLAGE SAVINGS AND LOANS ASSOCIATIONS SCALE UP

614 EXPANDING THE FORMATION OF SAVING GROUPS IN RWANDA

615 EXPANDING THE FORMATION OF SAVING GROUPS IN RWANDA

616 THE HAND IN HAND INTERNATIONAL AND CARE INTERNATIONAL JOB
CREATION PROGRAM

617 EXPANDING THE FORMATION OF SAVING GROUPS IN RWANDA

618 THE HAND IN HAND INTERNATIONAL AND CARE INTERNATIONAL JOB
CREATION PROGRAM

619 THE HAND IN HAND INTERNATIONAL AND CARE INTERNATIONAL JOB
CREATION PROGRAM

620 THE HAND IN HAND INTERNATIONAL AND CARE INTERNATIONAL JOB
CREATION PROGRAM

621 SKILLING FOR CHANGE

622 SKILLING FOR CHANGE

623 ECONOMIC DEVELOPMENT

624 ECONOMIC DEVELOPMENT

625 FIGHT AGAINST GENDER BASED VIOLENCE

626 EVERY VOICE COUNTS

627 EVERY VOICE COUNTS

628 ECONOMIC DEVELOPMENT

629 ECONOMIC DEVELOPMENT

630 ECONOMIC DEVELOPMENT

631 ECONOMIC DEVELOPMENT

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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).

632 LITERACY PROGRAM

633 GENERAL EDUCATION WORK EXPERIENCE PROGRAM

634 CHILD EMPOWERMENT

635 PATSY COLLINS TRUST FUND

636 PATSY COLLINS TRUST FUND

637 ENVIRONMENT FOR EDUCATION

638 HUMANITARIAN INTERVENTION/ EMERGENCY

639 HUMANITARIAN INTERVENTION/ EMERGENCY

640 SOUTH DARFUR EMERGENCY ASSISTANCE PROGRAM

641 SOUTH DARFUR EMERGENCY ASSISTANCE PROGRAM

642 PARTNERING 4 CHANGE

643 CIVIL ORGANIZATION SOUTH DARFUR

644 STRATEGIC PARTNERS CHRONIC CRISIS HORN OF AFRICA

645 STRATEGIC PARTNERS CHRONIC CRISIS HORN OF AFRICA

646 STRATEGIC PARTNERS CHRONIC CRISIS HORN OF AFRICA

647 SECURE ECONOMIES AND DIVERSIFIED LIVELIHOODS FOR PEACEFUL
COEXISTENCE

648 SECURE ECONOMIES AND DIVERSIFIED LIVELIHOODS FOR PEACEFUL
COEXISTENCE

649 EMERGENCY AND RECOVERY SOUTH DARFUR EMERGENCY AND RECOVERY
PROJECT

650 EMERGENCY AND RECOVERY SOUTH DARFUR EMERGENCY AND RECOVERY
PROJECT

651 EMERGENCY AND RECOVERY SOUTH DARFUR EMERGENCY AND RECOVERY

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).

PROJECT

652 SOUTH DARFUR EMERGENCY ASSISTANCE PROGRAM
 653 SOUTH DARFUR EMERGENCY ASSISTANCE PROGRAM
 654 FOOD SECURITY AND LIVELIHOOD
 655 FOOD SECURITY AND LIVELIHOOD
 656 WATER SUPPLY SANITATION AND HYGIENE RESPONSE TO REFUGEES
 657 PROVISION OF WATER SUPPLY SANITATION AND HYGIENE
 658 UNRESTRICTED SUDAN PROJECT
 659 GOVERNANCE IN HEALTH
 660 TO STRENGTHEN THE COORDINATION CROSS BORDER SURVEILLANCE EBOLA

RESPONSE ACTIVITIES AMONG THE COUNTRIES IN THE SUB REGION

661 TO PROMOTE BEHAVIOR CHANGE COMMUNICATION THROUGH THE
 DISSEMINATION OF APPROPRIATE MESSAGES ON CONDOM USE IN THE CONTEXT OF

EBOLA

662 SKILLS DEVELOPMENT
 663 SKILLS DEVELOPMENT
 664 EPIDEMIC CONTROL
 665 EPIDEMIC CONTROL
 666 EPIDEMIC CONTROL
 667 IMPLEMENTATION OF COMPONENT 1 (SOCIAL MARKETING) AND CONSULTING

SERVICES FOR HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY

SYNDROME

668 HUMAN IMMUNODEFICIENCY VIRUS /AIDS RESPONSE PROGRAM
 669 EBOLA RECOVERY

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).

670 EBOLA RECOVERY

671 ADAPTATION LEARNING PROGRAM

672 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE
SOMALIA

673 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE
SOMALIA

674 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE
SOMALIA

675 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE
SOMALIA

676 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE
SOMALIA

677 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE
SOMALIA

678 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE
SOMALIA

679 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE
SOMALIA

680 CONTRIBUTES TO THE RURAL VULNERABLE WOMEN'S PROGRAM OF CARE
SOMALIA

681 PEACE BUILDING PROGRAM EDUCATION IS LIGHT

682 PEACE BUILDING PROJECT

683 PEACE BUILDING PROJECT

684 RURAL VULNERABLE WOMEN PROGRAM

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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).

685 STRATEGIC PARTNERS CHRONIC CRISIS HORN OF AFRICA

686 LIFESAVING ASSISTANCE PROGRAM IN SOMALIA

687 EDUCATION FOR COHESIVE AND HARMONIZED SYSTEM

688 EDUCATION IS LIGHT

689 PEACE BUILDING PROGRAM

690 EDUCATE A CHILD

691 EDUCATE A CHILD

692 MULTI-SECTORIAL ASSISTANCE FOR POPULATIONS IN CRISIS

693 TOWARDS RESILIENCE PROJECT

694 SOMALIA EMERGENCY RESPONSE

695 SOMALIA EMERGENCY RESPONSE

696 EMERGENCY FOOD ASSISTANCE

697 PEACE UNDER CONSTRUCTION

698 PEACE UNDER CONSTRUCTION

699 WATER SUPPLY AND SANITATION HYGIENE

700 LIVELIHOOD RESILIENCE

701 HYGIENE KITS

702 LIVELIHOOD

703 FOOD AND WINTERIZATION

704 SYRIA CRISIS RESPONSE

705 JOINT RESPONSE

706 WATER SUPPLY AND SANITATION HYGIENE

707 HUMANITARIAN POOLED FUND PROJECT

708 RAPID EMERGENCY ASSISTANCE

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).

709 RAPID EMERGENCY ASSISTANCE

710 REALIZING AN EFFECTIVE ALLIANCE FOR COMMUNITY

711 REALIZING AN EFFECTIVE ALLIANCE FOR COMMUNITY

712 HYGIENE AND WINTER KIT

713 HYGIENE AND WINTER KIT

714 MOBILE APPLICATION TO SECURE LAND TENURE

715 MOBILE TECHNOLOGY PHASE II

716 MOBILE TECHNOLOGY PHASE II

717 MOBILE TECHNOLOGY PHASE II

718 LAND RIGHTS

719 LAND RIGHTS

720 LAND RIGHTS

721 GENDER AND WOMEN EMPOWERMENT

722 GENDER AND WOMEN EMPOWERMENT

723 PASTORALIST LAND RIGHTS

724 PASTORALIST LAND RIGHTS

725 GENERAL EDUCATION WORK EXPERIENCE PROGRAM

726 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA
DISTRICT

727 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA
DISTRICT

728 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA
DISTRICT

729 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

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).

DISTRICT

730 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

731 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

732 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

733 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

734 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

735 TO IMPROVE LIVELIHOOD SECURITY OF PASTORALIST COMMUNITY IN GEITA

DISTRICT

736 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS

737 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS

738 PASTORALIST LAND RIGHTS

739 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS

740 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS

741 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS

742 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS

743 PASTORALIST LAND RIGHTS

744 PASTORALIST LAND RIGHTS

745 PASTORALIST LAND RIGHTS

746 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS

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).

