Form 8	879-	TE		I	RS E-file Signature Authorizatio for a Tax Exempt Entity	n	0	MB No. 1545-0047
rua –			For calendar v	ear 2023	or fiscal year beginning JUL 1 , 2023, and ending JUN	30		~~~~
n			,	,	Do not send to the IRS. Keep for your records.	<u>,20</u> <u>4</u>		2023
	nt of the Ti evenue Se			(Go to www.irs.gov/Form8879TE for the latest informatio	n.		
Name of	filer (COOPER	ATIVE F	'OR	ASSISTANCE AND RELIEF	EIN or SS	N	
			HERE, I			13-1	6850)39
Name ar	nd title of	officer or pe	son subject to	tax	RANIL DE SILVA			
r					CHIEF FINANCIAL & OPTG OFFICE	ર		
Part		Type of I	Return and	d Ret	urn Information			
Form 5 or 10a	330 filer below, a ver is ap	rs may enter and the amo oplicable, bl	dollars and o unt on that li	cents. I ne for :	using this Form 8879-TE and enter the applicable amount, For all other forms, enter whole dollars only. If you check the the return being filed with this form was blank, then leave lin). But, if you entered -0- on the return, then enter -0- on the	e box on line 1a, 2a 1e 1b, 2b, 3b, 4b, 5	i, <mark>3a,</mark> 4a b. 6b. 7	a, 5a, 6a, 7a, 8a, 9a, 7b, 8b, 9b, or 10b
1a			ere	X	b Total revenue, if any (Form 990, Part VIII, column (A), I	line 12)	1h	909,098,267,
2a		990-EZ che		\square	b Total revenue, if any (Form 990-EZ, line 9)		· 15 _ 2h	
3a	Form *	1120-POL o	heck here		b Total tax (Form 1120-POL, line 22)	· · · · · · · · · · · · · · · · · · ·	3b	
4a	Form §	990-PF che	k here		b Tax based on investment income (Form 990-PF, Parl	t V, line 5)		
5a		3868 check			b Balance due (Form 8868, line 3c)			<u></u>
6a	Form 9	990-T check	here		b Total tax (Form 990-T, Part III, line 4)		6b	
7a	Form 4	1720 check	here		b Total tax (Form 4720, Part III, line 1)		7b	
8a	Form §	5 227 check	here		b FMV of assets at end of tax year (Form 5227, Item D)			
9a	Form 5	5330 check	here		b Tax due (Form 5330, Part II, line 19)			
		3038-CP ch			b Amount of credit payment requested (Form 8038-CF	P. Part III, line 22)		
Part				_	I am an officer of the above entity or I am a person subject			
financia later the paymer persona PIN: ch	al institu an 2 bus nt of tax al identi eck on	tion to debi siness days es to receiv fication num e box only	the entry to prior to the p confidential ber (PIN) as i	this ac aymen I inform my sign	ted in the tax preparation software for payment of the feder count. To revoke a payment, I must contact the U.S. Trease t (settlement) date. I also authorize the financial institutions nation necessary to answer inquiries and resolve issues rela nature for the electronic return and, if applicable, the conser-	ury Financial Agent a involved in the proc ted to the payment. nt to electronic fund	at 1-888 essing I have s s withd	-353-4537 no of the electronic selected a rawal.
1	i auti	nonze <u>WA</u>	KKEN AV	BRE	TT, LLC	to enter my		35243
	with	a state ager		ating c	ERO firm name 3 electronically filed return. If I have indicated within this ret narities as part of the IRS Fed/State program, I also authoriz creen.		do e return	
	retur	n. If I have i	ndicated with	in this	x with respect to the entity, I will enter my PIN as my signat return that a copy of the return is being filed with a state ag ny PIN on the return's disclosure consent screen.		charitie	es as part of the
Signature Part		or person subjec	tion and A	utho	ntication	Da	te ()	11812024
State of the second	general.							
		-	ur sıx-dığıt eli your five-diği		c filing identification elected PIN. 636334 Do not ente			
submit	ting this ss Retu	return in ac			I, which is my signature on the 2023 electronically filed retu equirements of Pub. 4163 , Modernized e-File (MeF) Information Date		IRS e-i	
		V	Do N		RO Must Retain This Form - See Instructions bmit This Form to the IRS Unless Requested			
For Pri	vacv Δr	t and Pane			Act Notice, see instructions.		For	m 8879-TE (2023)
	02521 01-	-		<i>F</i>				

	01		EXTENDED TO MAY 15, 2025 Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Forn	. 9 5	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	except private foundations)	2023
)epar	tment of	the Treasury	Do not enter social security numbers on this form as it may	be made public.	Open to Public
ntern	al Revenu	le Service	Go to www.irs.gov/Form990 for instructions and the lates		Inspection
-			ar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024	
3 Cl ap	heck if oplicable:			D Employer identificat	tion number
	Address		ERATIVE FOR ASSISTANCE AND RELIEF		
L	change Name		YWHERE, INC.		
	change Initial		usiness as	13-1685039	3
<u> </u>]retum]Final		and street (or P.O. box if mail is not delivered to street address)		0
			ELLIS STREET NE	(404) 681-	
r	ated]Amende		own, state or province, country, and ZIP or foreign postal code		940,046,139
	_return]Applica∙]tion		NTA, GA 30303-2440	H(a) Is this a group retu	
	ltion pending		nd address of principal officer: MICHELLE NUNN	for subordinates?	🗌 Yes 🛣 N
			AS C ABOVE	H(b) Are all subordinates inclui	
				127 If "No," attach a lis	
	/ebsite			H(c) Group exemption r	
		Summary	X Corporation Trust Association Other L Ye	ear of formation: 1945 M S	itate of legal domicile; I
<u>га</u> Т		· · · · · · · · · · · · · · · · · · ·			
اھ			e the organization's mission or most significant activities: CARE WORK		LOBE TO
Governance			VES, DEFEAT POVERTY, AND ACHIEVE SOCIAL		
u		heck this bo		1 1	
Š			ing members of the governing body (Part VI, line 1a)		2
8	4 N	lumber of ind	ependent voting members of the governing body (Part VI, line 1b)		2
	5 T	otal number	of individuals employed in calendar year 2023 (Part V, line 2a)	<u>5</u>	53
ctivities	6 T	otal number	of volunteers (estimate if necessary)		2
팋	7 a T	otal unrelate	d business revenue from Part VIII, column (C), line 12		0
1	bΝ	let unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0
				Prior Year	Current Year
0	8 C	ontributions	and grants (Part VIII, line 1h)		897,981,431
Revenue	9 F	rogram servi	ce revenue (Part VIII, line 2g)	0.	0
š	10 lr	vestment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	-3,293,586.	7,818,924
۳I	11 C)ther revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,537,228.	3,297,912
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	891,637,122.	909,098,267
	13 0	irants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	207,004,530.	215,876,288
	14 E	enefits paid t	to or for members (Part IX, column (A), line 4)	0.	0
s	15 S	alaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	258,324,055.	271,874,432
ISe			undraising fees (Part IX, column (A), line 11e)	5,296,965.	5,404,210
ben			ng expenses (Part IX, column (D), line 25) 54,281,333.		
ЩЩ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	458,810,247.	436,213,480
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		929,368,410
			expenses. Subtract line 18 from line 12		-20,270,143
58				Beginning of Current Year	End of Year
Sg	20 T	otal assets (F	Part X, line 16)		523,000,777
ASSetS		•			231,921,136
			(Part X, line 26) fund balances. Subtract line 21 from line 20		391,079,641
		Signature		JJ, JI L, UUJ.	JJI,0/J,041
in fit is	16 19 19 19		I declare that I have examined this return, including accompanying schedules and state	ments and to the bast of my kn	owledge and halief it i
			. Declare that i have examined this return, including accompanying schedules and state . Declaration of preparer (other than officer) is based on all information of which prepa	· · ·	iomicage and Deller, It I
. uc,		ana compiete.	a systemation of property found than onlicer is based on an information of which prepar		2024
2:	. ŀ	Signature of of	ficer	<u> 2 / 8 /</u> Date	2014
Sign	'	•			
lere		Type or print n		n	
				Date Check	1 PTIN
		Print/Type pre			1
Paid			ANDOLPH WM C.VWWW/	12/09/24 self-employed	P00989558
		Firm's name	WARREN AVERETT, LLC	Firm's EIN 45	-4084437
lse	Only	Firm's address	2500 ACTON ROAD		
			BIRMINGHAM, AL 35243	Phone по. 20 5-	<u>-979-4100</u>
Лау	the IR	S discuss this	s return with the preparer shown above? See instructions		X Yes N
			eduction Act Notice see the senarate instructions		Form 990 (20)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form 990 (2023)