747 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS

748 PASTORALIST LAND RIGHTS

749 PASTORALIST LAND RIGHTS

750 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS

751 WOMEN EMPOWERMENT THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATIONS

752 IMPROVING THE LIVES OF VULNERABLE CHILDREN AND THEIR HOUSEHOLD

753 IMPROVING THE LIVES OF VULNERABLE CHILDREN AND THEIR HOUSEHOLD

754 IMPROVING THE LIVES OF VULNERABLE CHILDREN AND THEIR HOUSEHOLD

755 IMPROVING THE LIVES OF VULNERABLE CHILDREN AND THEIR HOUSEHOLD

756 SECURING WOMEN'S SOCIAL-ECONOMIC AND POLITICAL RIGHTS IN POST
CONFLICT NORTHERN UGANDA

757 SECURING WOMEN'S SOCIAL-ECONOMIC AND POLITICAL RIGHTS IN POST
CONFLICT NORTHERN UGANDA

758 REPRODUCTIVE CHILD AND HEALTH

759 REPRODUCTIVE CHILD AND HEALTH

760 NORTHERN UGANDA WOMEN EMPOWERMENT

761 NORTHERN UGANDA WOMEN EMPOWERMENT

762 FOREST PROGRAM FRAMEWORK

763 FOREST PROGRAM FRAMEWORK

764 FOREST PROGRAM FRAMEWORK

765 FOREST PROGRAM FRAMEWORK

766 FOREST PROGRAM FRAMEWORK

767 FOREST PROGRAM FRAMEWORK

768 FOREST PROGRAM FRAMEWORK

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).

769 YOUTH SAVINGS GROUPS

770 YOUTH SAVINGS GROUPS

771 YOUTH SAVINGS GROUPS

772 YOUTH SAVINGS GROUPS

773 YOUTH SAVINGS GROUPS

774 CLIMATE PROOF DISASTER RISK REDUCTION

775 BRIDGE PERIOD PROJECT

776 BRIDGE PERIOD PROJECT

777 UGANDA FINANCIAL SERVICES

778 SCALING UP PROVISIONS OF EMERGENCY LIFE SAVING INTERVENTIONS

779 SCALING UP PROVISIONS OF EMERGENCY LIFE SAVING INTERVENTIONS

780 HUMANITARIAN AND SEXUAL GENDER BASED VIOLENCE

781 HUMANITARIAN AND SEXUAL GENDER BASED VIOLENCE

782 GENDER BASED VIOLENCE PREVENTION AND RESPONSE

783 CLIMATE CHANGE INNOVATION

784 NUTRILITE LITTLE BITS PROGRAM

785 NUTRILITE LITTLE BITS PROGRAM

786 LANDSCAPE MAPPING OF SEXUAL REPRODUCTIVE HEALTH ACTIVITIES AND
NEEDS

787 FAMILY PLANNING

788 FAMILY PLANNING

789 SYRIAN DISPLACEMENT CRISIS

790 WASTE COLLECTORS

791 CLIMATE ADAPTATION AND FOOD 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).

792 HEALTH FOR BABIES AND LIVESTOCK

793 INNOVATIVE METHODS FOR MEASURING

794 WOMEN'S TIME ALLOCATION

795 TRANSFORMING COMMUNITIES THROUGH EMPOWERING RIGHT HOLDERS IN
DAGAHALEY KENYA REFUGEE CAMP

796 GENDER BASED VIOLENCE INTERVENTIONS

797 SYRIAN REFUGEES

798 BUILDING PROTECTIVE ENVIRONMENTS

799 INDIA PATHWAYS PROGRAM

800 GIRLS EDUCATION IN INDIA

801 NUTRITION PROJECT

802 EDUCATION AND LIVELIHOOD

803 SUPPORTING THE IMPLEMENTATION AND EXPANSION OF HIGH QUALITY HUMAN
IMMUNODEFICIENCY VIRUS PREVENTION, CARE, AND TREATMENT ACTIVITIES AT
FACILITY AND COMMUNITY LEVEL

804 INTEGRATED TUBERCULOSIS AND HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED
IMMUNE DEFICIENCY SYNDROME PROJECT

805 EDUCATION PROGRAM

806 GLAMOUR GIRLS PROJECT

807 EMERGENCY CAPACITY BUILDING

808 EMERGENCY CAPACITY BUILDING

809 STEP UP FOR HUNGER

810 TO EFFECTIVELY IMPLEMENT SOCIAL AND ENVIRONMENTAL SAFEGUARDS FOR
REDUCED EMISSIONS FROM DEFORESTATION AND DEGRADATION PROGRAMS MAKE A

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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).

CONTRIBUTION TO HUMAN RIGHTS, POVERTY REDUCTION AND BIODIVERSITY

CONSERVATION GOALS

811 CREATIVE: BASIC EDUCATION

812 EDUCATION

813 SCHOLARSHIPS FOR 4 GIRLS

814 WATER SANITATION AND ENVIRONMENT

815 HIGHLAND COMMUNITY EDUCATION PROGRAM

816 SCHOLARSHIP PROGRAM

817 PROGRAM IN SUPPORT OF THE PARTNERSHIP ON WOMEN'S ENTREPRENEURSHIP

IN RENEWABLES

818 VEGETABLE PRODUCTION AND MARKETING

819 TREATMENT ADHERENCE AND FOLLOW UP OF MULTI-DRUG-RESISTANT

TUBERCULOSIS PATIENTS IN WEST BENGAL

820 TRAVELING DORMITORY CONSTRUCTION

821 SUPPORTIVE ENVIRONMENTS FOR HEALTH

822 HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME

PROJECT

823 PARTICIPATORY ACTION FOR COMMUNITY ENHANCEMENT

824 PERSONAL ADVANCEMENT AND CAREER ENHANCEMENT EDUCATION

PROGRAM-PHASE III

825 PARTICIPATORY ACTION FOR COMMUNITY ENHANCEMENT

826 PERSONAL ADVANCE AND CAREER ENHANCEMENT IN FACTORIES

827 PERSONAL ADVANCE AND CAREER ENHANCEMENT IN FACTORIES

828 PERSONAL ADVANCE AND CAREER ENHANCEMENT

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).

829 PERSONAL ADVANCE AND CAREER ENHANCEMENT

830 PARTICIPATORY ACTION FOR COMMUNITY ENHANCEMENT

831 PARTICIPATORY ACTION FOR COMMUNITY ENHANCEMENT

832 PERSONAL ADVANCE AND CAREER ENHANCEMENT

833 PARTICIPATORY ACTION FOR COMMUNITY ENHANCEMENT

834 LEARNING TOURS EUROPE

835 LEARNING TOURS EUROPE

836 CARE LEARNING TOURS IN EUROPE

837 STRENGTHENING KALA AZAR ELIMINATION PROJECT IN BIHAR

838 IMPROVE THE QUALITY AND DELIVERY OF COMPREHENSIVE FAMILY HEALTH SERVICES IN EIGHT DISTRICTS AND EXPANDING TO THE ENTIRE STATE OF BIHAR

839 IMPROVE THE QUALITY AND DELIVERY OF COMPREHENSIVE FAMILY HEALTH SERVICES IN EIGHT DISTRICTS AND EXPANDING TO THE ENTIRE STATE OF BIHAR

840 IMPROVE THE QUALITY AND DELIVERY OF COMPREHENSIVE FAMILY HEALTH SERVICES IN EIGHT DISTRICTS AND EXPANDING TO THE ENTIRE STATE OF BIHAR

841 PATHWAYS TO SECURE LIVELIHOODS: EMPOWERING WOMEN IN AGRICULTURE

842 LEARNING TOURS III

843 NATIONAL LEVEL TECHNICAL SUPPORT TO NATIONAL RURAL LIVELIHOODS MISSION TO INTEGRATE HEALTH INTERVENTIONS IN SELF-HELP GROUPS

844 EMERGENCY RESPONSE TO CYCLONE HUDHUD

845 IMPROVING TREATMENT FOR CHILD HEALTH IN BIHAR INDIA

846 LEVERAGING THE VILLAGE HEALTH, SANITATION AND NUTRITION DAYS TO IMPROVE THE REACH OF COMMUNITY HEALTH WORKERS IN BIHAR

847 SCALE UP OF VISCERAL LEISHMANIOSIS CONTROL ACTIVITIES IN BIHAR

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).

INDIA

848 GENERAL OPERATING SUPPORT

849 LINKING VILLAGE SAVINGS AND LOANS ASSOCIATIONS IN KENYA

850 INCREASING ACCOUNTABILITY IN SCHOOL WATER AND SANITATION FOR

HEALTH

851 INCREASING ACCOUNTABILITY IN SCHOOL WATER AND SANITATION FOR

HEALTH

852 TO IMPLEMENT TECHNICAL ASSISTANCE TO THE GOVERNMENT OF BIHAR

INDIA - IMPROVING HEALTH, NUTRITION, COVERAGE AND OUTCOMES

853 IMPROVING CAPACITY AND LIVELIHOODS FOR ARTICHOKE PRODUCERS

854 WOMEN'S LEADERSHIP IN SMALL AND MEDIUM ENTERPRISE

855 LEND WITH CARE PROGRAM

856 SHELTER TEAM GENERAL SUPPORT

857 WOMEN AND GIRLS LEAD GLOBAL

858 WOMEN AND GIRLS LEAD GLOBAL

859 WOMEN AND GIRLS LEAD GLOBAL

860 EMPOWERING FARMERS AND ENHANCING MAIZE PRODUCTIVITY

861 PROJECT DIRECTOR FOR TIPPING POINT

862 EXPANDED VEGETABLE PRODUCTION & MARKETING FOR WOMEN AND GIRLS

863 SEWING FOR A BRIGHTER FUTURE

864 SEWING FOR A BRIGHTER FUTURE

865 QUALITY AND EQUITY IN THE INTERCULTURAL EDUCATION

866 WATER LINKAGES PROJECT

867 STRENGTHENING PREPAREDNESS AND DISASTER REDUCTION RESPONSE

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).

868 STRENGTHENING PREPAREDNESS AND DISASTER REDUCTION RESPONSE

869 STRENGTHENING PREPAREDNESS AND DISASTER REDUCTION RESPONSE

870 STRENGTHENING PREPAREDNESS AND DISASTER REDUCTION RESPONSE

871 BRIDGING HEALTH AND EDUCATION PROGRAMS FOR YOUNG CHILDREN IN
INDIA

872 JOIN MY VILLAGE POOLED FUND

873 JOIN MY VILLAGE POOLED FUND

874 JOIN MY VILLAGE POOLED FUND

875 RESILIENT ARID LANDS PARTNERSHIP FOR INTEGRATED DEVELOPMENT

876 RESILIENT ARID LANDS PARTNERSHIP FOR INTEGRATED DEVELOPMENT

877 VIETNAM FINANCIAL LINKAGES

878 SUPPORT TO WADIFIRA

879 SOCIAL MARKETING PROJECT

880 WATER SANITATION AND HEALTH RAPID ASSISTANCE TEAM

881 STRENGTHENING THE GLOBAL WASH CLUSTER RAPID ASSESSMENT TERM

882 TAFEA RESPONSE PROJECT

883 VANUATU PREVENT

884 CHILDREN'S SAFE DRINKING WATER FOR VULNERABLE COMMUNITIES

885 RURAL SALES PROGRAM

886 PATSY COLLINS TRUST FUND INITIATIVE PROGRAM

887 PATSY COLLINS TRUST FUND

888 MARGINALIZED ETHNIC MINORITIES PROGRAM

889 PATSY COLLINS TRUST FUND INITIATIVE PROGRAM

890 PATSY COLLINS TRUST FUND

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).

891 PATSY COLLINS TRUST FUND

892 CONVERTING MEWAT UDAAN KENYA INTO A SPECIAL TRAINING/RESOURCE
CENTER

893 VEGETABLE PRODUCTION

894 THAILAND MIGRANT CHILDREN

895 THAILAND MIGRANT CHILDREN

896 GLOBAL HEALTH FELLOW FOR VIETNAM

897 GLOBAL HEALTH FELLOW FOR VIETNAM

898 EMERGENCY CAPACITY BUILDING

899 LIVELIHOOD PROGRAM

900 NUTRITION AT THE CENTER

901 GIRLS EDUCATION PROJECT IN PERU

902 TO SUPPORT UDAAN KENYA TEACHERS' SALARIES

903 GIRLS EDUCATION PROGRAM

904 FUNDING GAP

905 FUNDING GAP

906 FUNDING GAP

907 FUNDING GAP

908 FUNDING GAP

909 FUNDING GAP

910 KENYA UNRESTRICTED PROJECT

911 PERU UNRESTRICTED PROJECT

912 FOOD AND NUTRITION SECURITY UNRESTRICTED PROJECT

913 DIRECT PROGRAM INITIATIVE

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).

914 ZAMBIA UNRESTRICTED PROJECT

915 ZIMBABWE UNRESTRICTED PROJECT

916 CONTINUUM OF PREVENTION CARE AND TREATMENT OF HUMAN
IMMUNODEFICIENCY VIRUS INFECTION/ACQUIRED IMMUNE DEFICIENCY SYNDROME OF
MOST-AT-RISK POPULATION IN CAMEROON

917 COMMUNITY PEACE BUILDING IN RAKHINE STATE

918 COMMUNITY PEACE BUILDING IN RAKHINE STATE

919 VILLAGE SAVINGS AND LOAN ASSOCIATIONS

920 VIETNAM FINANCIAL LINKAGES

921 ENHANCING NUTRITION, STEPPING UP RESILIENCE AND ENTERPRISE

922 ENHANCING NUTRITION, STEPPING UP RESILIENCE AND ENTERPRISE

923 CONSERVING THE AMAZON HEADWATERS OF THE PURUS MANU CONSERVATION
CORRIDOR

924 STAMPING OUT AND PREVENTING GENDER BASED VIOLENCE PREVENTION AND
ADVOCACY

925 STRENGTHENING LIVESTOCK

926 STRENGTHENING LIVESTOCK

927 MY RIGHT TO MY FUTURE

928 FOOD SECURITY

929 FOOD SECURITY

930 STRENGTHENING LIVELIHOOD

931 BASIC NEEDS

932 EMERGENCY LIVELIHOODS RESPONSE TO SMALL-SCALE FARMERS AFFECTED BY
THE GAZA CRISIS

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).

933 HEALTH UNDER PROTECTION: EMERGENCY HEALTH AND NUTRITION
ASSISTANCE TO PEOPLE LIVING IN COMMUNITIES WHOSE RIGHTS ARE INADEQUATELY
PROTECTED IN THE WEST BANK

934 HEALTH UNDER PROTECTION: EMERGENCY HEALTH AND NUTRITION
ASSISTANCE TO PEOPLE LIVING IN COMMUNITIES WHOSE RIGHTS ARE INADEQUATELY
PROTECTED IN THE WEST BANK

935 WINTERIZATION PREPAREDNESS AND IMPROVING RESILIENCE OF VULNERABLE
COMMUNITIES IN THE JORDAN VALLEY

936 SAFETY AND SECURITY

937 INTEGRATED RECOVERY PROGRAM IN SUPPORT OF CONFLICT-AFFECTED
POPULATIONS IN NORTH AND SOUTH OF YEMEN

938 INTEGRATED RECOVERY PROGRAM IN SUPPORT OF CONFLICT-AFFECTED
POPULATIONS IN NORTH AND SOUTH OF YEMEN

939 INTEGRATED RECOVERY PROGRAM IN SUPPORT OF CONFLICT-AFFECTED
POPULATIONS IN NORTH AND SOUTH OF YEMEN

940 TO IMPLEMENT THE INTEGRATED HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED
IMMUNE DEFICIENCY SYNDROME PREVENTION AND CARE PROJECT

941 INTEGRATED RECOVERY PROGRAM

942 INTEGRATED RECOVERY PROGRAM

943 FOUNDATION FOR PEACE STANDARD

944 FOUNDATION FOR PEACE STANDARD

945 YEMEN HUMANITARIAN RESPONSE

946 YEMEN HUMANITARIAN RESPONSE

947 YEMEN HUMANITARIAN RESPONSE

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).

948 EMERGENCY WATER, SANITATION AND HYGIENE ASSISTANCE

949 EMERGENCY WATER, SANITATION AND HYGIENE ASSISTANCE

950 TO HELP YOUTH IN HAJJA YEMEN TO GET BETTER ECONOMIC OPPORTUNITIES
AND GET SKILLS TO BE ENTREPRENEUR

951 TO HELP YOUTH IN HAJJA YEMEN TO GET BETTER ECONOMIC OPPORTUNITIES
AND GET SKILLS TO BE ENTREPRENEUR

952 TO HELP YOUTH IN HAJJA YEMEN TO GET BETTER ECONOMIC OPPORTUNITIES
AND GET SKILLS TO BE ENTREPRENEUR

953 TOWARD BETTER ECONOMIC

954 TO IMPROVE THE FOOD SECURITY SITUATION AND REDUCE THE
MALNUTRITION SITUATION IN ABYAN AND LAHEJ YEMEN

955 FOOD ASSISTANCE IN ABYAN

956 FOOD ASSISTANCE IN ABYAN

957 FOOD ASSISTANCE PROGRAM

958 TO IMPROVE THE SOCIAL ACCOUNTABILITY OF WATER FOUNDATION
REGARDING THE QUALITY OF DRINKING WATER THROUGH USING THE COMMUNITY USAGE
CARDS

959 LIVELIHOOD RECOVERY PROJECT

960 ADAPTATION LEARNING PROGRAM

961 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES
MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

962 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES
MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

963 IN SUPPORT OF THE MANAGEMENT OF FOREST AND NATURAL RESOURCES

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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).