	COOPERATIVE FOR ASSISTANCE AND RELIEF
	990 (2023) EVERYWHERE, INC. 13-1685039 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC. (CARE USA)
	IS AN INTERNATIONAL HUMANITARIAN ORGANIZATION DELIVERING EMERGENCY
	RELIEF AND LONG-TERM INTERNATIONAL DEVELOPMENT PROGRAMS. CARE USA'S
	MISSION IS TO WORK AROUND THE GLOBE TO SAVE LIVES, DEFEAT POVERTY, AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$
	DEVELOPMENT:
	CARE USA WORKS WITH PARTNERS TO PROVIDE INNOVATIVE SOLUTIONS FOR
	SUSTAINABLE DEVELOPMENT THROUGH SUPPORTING NEW WAYS OF SUPPLYING OR
	STRENGTHENING ESSENTIAL SERVICE DELIVERY, BUILDING CAPACITY, BUILDING
	RESILIENCE FOR REDUCING RISK, AND EMPOWERING THE MOST VULNERABLE,
	PARTICULARLY WOMEN AND GIRLS.
46	(Code:) (Expenses \$ 463,464,946. including grants of \$ 130,810,593.) (Revenue \$ 0.)
4b	(Code:) (Expenses \$ 463,464,946. including grants of \$ 130,810,593.) (Revenue \$) HUMANITARIAN:
	APPROXIMATELY HALF OF CARE USA'S WORK RELATES TO HUMANITARIAN. IN
	TIMES OF CONFLICT OR DISASTER, CARE USA RESPONDS TO SAVE LIVES, WITH
	SPECIAL ATTENTION TO THE NEEDS OF WOMEN AND GIRLS AND THE MOST
	MARGINALIZED. CARE USA'S HUMANITARIAN ACTIVITIES INCLUDES PREPAREDNESS
	AND EARLY ACTION, EMERGENCY RESPONSE AND RECOVERY, AND ENCOURAGES
	FUTURE RESILIENCE AND EQUITABLE DEVELOPMENT. HUMANITARIAN WORK
	REFLECTS ONGOING CONFLICTS AND NATURAL DISASTERS IN COUNTRIES THAT WE OPERATE. FOR FISCAL YEAR 2024 AND 2023, OUR LARGEST HUMANITARIAN
	OPERATE. FOR FISCAL YEAR 2024 AND 2023, OUR LARGEST HUMANITARIAN EFFORTS WERE IN ETHIOPIA, TURKEY, SOMALIA AND YEMEN.
	LITOKID WERE IN EINIOTIK, TOKKET, DOMAETA AND TEMEN.
4c	(Code:) (Expenses \$7, 200, 202. including grants of \$0.) (Revenue \$0.)
	PUBLIC INFORMATION:
	CARE USA AIMS TO INFORM THE PUBLIC ABOUT POVERTY, AND THE SYSTEMATIC
	DISCRIMINATION AND MARGINALIZATION OF WOMEN AND GIRLS AROUND THE WORLD.
	CARE USA PUTS WOMEN AND GIRLS IN THE CENTER BASED ON THE BELIEF THAT
	POVERTY CANNOT BE OVERCOME UNTIL ALL PEOPLE HAVE EQUAL RIGHTS AND
	OPPORTUNITIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses839,681,616.
	Form 990 (2023)

COOPERATIVE FOR ASSISTANCE AND RELIEF Form 990 (2023) EVERYWHERE, INC. Part IV Checklist of Required Schedules