MANAGEMENT AND AGRICULTURE AND FOOD SECURITY

- 964 CARE ENTERPRISE FOR CONSULTING SERVICES
- 965 EMERGENCY ASSISTANCE AND RECOVERY
- 966 PROGRAM PARTNERSHIP ARRANGEMENT GOVERNANCE
- 967 URGENT BASICS
- 968 GAZA CRISIS APPEAL
- 969 TYPHOON HUAN CAPACITY BUILDING
- 970 GENDER EQUALITY AND WOMEN'S EMPOWERMENT PROGRAM
- 971 EMERGENCY RESPONSE
- 972 FOOD SECURITY AND LIVELIHOOD NORTHERN SYRIA
- 973 HUMANITARIAN AID REFUGEES AND RETURNEES
- 974 HUMANITARIAN AID REFUGEES AND RETURNEES
- 975 PROGRAM PARTNERSHIP ARRANGEMENT-TECHNICAL AND VOCATIONAL

EDUCATION TRAINING

- 976 PROGRAM PARTNERSHIP ARRANGEMENT-TECHNICAL AND VOCATIONAL

EDUCATION TRAINING

- 977 NEPAL EARTHQUAKE RESPONSE PROJECT
- 978 INSPIRE PAKISTAN PROJECT
- 979 PAKISTAN UNRESTRICTED PROJECT
- 980 INSPIRE PAKISTAN PROJECT
- 981 YOUTH EMPLOYMENT IN ASWAN
- 982 PROVIDE ASSISTANCE TO DISADVANTAGED CHILDREN

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

2015

**Open to Public
Inspection**

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

Employer identification number
13-1685039

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				24,388,638.	2,944,873.	21,443,765.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2),				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. 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).

PROFESSIONAL SERVICE AMOUNT VS FUNDRAISING EXPENSE

FUNDRAISING EXPENSE AMOUNT PER VENDOR (DIFFERENT FROM FUNDRAISING SERVICE

AMOUNT REPORTED IN SCHEDULE G, PART I, LINE 2B, COLUMN V):

-FOR MERKLE FUNDRAISING EXPENSES PRIMARILY INCLUDE PAID SEARCHES AND

EMAIL ACQUISITION = \$70,901

- 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:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. 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).

-FOR TARGET MARKETTEAM, INC., FUNDRAISING EXPENSE INCLUDES THE COST OF PAPER, PRINTING, ENVELOPES, STAMPS ETC. = \$9,298,962

-FOR RUSS REID, FUNDRAISING EXPENSE INCLUDES THE COST OF MEDIA BUYS, VIDEO PRODUCTION, INBOUND TELEMARKETING CUSTOMER SERVICE = \$1,090,167

-FOR PARADYSZ MATERA FUNDRAISING EXPENSE INCLUDES THE COST OF PROCUREMENT

- 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:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. 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).

OF RENTAL AND EXCHANGE DONOR LISTS = \$682,544

-FOR THOMPSON, HABIB & DENISON FUNDRAISING EXPENSE INCLUDES THE COST OF
MARKETING AND COMMUNICATIONS MATERIALS = \$129,267

-FOR WILLIAM FLETCHER SAMS JR, FUNDRAISING EXPENSE INCLUDES THE COST OF
TRAVEL FOR ADMINISTRATIVE TASKS = \$1,500

- 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:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. 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).

DESCRIPTION OF HOW PROFESSIONAL FUNDRAISING SERVICE AMOUNT (REPORTED IN

SCH G, PART I, LINE 2B, COLUMN V) IS DISTINGUISHED FROM FUNDRAISING

EXPENSE AMOUNT FOR ALL FUNDRAISERS LISTED ABOVE:

FOR THE BELOW VENDORS, THE INVOICE DISTINGUISHES THE FUNDRAISING SERVICE

AMOUNT VS. THE FUNDRAISING EXPENSE, AND THE CONTRACT DEFINES THE EXACT

COSTS FOR PROFESSIONAL FUNDRAISING SERVICES. ALL OTHER COSTS ARE

CONSIDERED FUNDRAISING EXPENSES.

- 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:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. 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).

-TARGET MARKETTEAM, INC.

-RUSS REID

-THOMPSON, HABIB & DENISON

-PARADYSZ MATERA

-CHANGING OUR WORLD

-WILLIAM FLETCHER SAMS JR

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. 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).

FOR THE BELOW VENDORS, FUNDRAISING FEES INCLUDED IN SCHEDULE G/PART I

INCLUDE BOTH FUNDRAISING FEES AND FUNDRAISING EXPENSES. IN BOTH CASES THE CONTRACTS DO NOT DISTINGUISH WHAT PORTION OF THE EXPENSE IS FOR FEES VS. EXPENSES. AS SUCH, ENTIRE AMOUNT IS REPORTED AS FUNDRAISING FEES IN PART I.

-MDS COMMUNICATIONS CORP (PAY COST BY COMPLETED CALLS) = \$477,082

-DONORWORX (PAY COST BY DONOR) = \$1,199,070 -MDS COMMUNICATIONS

- 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:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. 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).

CORP (PAY COST BY COMPLETED CALLS) = \$477,082

-DONORWORX (PAY COST BY DONOR) = \$1,199,070

GROSS RECEIPTS FROM ACTIVITY

CARE USA USED DONORWORX, RUSS REID AND WILLIAM FLETCHER SAMS JR. TO ACQUIRE BRAND NEW DONORS. ACQUISITION OF ANY KIND REQUIRES HEAVY INITIAL INVESTMENT WITH LONG TERM PAY OFF NOT RECEIVED IN THE FISCAL YEAR IN

- 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:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. 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).

WHICH IT IS SPENT. THIS RESULTED IN A NET NEGATIVE INCOME IN FISCAL YEAR 2016.

FUNDRAISING EVENTS

THE NATIONAL CONFERENCE EVENT WAS HELD IN FISCAL YEAR 2016. THE PRIMARY PURPOSE OF THE CONFERENCE IS NOT FOR FUNDRAISING AND IS, THEREFORE, NOT INCLUDED IN THIS SECTION OF THE 990.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
MERKLE, INC. PO BOX 64897 BALTIMORE MD 21264	WEB/EXECN EMAIL STRTG		X	1,602,080.	191,221.	1,410,859.
CHANGING OUR WORLD, INC. 220 EAST 42ND STREET 5TH FLOOR NEW YORK NY 10017	FUNDRAISING STRTRY CONS		X		125,000.	-125,000.
WILLIAM FLETCHER SAMS JR 5 CASEY STREET NEWNAN GA 30263	FUNDRAISING ACQUISTION		X	12,000.	48,000.	-36,000.
THOMPSON, HABIB, & DENISON 80 HAYDEN AVENUE SUITE 300 LEXINGTON MA 02421	FUNDRAISING STRTRY CONS		X		246,000.	-246,000.
TARGET MARKETTEAM, INC. 1050 CROWN POINTE PKWY 18TH FLOOR ATLANTA GA 30338	CONSULTS ON DIRECT MAIL		X	20,558,537.	600,000.	19,958,537.