1 Is the organization described in section 501(k) or 4947(a)(1) (bith than a private foundation)? 1 X 2 Is the organization requere index to implet 5 Schedule 5, Schedule of Cantributors? See instructions 2 X 3 Did the organization requere index to implet 5 Schedule C, Part 1 3 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities on behalt of or inopposition to candidates for public offer 4 "Yse," complete Schedule C, Part 1 4 5 Is the organization assettion 501(c)(4). 501(c)(5) or 501(c)(6) organization flat receives membership dues, assessments, or similar mutus as defined in Part N, Proc. 89:1919 " "Yse," complete Schedule C, Part 1 6 6 Did the organization receive or hold a conservation assement, including easements to preserve open space. The environment, histoic Ind aneas, on histoic atmicurs? I "Yse," complete Schedule D, Part II. 7 7 Did the organization receive or hold a conservation assement, including easements to preserve open space. The environment, histoic Ind aneas, on histoic atmicurs? II "Yse," complete Schedule D, Part II. 8 9 Did the organization receive arrow in Part X, Im 21, for secrors or custodial account liability, same as a custodian for amounts net listed in Part X, im 21, for secrors or custodial account liability, same as a custodian for amounts net listed in Part X, Im 21, for secred respective D, Part II. 10 X <				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 X 3 Did the organization required to complete Schedule C, Part II 3 3 4 X Section SO1(C)(3) organizations. Do the organization engage in lobbying activities on behalf of or in opposition to candidates for similar amounts as defined in the CPD cent B17 (1974) (1980) organization that ceaves membership dues, assessments, or similar amounts as defined in the Proc. 96: 817 (1974) (1980) organization that ceaves membership dues, assessments, or similar amounts as defined in the Proc. 96: 817 (1974) (1980) organization that ceaves membership dues, assessments, or provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the fight to provide advice on the distribution or investment of amounts in such funds or accounts? If W1es, "complete Schedule D, Part III 6 9 Did the organization maintain collections of works of art, historical treasures, or other similar amounts in Section B47. If W1es, "complete Schedule D, Part III 7 9 Did the organization maintain collections of works of art, historical treasures, or other similar assess if II W1es, "complete Schedule D, Part III 8 10 Did the organization maintain acceler the advice advice D, Part II 7 10 Did the organization maintain collections of works of art, historical treasures, or other similar amounts as defined in Part X, Ime 21, for secret or oracidate accontreasures of the advice advice Part IIII IIIIIIIIIIIIIIIIIIIIII	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Define organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official <i>I' I'</i> 'es, <i>'complete Schedule C, Part I</i> 3 3 Section 501(c)(3) organizations. Dut the organization engage in lobbying activities, or have a section 501(f) election in effect. 4 X 4 Section 501(c)(3) organizations. Dut the organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 80:192 <i>I'</i> Yes, <i>'complete Schedule C, Part II 4 X 5 Did the organization markin any doorn adviced funds or any similar funds or accounts for which doons have the right of the provide advice on the distribution or investment of amounts in such funds or accounts for which doons have the right of the organization markin anount in Part X, line 21, for sercew or custodial account liability; serve as a custodian for amounts not listed in Part X, or povide credit conseling, debt mangament, credit repair, or debt negotiation services? <i>I'</i> Yes, <i>'complete Schedule D, Part II'</i> 6 9 Did the organization report an amount In Part X, line 21, for sercew or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit conseling, debt mangament, credit repair, or debt negotiation services? <i>I'</i> Yes, <i>'complete Schedule D, Part V</i> 7 10 Did the organization report an amount for line, buildings, and equipment in Part X, line 10? <i>II'</i> Yes, <i>'complete Schedule D, Part V</i> 10 X 10 Did the organization report an amount for inve</i>					
a Sectors Of (CIG) organizations. Dit the organization engage in lobbying activities, or have a sector 501(h) election in effect during the tax yea? If "Yes," complete Schedule C, Part II 4 5 bits the organization ascetors 501(h) election in effect aimilar amounts as defined in the Price '98 12' Yes," complete Schedule D, Part II 5 6 Did the organization release or hold a conservation easement, including easements to preserve open space, the environment, historic land eras, or historic at meanums in such rules or accounts for which donors have the eight to provide advice on the distribution or investment of amounts in such rules or accounts for which donors have the eight to environment, historic land eras, or historic and eras	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(n) election in effect during the tax year? <i>I</i> "yes, 'complete Schedule <i>C</i> , Part <i>II</i> . 4 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 Rev. Proc. 98:19? <i>I</i> " 'wes, 'complete Schedule <i>C</i> , Part <i>II</i> . 5 5 5 Did the organization relation and any door advised dunds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice on the distribution or hold or conservation easometri. Including easemetrs to pressive one space, the environment, historic land areas, or historic structures? <i>I</i> , "yes," complete Schedule D, Part <i>II</i> . 7 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account lability, serve as a custodian for amounts not label in Part X, line 21, hor escrew or custodial account lability, serve as a custodian for amounts not label not part X, line 21, hor escrew or custodial account lability, serve as a custodian for amounts not part at manuell for labolic approximation, hold assets in donor-restricted endowments or in quasi-andowments? <i>II</i> "yes," complete Schedule D, Part V. 10 9 Did the organization report an amount for labolic approximation, hold assets in donor-restricted endowments or in quasi-andowments? <i>II</i> "yes," complete Schedule D, Part V.	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the fax year? If 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization a section S01(c)(4), S01(c)(5), or S01(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99197 If 'Yes,' complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for twich donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for twich. <i>Complete Schedule D, Part II</i> 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, on sitorica structures <i>II</i> , Yes,' complete Schedule D, Part II 7 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodiant or amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodiant or amounts on tilted organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-famowents? <i>II</i> 'Yes,' complete Schedule D, Part V 10 X 10 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 167 II 'Yes,' complete Schedule D, Part VI 11 11 11 X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 II 'Yes,' com			3		X
5 Is the organization a section 601(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98:197 // "Yes," complete Schedule Q, Part II 5 5 Did the organization maintain and concervation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part II 6 7 Did the organization report on maintain collections of works of art, historical resaures, or other similar assets? // trives," complete Schedule D, Part III 7 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custolan for amounts no listed in Part X, or provide cardial counseling, debt management, credit repair, or debt negolitation services? 9 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes," complete Schedule D, Part VI 10 X 10 Did the organization report an amount for levestments - order securities in Part X, line 107 // "Yes," complete Schedule D, Part VI 11 X 11 If the organization report an amount for levestments - order securities in Part X, line 107 // "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for levestments - order securities in Part X, line 107 // "Yes," complete Schedule D, Part VI 11 11 X	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Rev. Proc. 98:197 // Yes; " complete Schedule Q, Part II 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes; " complete Schedule D, Part II 6 7 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, on historic structure? If "Yes," complete Schedule D, Part II 7 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 7 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 9 11 The organization report an amount for levels in donor-restricted endowments 9 10 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 167 if "Yes," complete Schedule D, Part VII 11 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part XII 11 12 Did the organization report an amount for orher assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part XIII 11		during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part III Did the organization negating and 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 counselling, debt management, credit repair, or debt negotiation services? If 'Yes," complete Schedule D, Part V Did the organization organization, report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part X VIII Did the organization report an amount for investments - other assets in Part X, line 16? If 'Yes," complete Schedule D, Part X VIII Did the organization report an amount for investments - other assets in Part X, line 16? If 'Yes," complete Schedule D, Part X VIII Did the organiza	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes, 'complete Schedule D, Part II 6 7 Did the organization neceive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures' If 'Yes, 'complete Schedule D, Part II 7 8 Did the organization maintain collections of works of at, historical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part II 8 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? 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If 'Yes, 'complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, 'complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - roopman related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, 'complete Schedule D, Part X 11 11 13 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, 'complete Schedule D, Part X 116 116 14		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	20a		20a		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			20b		
=:	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form 990 (2023)

EVERYWHERE, INC.