MDS COMMUNICATIONS CORP 545 W. JUANITA AVENUE MESA AZ 85210	TELEMARKTNG	X	977,463.	477,082.	500,381.
DONORWORX, INC. 4520 EAST WEST HIGHWAY SUITE 700 BETHESDA MD 20814	IN PERSON MARKETING	X	1,136,049.	1,199,070.	-63,021.
RUSS REID COMPANY, INC. 2 N. LAKE AVENUE SUITE 600 PASADENA CA 91101	DIRECT RESP TELEVISION	X	102,509.	48,000.	54,509.
PARADYSZ MATERA & CO, INC 5 HANOVER SQUARE 6TH FLOOR NEW YORK NY 10004	LIST BROKER /CONSULTING	X		10,500.	-10,500.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-1685039

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ABT ASSOCIATES INC 55 WHEELER ST., CAMBRIDGE, MA, 02138	04-2347643		236,766.				1-PT IV
(2) ABT ASSOCIATES INC 55 WHEELER ST., CAMBRIDGE, MA, 02138	04-2347643		699,113.				2-PT IV
(3) ABT ASSOCIATES INC 55 WHEELER ST., CAMBRIDGE, MA, 02138	04-2347643		203,329.				3-PT IV
(4) BRIDGES TO PROSPERITY 1031 33RD ST., DENVER, CO, 80205	54-2031102	501(C)(3)	251,518.				4-PT IV
(5) CATHOLIC RELIEF SERVICES LEXINGTON ST., BALTIMORE, MD, 21201	13-5563422	501(C)(3)	45,351.				5-PT IV
(6) CATHOLIC RELIEF SERVICES LEXINGTON ST., BALTIMORE, MD, 21201	13-5563422	501(C)(3)	26,287.				6-PT IV
(7) CATHOLIC RELIEF SERVICES LEXINGTON ST., BALTIMORE, MD, 21201	13-5563422	501(C)(3)	469,492.				7-PT IV
(8) CATHOLIC RELIEF SERVICES LEXINGTON ST., BALTIMORE, MD, 21201	13-5563422	501(C)(3)	68,173.				8-PT IV
(9) COLUMBIA UNIVERSITY 615 WEST 131 ST., NY, NY, 10027	13-5598093	501(C)(3)	248,033.				9-PT IV
(10) CONSERVATION INTERNATIONAL FOUNDATION CRYSTAL DRIVE, ARLINGTON, VA, 22202	52-1497470	501(C)(3)	501,859.				10-PT IV
(11) CORNELL UNIVERSITY 317 DAY HALL, ITHACA, NY, 14853	15-0532082	501(C)(3)	692,180.				11-PT IV
(12) CORNELL UNIVERSITY 317 DAY HALL, ITHACA, NY, 14853	15-0532082	501(C)(3)	25,424.				12-PT IV

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

Employer identification number
13-1685039

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CORNELL UNIVERSITY 317 DAY HALL, ITHACA, NY, 14853	15-0532082	501(C)(3)	50,791.				13-PT IV
(2) EMORY UNIVERSITY 1599 CLIFTON RD, ATLANTA, GA, 30322	58-0566256	501(C)(3)	287,467.				14-PT IV
(3) EMORY UNIVERSITY 1599 CLIFTON RD, ATLANTA, GA, 30322	58-0566256	501(C)(3)	99,561.				15-PT IV
(4) ENGENDERHEALTH INC 440 NINTH AVENUE, NEW YORK, NY, 10001	13-1623838	501(C)(3)	1,808,707.				16-PT IV
(5) FAMILY HEALTH INTERNATIONAL 359 BLACKWELL ST, DURHAM, NC, 27709	23-7413005	501(C)(3)	223,005.				17-PT IV
(6) GEORGETOWN UNIVERSITY 3700 O ST NW, WASHINGTON, DC, 20057	53-0196603	501(C)(3)	141,347.				18-PT IV
(7) GLOBAL VIRAL FORECASTING INITIATIVE 425 CALIFORNIA ST, NY, NY, 94104	26-1379391	501(C)(3)	218,112.				19-PT IV
(8) HELEN KELLER INTERNATIONAL 352 PARK AVE, NEW YORK, NY, 10010	13-5562162	501(C)(3)	172,828.				20-PT IV
(9) INSTITUTE FOR HEALTHCARE IMPROVEMENT CHARLES SQUARE, CAMBRIDGE, MA, 02138	38-3017223	501(C)(3)	381,205.				21-PT IV
(10) INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET, NY, NY, 10017	13-5660870	501(C)(3)	240,049.				22-PT IV
(11) INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET, NY, NY, 10017	13-5660870	501(C)(3)	609,035.				23-PT IV
(12) INTL CENTER FOR RESEARCH ON WOMEN 20TH ST NW, WASHINGTON, DC, 20036	52-1081455	501(C)(3)	46,622.				24-PT IV

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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.

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

Employer identification number
13-1685039

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INTL CENTER FOR RESEARCH ON WOMEN 20TH ST NW, WASHINGTON, DC, 20036	52-1081455	501(C)(3)	19,853.				25-PT IV
(2) INTL CENTER FOR RESEARCH ON WOMEN 20TH ST NW, WASHINGTON, DC, 20036	52-1081455	501(C)(3)	18,181.				26-PT IV
(3) JOHNS HOPKINS UNIVERSITY MARKET PLACE, BALTIMORE, MD, 21202	52-0595110	501(C)(3)	311,600.				27-PT IV
(4) LIBRARIES WITHOUT BOARDERS CONNECTICUT AV, WASHINGTON, DC, 20009	68-0666319	501(C)(3)	76,587.				28-PT IV
(5) MERCY CORPS 45 SW ANKENY ST, PORTLAND, OR, 97204	91-1148123	501(C)(3)	64,615.				29-PT IV
(6) SAVE THE CHILDREN - DC 54 WILTON RD., WESTPORT, CT, 06880	06-0726487	501(C)(3)	67,914.				30-PT IV
(7) SAVE THE CHILDREN - DC 54 WILTON RD., WESTPORT, CT, 06880	06-0726487	501(C)(3)	98,759.				31-PT IV
(8) SAVE THE CHILDREN - DC 54 WILTON RD., WESTPORT, CT, 06880	06-0726487	501(C)(3)	403,062.				32-PT IV
(9) SAVE THE CHILDREN - DC 54 WILTON RD., WESTPORT, CT, 06880	06-0726487	501(C)(3)	7,426.				33-PT IV
(10) SYRIA RELIEF AND DEVELOPMENT FOUNDATION 7300 W 110TH, OVERLAND, KS, 66210	45-3737015	501(C)(3)	82,496.				34-PT IV
(11) SYRIA RELIEF AND DEVELOPMENT FOUNDATION 7300 W 110TH, OVERLAND, KS, 66210	45-3737015	501(C)(3)	185,208.				35-PT IV
(12) SYRIA RELIEF AND DEVELOPMENT FOUNDATION 7300 W 110TH, OVERLAND, KS, 66210	45-3737015	501(C)(3)	306,632.				36-PT IV

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-1685039

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SYRIA RELIEF AND DEVELOPMENT FOUNDATION 7300 W 110TH , OVERLAND, KS, 66210	45-3737015	501(C)(3)	34,429.				37-PT IV
(2) SYRIA RELIEF AND DEVELOPMENT FOUNDATION 7300 W 110TH , OVERLAND, KS, 66210	45-3737015	501(C)(3)	471,722.				38-PT IV
(3) SYRIA RELIEF AND DEVELOPMENT FOUNDATION 7300 W 110TH , OVERLAND, KS, 66210	45-3737015	501(C)(3)	42,150.				39-PT IV
(4) WORLD VISION INTERNATIONAL WEST CHESTNUT, MONROVIA , CA, 91016	95-3202116	501(C)(3)	297,207.				40-PT IV
(5) WORLD VISION INTERNATIONAL WEST CHESTNUT, MONROVIA , CA, 91016	95-3202116	501(C)(3)	100,054.				41-PT IV
(6) WORLD VISION INTERNATIONAL WEST CHESTNUT, MONROVIA , CA, 91016	95-3202116	501(C)(3)	85,908.				42-PT IV
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20.

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

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

Schedule I (Form 990) (2015)

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.

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

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

CARE ALSO PERIODICALLY EVALUATES THE PERFORMANCE OF SUB AGREEMENTS TOWARDS THE ACHIEVEMENT OF INTENDED OUTCOMES AND CONTRIBUTIONS TO CARE'S PROGRAM STRATEGY AND IMPACT. MONITORING THROUGH "ON GOING ACTIVITIES",

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.

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

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.

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 AWARDED TO SUB-RECIPIENTS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS,

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.

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

FORM 990, SCHEDULE I, PART II

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

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.

- 5 DISASTER PREPAREDNESS PROGRAM BUILDING RESILIENCE
- 6 BETTER POTATO PROJECT
- 7 GRADUATION WITH RESILIENCE TO ACHIEVE SUSTAINABLE DEVELOPMENT
- 8 EMERGENCY CAPACITY BUILDING
- 9 FAMILY HEALTH INITIATIVE IN BIHAR INDIA
- 10 NEWLY DECLARED PRIMIERAS AND SEGUNDAS RESERVE, AND BEYOND IN MOZAMBIQUE IN PARTNERSHIP WITH WORLD WILDLIFE FUND AND SALL FOUNDATION
- 11 CLIMATE SMART INITIATIVE PROJECT
- 12 STEWARD PROGRAM PHASE III - BIO DIVERSITY AND NATURAL RESOURCE MANAGEMENT

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.