Form 990 (2023)

13-	-16850	39	Page 4

Pa	rt IV Checklist of Required Schedules (continued)			3
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
54	Part V, line 1	34	х	
35 2		35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
26		350	- 23	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	х	
27	If "Yes," complete Schedule R, Part V, line 2	30	- 23	
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</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
20		31		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 Ct V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
				X
	Check if Schedule O contains a response or note to any line in this Part V		 V	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 193		Yes	No
		-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

13-1685039	Page 5
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Form	1990 (2023) EVERYWHERE, INC. 13-	-1685039	P	_{age} 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	539		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u>			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X X
с 62	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sol			
Ua				x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а		e payor? 7a		х
b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?			X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	red? 7g	N/	
h		098-C? 7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	T / 7		
		N/A <u>8</u>		
9	Sponsoring organizations maintaining donor advised funds.			
a		N/A 9a N/A 9b		
b 10		N/A 9b		
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	\mathbf{N}			
b				
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a				X
b		<u>14b</u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			- v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16				X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	N/A 17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			

	990 (2023) EVERYWHERE, INC. 13-168		P	eage 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" i	respor	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		-	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 25	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure		1/2	1/2
17	List the states with which a copy of this Form 990 is required to be filed _AL, AK, AR, CA, FL, GA, HI, IL, KS			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	is only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	.1.6		
10		a tipop		

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financia
	statements available to the public during the tax year.

20	State the name,	address, and t	elephone numb	per of the person who	possesses the organization's books and	l records
	RANIL DE	SILVA -	- (229)	712-6479		

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.

1 222 1112			
Part VII	Compensation of Officers, Direc	tors, Trustees, Key Employees	, Highest Compensated
	Employees, and Independent Co	ntractors	

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Form 990 (2023)

F

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	Pos (do not check i		ition		ne	Reportable	Reportable	Estimated	
	hours per	box,	box, unless p		son i	s both	n an	compensation	compensation	amount of
	week				recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	Individual trustee or director	In stitutional trustee	ar ar	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			-
(1) MARY M. NUNN	58.00									
PRESIDENT AND CEO	2.00	Х		Х				481,830.	0.	35,054.
(2) YAWA U. MENSAH	40.00									
VP INTL PROG OPERATIONS	0.00				Х			381,121.	0.	23,728.
(3) SARAH J. TAYLOR PEACE	40.00									
CHIEF REVENUE OFFICER	0.00				Х			353,112.	0.	32,014.
(4) RANIL N. DE SILVA	39.00									
CHIEF FINANCIAL & OPTG OFFICER	1.00			Х				350,346.	0.	21,668.
(5) MELISSA HEGGIE	40.00									
CHIEF OF PEOPLE OFFICER	0.00				Х			301,641.	0.	36,539.
(6) MONICA ROWE	40.00									
CHIEF MARKETING OFFICER	0.00				Х			298,947.	0.	31,463.
(7) GLORIA D. STEELE	40.00									
CHIEF OPTG OFFICER THRU AUGUST 2023	1.00			Х				303,789.	0.	17,526.
(8) TAI CHENG TUAN	40.00									
CHIEF INFORMATION OFFICER	0.00					Х		288,971.	0.	25,748.
(9) ROSE F. TCHWENKO	40.00									
COUNTRY DIRECTOR	0.00					Х		283,196.	0.	14,750.
(10) DEEPMALA MAHLA	40.00									
CHIEF HUM OFF AND DIR GLOB HUM	0.00					Х		285,434.	0.	10,356.
(11) STACY N. ALDINGER	40.00									
CHIEF OF STAFF	0.00				Х			258,332.	0.	31,709.
(12) KADIDIA CISSE	40.00									
COUNTRY DIRECTOR	0.00					X		267,120.	0.	9,819.
(13) ERIC D. JOHNSON	40.00									
SECRETARY/GENERAL COUNSEL	0.00			Х				234,150.	0.	31,240.
(14) RACHEL WOLFF	40.00									
COUNTRY DIRECTOR	0.00					X		242,214.	0.	14,465.
(15) MATTHEW J. PICKARD	40.00									
FORMER ACTING REG DIR E/C/S AFRICA	0.00						Х	211,030.	0.	17,393.
(16) NIRVANA SHAWKY	40.00								_	
REG DIR MID. E/N. AFRICA THRU NOV 23	0.00						Х	201,556.	0.	15,399.
(17) BALLA M. SIDIBE	40.00									
FORMER REGIONAL DIR WEST AFRICA	0.00						Х	180,354.	0.	17,147.

COOPERATIVE	FOR	ASSISTANCE	AND	RELIEF
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13-1685039 Page 8

Form 990 (2023) EVERYWHERE, INC. 13-1685039 Page 8													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(-1-			ition			Reportable	Reportable			imate	d
	hours per	box,	unles	ss per	rson i	than c s both	an	compensation	compensatior	ו ו	am	ount d	of
	week	offic	cer an	d a d	irecto	r/trust	ee)	from	from related		c	other	
	(list any	ector						the	organizations	;	comp	ensat	tion
	hours for	or dire	æ			ted		organization	(W-2/1099-MIS	C/	fro	om the	Э
	related	stee c	ruste			ensa		(W-2/1099-MISC/	1099-NEC)		orga	nizati	on
	organizations	al trus	nal ti		loyee	e comp		1099-NEC)				relate	
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	nizatio	ons
	line)	pul	lns	Offi	Key	Hig e m	Бr						
(18) HITESH P. DHAROD	40.00							100.101			_		
FORMER ACTG REG DIR ASIA TO JUL 2023	0.00						Х	102,464.		0.	.7	,65	57.
(19) RUNA ALAM	3.00												~
BOARD MEMBER	1.00	Χ						0.		0.			0.
(20) MARTHA BROOKS 3.00												^	
									0.			0.	
(21) SEEMA JAYACHANDRAN	3.00	37											0
BOARD MEMBER	0.00	Х						0.		0.			0.
(22) CHARLIE DENT	3.00	v						0.		0.			0
BOARD MEMBER (23) MICHELE FLOURNOY	2.00	Х						0.		0.			0.
BOARD MEMBER	0.00	х						0.		0.			0.
(24) EVERETT HARPER	3.00	Δ						0.		••			0.
BOARD MEMBER	0.00	х						0.		0.			0.
(25) JAY HALLIK	3.00									<u>.</u>			<u> </u>
BOARD MEMBER	0.00	х						0.		0.			0.
(26) SUSAN HASSAN	3.00												
BOARD MEMBER/CO-CHAIR	1.00	х						0.		0.			0.
1b Subtotal								5,025,607.		0.	393	.67	
c Total from continuation sheets to Part VI	. Section A							0.		0.			0.
d Total (add lines 1b and 1c)								5,025,607.		0.	393	.67	75.
2 Total number of individuals (including but n												/ •	
compensation from the organization						,						3	367
											,	Yes	No
3 Did the organization list any former officer,	director. truste	e. k	ev e	mpl	ove	e. or	hia	hest compensated emplo	ovee on	ſ			
line 1a? If "Yes," complete Schedule J for si											3	x	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a										[
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$*	100,000 of comp	ensat	ion froi	n	
the organization. Report compensation for t	the calendar ye	ear e	ndin	ıg w	rith c	or wit	hin	the organization's tax ye	ar.				
(A)								(B)			(C)		
Name and business address Description of services Compensation													
MICROSOFT CORPORATION													
PO BOX 847833, DALLAS, TX							_	SOFTWARE PROV	7IDER	8	,206	,18	32.
PRODUCTION SOLUTIONS, INC	-	G.	AL!	LO	WS			DIRECT MAIL		_			
ROADS STE #600, VIENNA, V							_	PRODUCTION		6	,367	,56	56.
M/S. MERCANS CONSULTING D	-				-					_			
OFFICE 102JUMEIRAH LAKE T	OWERS,	,	נטע	ВA	⊥ ,			CONSULTANCY		6	,006	,15	57.
GIVEBRIDGE, INC	0117.03.0	~	.	-	<u> </u>	<u>، م</u>	,			-			n c
525 W MONROE ST, STE 900,				Ь	οU	00.		IN PERSON MAR		5	,558	, 43	. 00
PERSONAL FUNDRAISING SERV	-		G					DIGITAL MARKE		л	E / 1	F (no
RIVERSIDE PLAZASUITE 875,		<u>ງ</u>						<u>SERVICES - LI</u>	SI KENT	4	,541	., 50	

Total number of independent contractors (including but not limited to those listed above) who received more than 2

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.

13-1685039

Locotropy Locotropy <thlocotropy< th=""> Locotropy <thlocotropy< th=""> Locotropy <thlocotropy< th=""> <thlocotropy< th=""> <thloc< th=""><th>Form 990 EVERYWH</th><th>ERE, INC.</th><th></th><th></th><th></th><th></th><th>01</th><th></th><th>ND KEHIEF</th><th>13-168</th><th>5039</th></thloc<></thlocotropy<></thlocotropy<></thlocotropy<></thlocotropy<>	Form 990 EVERYWH	ERE, INC.					01		ND KEHIEF	13-168	5039
Name and title Average per week (list any) related organizations below Poation (chck all that apply) below Reportable compensation from the organization (w2/109-MISC) Estimated amount of the organization (w2/109-MISC) (27) GLENN NUTCHINS 3.00 Image: state organizations State organizations State organizations State organizations State organizations State organizations State organizations State organizations (27) GLENN NUTCHINS 3.00 X Image: state organizations State organizations State organizations State organizations State organizations (23) GLENN NUTCH-CHAIR 0.00 X Image: state organizations State organizations State organizations (13) State organizations 3.00 X Image: state organizations Omount organizations (13) State organizations 3.00 X Image: state organizations Omount organizations (13) State organizations 0.00 X Image: state organizations Omount organizations (13) State organizations 3.00 X Image: state organizations Omount organiza	Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ai	nd H	lighe	est (Compensated Employe	es (continued)	
Inorester Chock all that appy/ week compensation from related organizations (V2/1099-MISC) compensation from related organizations (V2/1099-MISC) anount of other compensation from related organizations 1277 0LENN RUTCRIMS 3.00 X 0 0. 0. 0. 0. 1287 DOLER BANDA 3.00 X 0. 0. 0. 0. 1291 DOLER BANDA 3.00 X 0. 0. 0. 0. 1291 DOLER BANDA 3.00 X 0. 0. 0. 0. 1291 DOLER BANDA 3.00 X 0. 0. 0. 0. 1291 DOLER BANDA 3.00 X 0. 0. 0. 0. 1291 DOLER BANDA 3.00 X 0. 0. 0. 0. 1201 </td <td></td> <td>(B)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(F)</td>		(B)									(F)
per (Ist any hours for related below	Name and title	J J								-	
Week normalization organization (W2/1099-MISC) Ite organizations (W2/1099-MISC) compensation normalization (W2/1099-MISC) compensation normalization organizations (W2/1099-MISC) compensation normalizations (W2/1099-MISC) compensation normalizations (W2/109-MISC) compensation normalizations (W2/109-MISC) compensation (W2/109-MISC) compensation (W2/109-MISC) compensation (W2/109-MISC) compensation (W2/109-MISC) compensation (W2/109-MISC) compensation (W2/109-MISC) compensation (W			(C	heck	c all t	that	app	ly)	· ·		
(itst arry related organization related organizations of the second organization related organizations of the second organization related organizations of the second organization organizations of the second organization organizations of the second organization organization organization organization organization organization organizations of the second organization organization organizations of the second organization organis and organis developed organization organization organization org		· ·									
(27) GLENN HUTCHINS 3.00 X 0.00 X 0.00 X 0.00 0.00 X 0.00			or				ploye			v	
(27) GLENN HUTCHINS 3.00 X 0.00 X 0.00 X 0.00 0.00 X 0.00			direct				ed em		, v	(112/1000/11100)	
(27) GLENN HUTCHINS 3.00 X 0.00 X 0.00 X 0.00 0.00 X 0.00			tee or	ustee			ensate		(, e
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	n 990 (j			WHERE,	Ī	NC.			13-1685	039 Page 9
Pa	rt VII									
		Check if Schedule O	cont	ains a respo	nse	or note to any line I	e in this Part VIII (A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns		1a		92,457.				
ran oun	b	Membership dues								
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events		1c		2,918,241.				
Sift: ar /	d	Related organizations		1d						
ini) Inil	е	Government grants (contr	ibuti	ons) 1e		366,908,715.				
er S	f	All other contributions, gifts,								
0 Ê Ê		similar amounts not included				528,062,018.				
ont	g	Noncash contributions included in	lines	1a-1f 1g \$		55,676,784.	897981431.			
n C	n	Total. Add lines 1a-1f				Business Code	097901431.			
Ð	2 a									
Ś	b									
Sei	с									
am	d									
Program Service Revenue	е									
ā		All other program service								
		Total. Add lines 2a-2f								
	3	Investment income (includ					5,781,285.			5781285.
	4	other similar amounts) Income from investment of				rocoode	5,701,205.			5701205.
	+ 5	Royalties		-		F	344.			344.
	J			(i) Real		(ii) Personal				
	6 a	Gross rents	6a	430,0	19.	64,990.				
	b	Less: rental expenses	6b	403,1	51.	0.				
		Rental income or (loss)	6c	26,8	68.	64,990.				
	d	Net rental income or (loss) <u></u>				91,858.			91,858.
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	31,718,4	18.	281,645.				
	b	Less: cost or other basis			- 0					
venue	_	and sales expenses		29,704,7 2,013,6		257,646. 23,999.				
Reve		Gain or (loss)				· · · · · · · · · · · · · · · · · · ·	2,037,639.			2037639.
er B		Net gain or (loss) Gross income from fundraisi					2,007,000.			20070005.
Other	0 4	including \$ 2,	-	-						
•		contributions reported on								
		Part IV, line 18		-	8a	193,754.				
	b				8b	582,297.				
	с	Net income or (loss) from	fund	Iraising even	t <u>s</u>		-388,543.			-388,543.
	9 a	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			, <u></u>	1				
	10 a	Gross sales of inventory, I			100					
	h	and allowances Less: cost of goods sold			10a 10b					
		Net income or (loss) from				1				
			- 210		,	Business Code				
sno	11 a	SALE OF GOODS NON-U	віт			812900	3,122,306.			3122306.
ane	b	ALL OTHER REVENUE			_	812900	471,947.			471,947.
teve	с									
Miscellaneous Revenue	d	All other revenue								
-	е	Total. Add lines 11a-11d					3,594,253.		-	11111000
	12	Total revenue. See instruction	ons				909098267.	0.	0.	11116836.