13 NUTRITION AT THE CENTER

14 FAMILY HEALTH INITIATIVE IN BIHAR INDIA

15 WATER SANITATION AND HEALTH

16 TO IMPLEMENT TECHNICAL ASSISTANCE TO THE GOVERNMENT OF BIHAR INDIA

- IMPROVING HEALTH, NUTRITION, COVERAGE AND OUTCOMES

17 UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT WATER AND

SANITATION FOR HEALTH NUTRITION

18 WATER SANITATION AND HEALTH

19 CONTINUUM OF PREVENTION CARE AND TREATMENT OF HUMAN

IMMUNODEFICIENCY VIRUS INFECTION/ACQUIRED IMMUNE DEFICIENCY SYNDROME OF

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.

MOST-AT-RISK POPULATION IN CAMEROON

20 FOOD SECURITY PROGRAM

21 IMPROVE THE QUALITY AND DELIVERY OF COMPREHENSIVE FAMILY HEALTH

SERVICES IN EIGHT DISTRICTS AND EXPANDING TO THE ENTIRE STATE OF BIHAR

22 IMPLEMENTATION OF THE COMMUNITY BASED RESILIENCE BUILDING PROJECT

IN GRAND ANSE-HAITI

23 UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT WATER AND

SANITATION FOR HEALTH NUTRITION

24 SUPPORT FOR GIRLS NOT BRIDES

25 TIPPING POINT: INNOVATION AND ADVOCACY IN ADDRESSING UNDERLYING

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.

CAUSES OF CHILD MARRIAGE

26 GIRLS NOT BRIDES

27 CONTINUUM OF PREVENTION CARE AND TREATMENT OF HUMAN

IMMUNODEFICIENCY VIRUS INFECTION/ACQUIRED IMMUNE DEFICIENCY SYNDROME OF

MOST-AT-RISK POPULATION IN CAMEROON

28 SYRIAN REFUGEES

29 CLIMATE SMART INITIATIVE PROJECT

30 FOOD SECURITY PROGRAM

31 EMERGENCY CAPACITY BUILDING

32 FAMILY HEALTH INITIATIVE IN BIHAR INDIA

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.

33 GIRLS EDUCATION PROJECT

34 FAMILY PLANNING

35 RAPID EMERGENCY ASSISTANCE

36 REALIZING AN EFFECTIVE ALLIANCE FOR COMMUNITY

37 FAMILY PLANNING

38 HEALTH NORTHERN SYRIA

39 FAMILY PLANNING 2016

40 IMPLEMENTATION OF SAFETY NET PROGRAM THAT IMPROVES ACCESS TO
LOCALLY PRODUCED FOODS AMONG VULNERABLE HOUSEHOLDS IN HAITI FUNDED BY
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT.

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.

- 41 REGIONAL PROGRAM FOR FOOD WATER
- 42 EMERGENCY CAPACITY BUILDING

**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

2015

**Open to Public
Inspection**

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

Employer identification number
13-1685039

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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 on 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHELLE NUNN BOARD MBR/PRESIDENT & CEO	(i)	228,210.	25,000.	360.	0.	2,560.	256,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PETER BUIJS CHIEF FINANCIAL OFFICER	(i)	205,822.	0.	5,265.	17,134.	4,361.	232,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CAROL HUDSON CHIEF OF STAFF/BOARD SECRETARY	(i)	150,828.	0.	1,149.	12,627.	6,411.	171,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LEE T LOVE VP IND FUNDRAISING & MARKTG	(i)	295,354.	0.	456.	21,200.	7,669.	324,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 EMMA M NAYLOR-NGUGI REG DIR-EAST, CEN & S AFRICA	(i)	230,311.	0.	6,273.	10,812.	304.	247,700.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 NICHOLAS C OSBORNE VP INT'L PROGRAM & OPERATIONS	(i)	228,003.	0.	2,071.	18,532.	1,896.	250,502.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 PATRICK SOLOMON VP HR & ADMIN	(i)	213,474.	0.	4,603.	17,737.	4,501.	240,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 NAVA R GYAWALI REG DIR OF ASIA	(i)	161,095.	0.	42,042.	9,348.	1,083.	213,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 DIAWARY BOUARE REG DIR OF WEST AFRICA	(i)	117,349.	0.	74,466.	8,227.	1,832.	201,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 DAVID RAY VP ADVOCACY	(i)	186,628.	0.	4,225.	15,120.	7,420.	213,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 THOMAS L REYNOLDS VP PROG PARTNERSHIP & LEARNING	(i)	184,682.	0.	2,993.	15,032.	8,760.	211,467.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 YAWO T DOUVON COUNTRY DIRECTOR OF MALI	(i)	134,706.	0.	95,549.	6,883.	1,458.	238,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 MICHELLE D CARTER MNGNG DPTY REG DIR STHN AFRICA	(i)	171,985.	0.	38,975.	7,612.	1,832.	220,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 CHRISTOPHER J WILLIAMS DIRECTOR OF SECURITY	(i)	148,700.	0.	60,156.	7,382.	1,832.	218,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 JOHANNES SCHOORS COUNTRY DIRECTOR DRC	(i)	136,128.	0.	72,149.	3,426.	0.	211,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 GARTH VAN'T HUL COUNTRY DIRECTOR OF ETHIOPIA	(i)	133,160.	0.	72,429.	6,891.	1,832.	214,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2015

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 on 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HELENE D GAYLE FORMER PRESIDENT AND CEO	(i)	218,477.	0.	65,953.	21,200.	430.	306,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JEAN MICHEL VIGREUX FMR SRVP PGM QUAL/DIR HAITI	(i)	152,132.	0.	30,950.	8,643.	1,931.	193,656.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III 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, LINE 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, SOUTH AFRICA, AND THAILAND. AMOUNTS PER PERSON RANGE FROM \$6,800-\$68K.

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

Part III 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.

SCHEDULE J, PART I, LINE 4B

HELENE GAYLE, FORMER PRESIDENT & CEO, PARTICIPATED IN A SUPPLEMENTAL
NON-QUALIFIED PENSION PLAN. CONTRIBUTION AMOUNT WAS \$1,510.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number
13-1685039

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	174.	9,330,922.	COST/SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	108,362.	40,576,613.	COST/SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)		69,254.	1,180,585.	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

JSA

Part II **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.

THIRD PARTY USED TO PROCESS DONATIONS

SCHEDULE M, PART I, LINE 32A

WE USE A THIRD PARTY TO ADMINISTER/PROCESS OUR DONATED GIFT ANNUITIES.

NON FOOD IN KIND

SCHEDULE M, PART I, LINE 25

\$14,037 OTHER NON FOOD IN KIND DONATIONS: 5,040 QUANTITY (CANS, BUCKETS,
MOSQUITO NETS).

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED

FOR LINE 9, QUANTITY REPRESENTS NUMBER OF CONTRIBUTIONS. FOR ALL OTHER
LINES, QUANTITY REPRESENTS NUMBER OF ITEMS CONTRIBUTED.

Part II **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

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
SHELTER/CLOTHING/WATER/HY	X	41318.	996,832.	COST/SELLING PRICE
WATER PURIFICATION KITS	X	22201.	115,559.	COST/SELLING PRICE
KITCHEN SETS/FURNITURE	X	695.	54,157.	COST/SELLING PRICE
ALL OTHER	X	5040.	14,037.	COST/SELLING PRICE
TOTALS		<u>69,254.</u>	<u>1,180,585.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Employer identification number
13-1685039

NUMBER OF EMPLOYEES

FORM 990, PART I, LINE 5

IN THE SUMMARY IN PART I ON LINE 5, THE TOTAL NUMBER OF STAFF LISTED IS
COMPRISED OF THE US AND INTERNATIONAL STAFF ON THE US PAYROLL AND
RECONCILES TO THE FORM W-3 TRANSMITTAL OF WAGE AND TAX STATEMENTS. THE
SALARY EXPENSE REPRESENTED ON LINE 15 REPRESENTS THE TOTAL COMPENSATION
EXPENSE FOR CARE'S GLOBAL WORKFORCE, WHICH INCLUDES STAFF PAID IN LOCAL
PAYROLL'S IN CARE'S COUNTRY OFFICES.