COOPERATIVE FOR ASSISTANCE AND RELIEF Form 990 (2023) EVERYWHERE, INC. Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respor	(A)	(R)	(C)	(ח)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		10 000 100		
	and domestic governments. See Part IV, line 21	13,237,492.	13,237,492.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
		202,638,796.	202,638,796.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2 488 100	000 015		404 404
	trustees, and key employees	3,477,189.	803,015.	2,249,750.	424,424
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		100 040 500	18 500 040	10 250 002
7		208,785,413.	180,843,590.	17,582,840.	10,358,983
8	Pension plan accruals and contributions (include			0.01 0.7.4	
	section 401(k) and 403(b) employer contributions)	7,739,376.	6,282,544.	891,274.	565,558
9	Other employee benefits		35,558,289.	2,692,598.	1,939,946
0	Payroll taxes	11,681,621.	10,002,923.	940,259.	738,439
1	Fees for services (nonemployees):				
а	Management	1 005 016	0.4.0 6 7 0		10.005
b	Legal	1,005,916.	849,673.	137,418.	18,825
	Accounting	2,456,449.	1,484,649.	971,777.	23
	Lobbying	150,705.	150,705.		- 404 010
е	o	5,404,210.		160.268	5,404,210
f	Investment management fees	462,367.		462,367.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	37,861,593.		3,804,669.	960,951
2	Advertising and promotion	8,374,126.		172,475.	3,096,729
3	Office expenses	33,243,489.	21,488,493.	1,510,624.	10,244,372
4	Information technology	12,752,550.	9,183,342.	1,639,246.	1,929,962
5	Royalties	16 000 100		F04 001	204 000
6	Occupancy	16,238,180.		524,201.	394,802
7	Travel	41,838,535.	40,629,158.	920,966.	288,411
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				0 205
9	Conferences, conventions, and meetings	32,260,766.		57,792.	2,395
0	Interest	3,491.	3,491.	F00 000	
1	Payments to affiliates	2,323,441.	1,820,441.	503,000.	400 500
2	Depreciation, depletion, and amortization	3,829,412.	3,281,331.	64,482.	483,599
3	Insurance	1,462,379.	1,236,122.	132,073.	94,184
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EMERGENCY SUPPLIES		168,713,866.	16,469.	21,268
b	AGRICULTURAL COMMODITIE	49,649,472.			
с	CONTRIBUTIONS IN KIND	2,546,865.	2,546,865.		
d					
е	All other expenses	21,002,141.		131,181.	17,314,252
25	Total functional expenses. Add lines 1 through 24e	929,368,410.	839,681,616.	35,405,461.	54,281,333
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

if following SOP 98-2 (ASC 958-720)

332011 12-21-23

		Check if Schedule O contains a response or note	e to any	VIINE IN THIS Part X			
	_				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			159,025.	1	128,796.
	2	Savings and temporary cash investments			129,597,909.	2	121,923,439.
	3	Pledges and grants receivable, net			159,564,277.	3	173,579,007.
	4	Accounts receivable, net			31,197,141.	4	21,755,834.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			134,071.	7	259,874.
Assets	8	Inventories for sale or use			5,299,771.	8	4,485,474.
As	9				4,013,072.	9	3,826,251.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	103,185,534.			
	b	Less: accumulated depreciation	10b	85,061,086.	18,505,045.	10c	18,124,448.
	11				104,758,246.	11	104,685,362.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1			2,179,974.	13	1,167,082.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			170,503,028.	15	173,065,210.
	16	Total assets. Add lines 1 through 15 (must equa			625,911,559.	16	623,000,777.
	17	Accounts payable and accrued expenses		71,725,463.	17	71,324,931.	
	18	Grants payable		18			
	19	Deferred revenue			84,720,743.	19	92,408,507.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV (of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ons		22	
E	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	oarties		24	
	25	Other liabilities (including federal income tax, pay	/ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			69,893,668.	25	68,187,698.
	26	Total liabilities. Add lines 17 through 25			226,339,874.	26	231,921,136.
		Organizations that follow FASB ASC 958, che	ck here	e X			
ces		and complete lines 27, 28, 32, and 33.			110 100 561		101 014 500
Ilan	27	Net assets without donor restrictions			110,198,761.	27	101,214,780.
B	28				289,372,924.	28	289,864,861.
oun		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ē		and complete lines 29 through 33.					
ŝ	29	Capital stock or trust principal, or current funds				29	
ssei	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
Ne	32	Total net assets or fund balances			399,571,685.	32	391,079,641.
	33	Total liabilities and net assets/fund balances			625,911,559.	33	623,000,777.

Form 990 (2023)

Form 990 (2023) Part X Balance Sheet EVERYWHERE, INC.

COOPERATIVE	FOR	ASSISTANCE	AND	RELIEF
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Form	990 (2023) EVERYWHERE, INC.	13-	1685	039	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,098		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,368		
3	Revenue less expenses. Subtract line 2 from line 1	3	-20	,270),1	43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	399	,573	L,6	85.
5	Net unrealized gains (losses) on investments	5	6	,374		
6	Donated services and use of facilities	6		-2	2,3	74.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	5	,406	5,4	21.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	391	<u>,079</u>	9,6	42.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were 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?			2b	Х	
	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 X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form 990 (2023)

	SCHEDULE A (Form 990)				rity Status an					OMB No. 1545-0047		
		f the Treasury nue Service		49 A	47(a)(1) nonexempt cha ttach to Form 990 or Fo	ritable tru rm 990-E	st. Z.			Open to Public Inspection		
		the organizatio			Form990 for instructior R ASSISTANCE				Employer	identification number		
				YWHERE, IN		1110 1				3-1685039		
Pa	art I	Reason			(All organizations must c	omplete th	nis part.) S	ee instructior				
The	organ	ization is not a	private found	lation because it is: (For lines 1 through 12, cl	neck only o	one box.)					
1		A church, cor	vention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2		A school dese	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)						
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state										
5												
				Complete Part II.)								
6				-	nental unit described in							
7	X	•			ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in		
•		-		Complete Part II.)								
8	\square	-			(1)(A)(vi). (Complete Part	-			I and an art			
9		•	-	-	in section 170(b)(1)(A)(i		-		-	-		
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or		
10		university:	on that norma	ully receives (1) more	than 33 1/3% of its supp	ort from o	ontributior	na mambarak	in face on	d aroos rossists from		
10					t to certain exceptions; a							
					(less section 511 tax) fro					-		
				mplete Part III.)			eee aequi		jun _unon o			
11					ively to test for public sat	etv. See	section 50)9(a)(4).				
12	\square	-	-	-	ively for the benefit of, to	•			rrv out the	purposes of one or		
		-	-	-	ed in section 509(a)(1) o	-			•			
				-	f supporting organization							
á		-	-		upervised, or controlled				-	giving		
		the support	ed organizatio	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting		
		organizatio	n. You must o	complete Part IV, Se	ections A and B.							
k)	Type II. A s	upporting org	anization supervised	l or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring		
		control or n	nanagement o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.							
c		Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functiona	lly integrate	d with,		
		_ its supporte	ed organization	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.				
C		••	-	• • •	porting organization oper				•	. ,		
					zation generally must sati				an attentiv	reness		
			-		nplete Part IV, Sections							
e			•		written determination from			Туре I, Туре	II, Type III			
		functionally er the number of			nally integrated supportir							
				n about the supporte	nd organization(s)							
		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other		
		organization			(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ii	nstructions)	support (see instructions)		
_												
Tot	al											

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Coho		OOPERATIV.		ISTANCE A	ND RELIEF	13-168	5039 Dama 2
	rt II Support Schedule for			Sections 170(b)(1)(A)(iv) and		
	(Complete only if you checke	-		•			•
	fails to qualify under the tests			-	. ,		C C
Sec	tion A. Public Support						
Caler	ıdar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	599312237	717611060	878372633	886393480	897981431	3979670841.
	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	599312237	717611060	878372633	886393480	897981431	3979670841.
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)						416082913
	Public support. Subtract line 5 from line 4.						3563587928.
	tion B. Total Support						
Caler	ıdar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	599312237					3979670841.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3842797.	3223329.	3425879.	5020132.	6276638.	21788775.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	3819878.	1404199.	5710888.	8743801.	3594253.	23273019.
	Total support. Add lines 7 through 10						4024732635.
	Gross receipts from related activities,	etc. (see instructio	ons)		•	12	530,223.
	First 5 years. If the Form 990 is for the			fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	p here					
Sec	tion C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2023 (I					14	88.54 %
	Public support percentage from 2022						87.38 %
	33 1/3% support test - 2023. If the						37
	stop here. The organization qualifies		-		line 15 in 00 1/00/		
	33 1/3% support test - 2022. If the early and stop here. The organization qual						
	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets the	he facts-and-circum	nstances test, che	ck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2023

COOPERATIVE	FOR	ASSISTANCE	AND	RELIEF

 Schedule A (Form 990) 2023
 EVERYWHERE, INC.

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

13-1685039 Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to
Complete only if you checked the box on line 10 of Part I or if the ordanization failed to dualify under Part II. If the ordanization fails to
(

qualify under the tests listed below, please complete Part II.)

Sei	cuon A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
E							
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						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
		(a) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		L	L COLL	·· -		
14	First 5 years. If the Form 990 is for the	0			-		
50	check this box and stop here ction C. Computation of Publi	ic Support Por					·····
				(1)			
	Public support percentage for 2023 (15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Invest	1	1			16	%
	•		•			47	
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from				a 1E ia mara than G	18	%
198	a 33 1/3% support tests - 2023. If the						ie 17 is not
Ł	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	e organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/39	
	line 18 is not more than 33 1/3%, che						on
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	

13-1685039 Page 4

1

Yes

No

Schedule A (Form 990) 2023 EVEI Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990) 2023 EVI

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 on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised. or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 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? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations plaved in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. 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? 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 2a that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. 3

- **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? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

3a

EVERYWHERE, INC.

	COOPERATIVE FOR ASSISTAN	ICE A	ND RELIEF	4.0.4.605.000
	dule A (Form 990) 2023 EVERYWHERE, INC.	•		13-1685039 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integrat	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2023

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	Ile A (Form 990) 2023 EVERYWHERE , II			<u> </u>	3-1685039 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(contine}	ued)	
Sectior	n D - Distributions				Current Year
1 A	mounts paid to supported organizations to accomplish exer	mpt purposes		1	
2 A	mounts paid to perform activity that directly furthers exemp	t purposes of supported			
0	rganizations, in excess of income from activity			2	
	dministrative expenses paid to accomplish exempt purpose	s of supported organizations	•	3	
	mounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
	otal annual distributions. Add lines 1 through 6.			7	
	histributions to attentive supported organizations to which th	e organization is responsive			
	provide details in Part VI). See instructions.			8	
	Vistributable amount for 2023 from Section C, line 6			9	
10 Li	ine 8 amount divided by line 9 amount	<i>(</i> 1)	<i>(</i>)	10	
Section	n E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1 D	istributable amount for 2023 from Section C, line 6				
2 U	Inderdistributions, if any, for years prior to 2023 (reason-				
a	ble cause required - explain in Part VI). See instructions.				
3 E:	xcess distributions carryover, if any, to 2023				
<u>a</u> Fr	rom 2018				
b Fr	rom 2019				
c Fr	rom 2020				
d Fr	rom 2021				
<u>e</u> Fr	rom 2022				
<u>f T</u>	otal of lines 3a through 3e				
g A	pplied to underdistributions of prior years				
<u>h</u> A	pplied to 2023 distributable amount				
i C	arryover from 2018 not applied (see instructions)				
j R	emainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 D	istributions for 2023 from Section D,				
lir	ne 7: \$				
<u>a</u> A	pplied to underdistributions of prior years				
b A	pplied to 2023 distributable amount				
c R	emainder. Subtract lines 4a and 4b from line 4.				
5 R	emaining underdistributions for years prior to 2023, if				
ar	ny. Subtract lines 3g and 4a from line 2. For result greater				
	nan zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2023. Subtract lines 3h				
a	nd 4b from line 1. For result greater than zero, <i>explain in</i>				
P	art VI. See instructions.				
7 E	excess distributions carryover to 2024. Add lines 3j				
a	nd 4c.				
	reakdown of line 7:				
	xcess from 2019				
	xcess from 2020				
	xcess from 2021				
	xcess from 2022				
	xcess from 2023				

Schedule A (Form 990) 2023

COOPERATIVE FOR ASSISTANCE AND RELIEF Schedule A (Form 990) 2023 EVERYWHERE, INC. 13-1685039 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10
TOTAL OTHER INCOME OF \$3,594,253 IS THE TOTAL FOREIGN EXCHANGE GAIN,
MISCELLANEOUS REVENUE, AND THE SALE OF GOODS NON-UBIT, WHICH IS
MISCELLANEOUS INCOME GENERATED FROM THE COUNTRY OFFICES PRIMARILY
THROUGH THE SALE OF ASSETS.