FOREIGN COUNTRIES

FORM 990, PART V, LINE 4B

AFGHANISTAN

BANGLADESH

BENIN

BOLIVIA

BURUNDI

COTE D'IVOIRE

DEMO REP OF CONGO

DJIBOUTI

ECUADOR

EGYPT

EL SALVADOR

ETHIOPIA

GEORGIA, REP OF

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

Employer identification number

GHANA

GUATEMALA

HAITI

HONDURAS

INDIA

ISRAEL

JORDAN

KENYA

LESOTHO

LIBERIA

MADAGASCAR

MALAWI

MALI

MOZAMBIQUE

NEPAL

NICARAGUA

NIGER

NORTH SUDAN

PAKISTAN

PERU

PHILIPPINES

RWANDA

SIERRA LEONE

SOMALIA

SOUTH AFRICA

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

Employer identification number

SOUTH SUDAN

SRI LANKA

TANZANIA

THAILAND

TOGO

TURKEY

UGANDA

UNITED KINGDOM

WEST BANK GAZA

YEMEN

FAMILY OR BUSINESS RELATIONSHIPS

FORM 990, PART VI, LINE 2

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

SIGNIFICANT DIVERSION OF ORGANIZATION ASSETS

FORM 990, PART VI, LINE 5

CARE DISCOVERED WHAT APPEARED TO BE FINANCIAL ANOMALIES IN ONE OF ITS AFRICA COUNTRY OFFICES IN SEPTEMBER, 2015. CARE IMMEDIATELY FORMED AN INVESTIGATION TEAM TO LOOK DEEPLY INTO THE CONCERNS. THE INVESTIGATION WAS FULLY SUPPORTED BY MANAGEMENT AND LEGAL COUNSEL TO ENSURE IT WAS HANDLED CONSISTENT WITH CARE'S HIGH STANDARDS. OVER THE COURSE OF A DETAILED INVESTIGATION, CARE DISCOVERED A SERIES OF FRAUDULENT PAYMENTS OCCURRING OVER A NUMBER OF YEARS THAT HAD REMAINED UNDISCOVERED DUE TO ACTIVE CONCEALMENT AND CERTAIN INTERNAL CONTROL WEAKNESSES THAT HAVE

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA), INC.	Employer identification number
--	--------------------------------

SINCE BEEN CORRECTED. THOSE AREAS THAT HAVE BEEN STRENGTHENED INCLUDE GREATER CONTROLS OVER CHECKS AND WIRE TRANSFER FORMS, TIMELY BANK RECONCILIATIONS, STRENGTHENED FINANCIAL SYSTEM ACCOUNT MAINTENANCE, AND MORE RIGOROUS TRANSACTION REVIEW AND APPROVALS. THE STAFF PERSON SUSPECTED OF BEING RESPONSIBLE WAS IMMEDIATELY SUSPENDED, AND LATER FIRED, ARRESTED AND JAILED, AND OTHERS DETERMINED TO HAVE KNOWLEDGE OF SUSPICIOUS ACTIVITIES WERE TERMINATED. IN TOTAL, EXTENSIVE ANALYSIS RESULTED IN A DETERMINATION OF LOSSES TO FRAUD IN THE AMOUNT OF APPROXIMATELY \$468,000. IMPACTED RESTRICTED DONORS WERE ADVISED AND FRAUDULENT EXPENDITURES REFUNDED; THOSE COSTS THAT COULD NOT CONCLUSIVELY BE DETERMINED AS FRAUD WERE ALSO REFUNDED. CARE IS DEEPLY COMMITTED TO ITS CORE VALUES OF TRANSFORMATION, INTEGRITY, DIVERSITY, EQUALITY AND EXCELLENCE, AND PLACES DONOR TRUST AS AMONG ITS HIGHEST IMPERATIVES - THE LESSONS LEARNED FROM THIS EPISODE HAS INFORMED COMPREHENSIVE INTERNAL CONTROL IMPROVEMENTS AND MANAGEMENT PRACTICES.

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

CARE'S AUDIT & RISK MANAGEMENT COMMITTEE, OF THE BOARD OF DIRECTORS, MEETS TO REVIEW THE 990 WITH MANAGEMENT PRIOR TO FILING WITH THE IRS. THE 990 IS CIRCULATED TO THE FULL BOARD OF DIRECTORS ELECTRONICALLY. THEY

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

Employer identification number

ARE REQUESTED TO REVIEW THE DOCUMENT AND RESPOND WITH ANY QUESTIONS OR
COMMENTS WITHIN A SPECIFIED TIMEFRAME PRIOR TO FILING WITH THE IRS.

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
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, AND REMOVE THEMSELVES FROM DISCUSSIONS AND
VOTING ON ANY RELATED MATTER. IN ADDITION, THE BOARD AND KEY EMPLOYEES
COMPLETE A DISCLOSURE/CONFLICT OF INTEREST FORM EACH YEAR REGARDING
RELATED PARTY TRANSACTIONS AND CONFLICTS OF INTEREST. ALL CARE STAFF ARE
INFORMED OF THE CONFLICTS OF INTEREST POLICY WHEN HIRED. MONITORING AND
AVOIDING 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 TALENT COMMITTEE (PART OF OUR BOARD OF

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

Employer identification number

DIRECTORS). SENIOR STAFF'S COMPENSATION IS REVIEWED PERIODICALLY BY THE
TALENT COMMITTEE. A COMPARATIVE STUDY IS BEING DONE AND WILL BE SHARED
WITH THE BOARD IN 2017. THE COMPENSATION COMMITTEE DOCUMENTS ITS MEETINGS
VIA MINUTES. 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

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

COMPENSATION FOR FORMER, HELENE GAYLE

PART VII, SECTION A, #40

HELENE GAYLE, REPORTED AS A FORMER, LEFT THE ORGANIZATION IN FISCAL YEAR
2015 (ENDING JUNE 30, 2015), SO WORKED 0 HOURS IN FISCAL YEAR 2016. SHE
WAS COMPENSATED IN CALENDAR YEAR 2015, SO IS THEREFORE INCLUDED IN THE
FISCAL YEAR 2016 990.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI LINE 9, -10,876,656

-9,743,129, DECREASE IN VALUE OF TRUST HELD BY THIRD PARTIES

-590,000, CHANGE IN SUBSIDIARY NET ASSETS BALANCE

-493,232, ACTUARIAL LOSS ON ANNUITY OBLIGATIONS

-22,857, ACTUARIAL LOSS ON SPLIT INTEREST AGREEMENTS

-27,438, MISCELLANEOUS

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

Employer identification number

NUMBER OF INDIVIDUALS EMPLOYED

PART I, LINE 5

IN THE SUMMARY IN PART I ON LINE 5, THE TOTAL NUMBER OF STAFF LISTED IS
COMPRISED OF THE US AND INTERNATIONAL STAFF ON THE US PAYROLL AND
RECONCILES TO THE FORM W-3 TRANSMITTAL OF WAGE AND TAX STATEMENTS. THE
SALARY EXPENSE REPRESENTED ON LINE 15 REPRESENTS THE TOTAL COMPENSATION
EXPENSE FOR CARE'S GLOBAL WORKFORCE, WHICH INCLUDES STAFF PAID IN LOCAL
PAYROLL'S IN CARE'S COUNTRY OFFICES.

ATTACHMENT 1

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

CARE WORKS AROUND THE GLOBE TO SAVE LIVES, DEFEAT POVERTY AND ACHIEVE
SOCIAL JUSTICE. WE SEEK A WORLD OF HOPE, TOLERANCE AND SOCIAL
JUSTICE, WHERE POVERTY HAS BEEN OVERCOME AND ALL PEOPLE LIVE WITH
DIGNITY AND SECURITY. WE PUT WOMEN AND GIRLS IN THE CENTER BECAUSE WE
KNOW THAT WE CANNOT OVERCOME POVERTY UNTIL ALL PEOPLE HAVE EQUAL
RIGHTS AND OPPORTUNITIES.

ATTACHMENT 2

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

APPROXIMATELY THREE-QUARTERS OF CARE'S WORK SEEKS TO DELIVER
LASTING CHANGE IN THE WORLD'S POOREST COMMUNITIES THROUGH
INNOVATIVE PROGRAMS THAT EMPOWER PEOPLE, PARTICULARLY WOMEN AND
GIRLS, TO LIFT THEMSELVES, THEIR FAMILIES AND THEIR COMMUNITIES
OUT OF POVERTY. IN FISCAL YEAR 2016, CARE WORKED IN 94 COUNTRIES,
SUPPORTING HUNDREDS OF LONG-TERM DEVELOPMENT PROJECTS THAT
DIRECTLY REACHED TENS OF MILLIONS OF PEOPLE. CARE'S PROGRAM
SECTORS RANGE FROM AGRICULTURE, CLIMATE CHANGE AND GENDER-BASED

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

Employer identification number

ATTACHMENT 2 (CONT'D)

VIOLENCE TO EDUCATION, FOOD AND NUTRITION SECURITY, WATER AND
SANITATION, SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH, AND ECONOMIC
EMPOWERMENT.

CARE'S VILLAGE SAVINGS & LOAN ASSOCIATIONS (VSLA), FOR EXAMPLE,
ECONOMICALLY EMPOWER MILLIONS OF PEOPLE WHO SAVE AND BORROW MONEY
TO START SMALL BUSINESSES, PAY FOR HEALTH CARE, OR SCHOOL FEES FOR
THEIR CHILDREN, OR COVER OTHER NECESSARY HOUSEHOLD COSTS. THE VSLA
PROGRAM, WHICH CARE PIONEERED IN 1991 IN NIGER, TURNED 25 IN
FISCAL YEAR 2016. A CARE COMMUNICATIONS TEAM VISITED THE FIRST
VILLAGES IN NIGER TO MEET SOME OF THOSE ORIGINAL VSLA MEMBERS AND
DOCUMENT THE IMPACT THE PROGRAM HAS HAD ON THEM, THEIR FAMILIES
AND THEIR VILLAGES. TODAY, MORE THAN 200,000 VSLA GROUPS OPERATE
IN 26 AFRICAN COUNTRIES AND OTHER PLACES IN LATIN AMERICA AND
ASIA, HAVING MOBILIZED MORE THAN 5 MILLION PEOPLE. THE NEXT
FRONTIER OF VSLAS INCLUDES LINKING THEM TO FORMAL BANKS WHERE
MEMBERS CAN SAVE MORE MONEY, MORE SECURELY, WHILE ACCESSING LARGER
LOANS AND MORE SOPHISTICATED FINANCIAL PRODUCTS. IN FALL OF 2016,
CARE ANNOUNCED ITS COMMITMENT TO LINK 500,000 WOMEN VSLA MEMBERS
TO THE FORMAL FINANCIAL SECTOR BY 2020. WWW.CARE.ORG/VSLA

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

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

Employer identification number

ATTACHMENT 3 (CONT'D)

RELIEF PROGRAMS CAN BE FOUND AT WWW.CARE.ORG/EMERGENCIES. CARE CONTINUES TO BE ONE OF THE LEADING HUMANITARIAN AGENCIES ASSISTING PEOPLE DISPLACED BY THE ONGOING VIOLENT CONFLICT IN SYRIA. TO DATE CARE HAS HELPED MORE THAN 2.5 MILLION SYRIAN REFUGEES AND THOSE DISPLACED INSIDE SYRIA.

([HTTP://WWW.CARE.ORG/EMERGENCIES/SYRIA-CRISIS/CARE-RESPONSE-SYRIA-CRISIS](http://www.care.org/emergencies/syria-crisis/care-response-syria-crisis))

AS THE SYRIAN CONFLICT DRAGGED PAST THE FIVE-YEAR MARK IN FISCAL YEAR 2016, CARE DELIVERED SOMETHING BEYOND RELIEF SUPPLIES AND SERVICES TO SYRIA'S DISPLACED CHILDREN: HOPE. WE DID SO WITH THE HELP OF THE FIRST PEOPLE TO EXPERIENCE CARE'S WORK -- RECIPIENTS OF CARE PACKAGES SENT BY AMERICANS TO FAMILIES CLINGING TO SURVIVAL IN EUROPE AFTER WORLD WAR II. A HANDFUL OF THESE ORIGINAL CARE PACKAGE RECIPIENTS WROTE LETTERS OF HOPE TO SYRIAN REFUGEE CHILDREN. THE RESULTING CONNECTIONS BETWEEN CHILD REFUGEES OF DIFFERENT GENERATIONS DROVE A CAMPAIGN CALLED "SPECIAL DELIVERY" (HTTP://WWW.CARE.ORG/SPECIALDELIVERY) THAT GAINED WIDESPREAD ATTENTION IN SOCIAL MEDIA AND LED MORE THAN 2,000 CARE SUPPORTERS TO SEND THEIR OWN MESSAGES OF HOPE TO SYRIAN REFUGEES. THE CAMPAIGN WAS COVERED BY MORE THAN 140 MEDIA OUTLETS, EXPOSING THESE MESSAGES TO HUNDREDS OF MILLIONS OF PEOPLE AROUND THE GLOBE.

DURING FISCAL YEAR 2016, CARE ALSO RESPONDED TO THE EFFECTS OF EL

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

Employer identification number

ATTACHMENT 3 (CONT'D)

NIÑO THAT HAS GREATLY IMPACTED OVER 40 MILLION PEOPLE IN
SUB-SAHARAN AFRICA. CARE IS REACHING 1 MILLION PEOPLE WITH
SERVICES SUCH AS AGRICULTURAL SUPPORT TO FARMERS, FOOD AND
NUTRITION ASSISTANCE TO PREGNANT AND LACTATING MOTHERS, IMPROVED
ACCESS TO WATER AND HELPING COMMUNITIES BETTER ADAPT TO CLIMATE
CHANGE AND PREPARE FOR THESE REOCCURRING DISASTERS.

HTTP://WWW.CARE.ORG/EMERGENCIES/EL-NINO

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
FL, GA, HI, IL, KS, KY, LA, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 5

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TARGET MARKETTEAM, INC. 1050 CROWN POINTE PKWY, 18 F ATLANTA, GA 30338	DIRECT MAILING SVCS	10,355,259.
AMERICAN EXPRESS TRAVEL RELATED PO BOX 360001 FORT LAUDERDALE, FL 33336-0001	FINANCIAL SERVICES	4,040,005.
ERNST & YOUNG, LLP P.O. BOX 933514 ATLANTA, GA 31193-3514	CONSLTCY-AUDIT SVCS	2,524,280.
RUSS REID COMPANY, INC. 2 N. LAKE AVENUE - SUITE 600	FUNDRAISING SERVICES	1,567,474.

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE (CARE USA), INC.	Employer identification number
--	--------------------------------

ATTACHMENT 5 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PASADENA, CA 91101-1868 Merkle, Inc. PO BOX 64897 BALTIMORE, MD 21264-4897	FUNDRAISING SERVICES	1,244,222.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2015

**Open to Public
Inspection**

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

Employer identification number
13-1685039

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

(a) Name, address, and EIN (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)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CARE INDIA TRUST 99-9999999 A-12, TOWER II, BHILWARA TOWER NOIDA, UP, IN 201301	CHARITABLE	IN	501(C)(3)	7	CARE USA	X	
(2) MOFAD MICROFINANCE COMPANY 99-9999999 STREET #11 TAIMANI, DISTRICT 4 KABUL, AF	MICROFINANCE	AF	501(C)(3)	7	CARE USA	X	
(3) CARE ACTION NOW 26-1728410 1889 L STREET NW, SUITE 500 WASHINGTON, DC 20036	ADVOCACY	GA	501(C)(4)	N/A	CARE USA	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

JSA

5E1307 1.000

2197HI 2217

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ACCESS AFRICA FUND 27-3080676 7315 WI AVE BETHESDA, MD 20814	MICROFINANCE	DE	CARE USA	RELATED	-599,790.	16,093,432.		X	198,846.		X	90.9100
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SEED FINANCE CORP 99-9999999 9B23 FRANCESCA TWR, 73 SCOUTT BRMEO QUEZON CITY, METRO MAN	MICROFINANCE	RP	N/A	C CORP	-503,117.	66,668.	52.7900		X
(2) CARE ENTERPRISES, INC. 38-3873371 151 ELLIS STREET ATLANTA, GA 30303	HOLDING CO.	DE	CARE USA, INC.	C CORP	-337,641.	652,932.	100.0000		X
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CARE ACTION NOW	B	417,775.	COST/FMV
(2) CARE ENTERPRISES, INC.	B	600,000.	COST/FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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