*	*	PUBLIC	DISCLOSURE	COPY	* *

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	2023
Name of the organization	OPERATIVE FOR ASSISTANCE AND RELIEF	Employer identification number
	ERYWHERE, INC.	13-1685039
Organization type (check on	e):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	
General Rule		
•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Dulas		

Special Rules

Schedule B

X	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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., ereligious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>335,221,422.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>69,464,609.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>20,483,448.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization COOPERATIVE FOR ASSISTANCE AND RELIEF

EVERYWHERE, INC.

Schedule B (Form 990) (2023)

Part I

Employer identification number

13-1685039

Person

4

(a)

No.

(a)

No.

6

5

X

X

X

Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

48,054,184.

(c)

Total contributions

\$ 37<u>,272,339</u>.

(c)

Total contributions

\$

\$

Schedule B (Form 990) (2023)

7	(b) Name, address, and ZIP + 4	\$ <u>35,171,184.</u> (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
<u>8</u>		\$ <u>30,550,026.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. 	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. 	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. 	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Name of organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2023)

Part I

(a)

No.

_

Employer identification number

(d)

Type of contribution

13-1685039

(c)

Total contributions

OOPEF	ganization RATIVE FOR ASSISTANCE AND RELIEF WHERE, INC.		loyer identification numb
art II	Noncash Property (see instructions). Use duplicate copies of Part	Il 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	AGRICULTURAL COMMODITIES	—	
		\$48,154,368.	06/30/24
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	AGRICULTURAL COMMODITIES AND NON-FOOD ITEM KITS	—	
		\$\$\$\$\$\$	06/30/24
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	

Schedule	B (Form 990) (2023)			Page 4					
	organization			Employer identification number					
	RATIVE FOR ASSISTANCE AND	D RELIEF							
	WHERE, INC.			13-1685039					
Part III	Exclusively religious, charitable, etc., contributior from any one contributor. Complete columns (a) the	ns to organizations described in sec brough (e) and the following line entr	ction 501(c)(7), (8), or (10) t	hat total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious, cha	aritable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info.	once.) \$					
	Use duplicate copies of Part III if additional sp	bace is needed.							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I		., .	,						
		(e) Transfer of gift							
	Transferee's name, address, and	d ZI P + 4	Relationship of tra	ansferor to transferee					
		· ·							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I		()							
	(e) Transfer of gift								
	Transferee's name, address, and	d ZI P + 4	Relationship of tra	ansferor to transferee					
			•						
(a) No. from	(b) Purpose of gift	(c) Use of gift	t (d) Description of how gift is						
Part I									
	· · ·	(e) Transfer of gift							
	Transferee's name, address, and	d ZIP + 4	Relationship of tra	ansferor to transferee					
(a) No									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I									
	(e) Transfer of gift								
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee						
	1								

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527							5
Department of the Treasury Internal Revenue Service							olic n
If the organization ansv	wered "Yes" on F	Form 990, Part IV, line 3, or Form	n 990-EZ, Part V, line	e 46 (Political Campa	ign Activi	ities), then:	
 Section 501(c)(3) org 	ganizations: Comp	plete Parts I-A and B. Do not com	plete Part I-C.				
 Section 501(c) (other 	r than section 501	(c)(3)) organizations: Complete P	arts I-A and C below.	Do not complete Part	I-B.		
 Section 527 organiza 	ations: Complete	Part I-A only.					
If the organization answ	wered "Yes" on F	Form 990, Part IV, line 4, or Form	n 990-EZ, Part VI, lin	e 47 (Lobbying Activ	ities), the	n:	
 Section 501(c)(3) org 	ganizations that ha	ave filed Form 5768 (election und	er section 501(h)): Co	mplete Part II-A. Do no	ot comple	te Part II-B.	
 Section 501(c)(3) org 	ganizations that ha	ave NOT filed Form 5768 (electior	n under section 501(h)): Complete Part II-B.	Do not co	mplete Part II-A.	
If the organization answ	wered "Yes" on F	orm 990, Part IV, line 5 (Proxy 1	Гах) (see separate in	structions) or Form 9	990-EZ, P	art V, line 35c (P	roxy
Tax) (see separate inst	ructions), then:						
 Section 501(c)(4), (5) 							
Name of organization		IVE FOR ASSISTAN	CE AND RELI	EF		3 - 1685039	
Part I-A Comple	ete if the orga	anization is exempt under	section 501(c) c	or is a section 52			
•	•	•					
1 Provide a description	on of the organiza	tion's direct and indirect political	campaign activities in	Part IV			
2 Political campaign	6		1 0		\$		
3 Volunteer hours for							
	political campaig						
Part I-B Comple	ete if the orga	anization is exempt under	section 501(c)(3	s).			
1 Enter the amount o	of any excise tax ir	ncurred by the organization under	section 4955		\$		
		ncurred by organization managers					
	•	4955 tax, did it file Form 4720 fo				Yes	No
		,				Yes	 No
b If "Yes," describe ir							
		anization is exempt under	section 501(c),	except section 5	01(c)(3).		
1 Enter the amount d	lirectly expended	by the filing organization for secti	on 527 exempt functi	on activities	\$		
		ation's funds contributed to othe			···· • <u> </u>		
exempt function ac			0		\$		
•		Add lines 1 and 2. Enter here and					
•	•				\$		
		120-POL for this year?				Yes	No
		ployer identification number (EIN)					
		on listed, enter the amount paid f					
	-	nptly and directly delivered to a s				-	a
political action com	nmittee (PAC). If a	dditional space is needed, provid	e information in Part I	V.			
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid fi	rom	e) Amount of poli	itical
(a) Haine				filing organization		ntributions receive	
				funds. If none, ente	er -0	promptly and dire	
						lelivered to a sepa political organizat	
						If none, enter -0	
						,	

Political Campaign and Lobbying Activities

OMB No. 1545-0047

20

23

SCHEDULE C

(Form 990)

	OOPERATIVE VERYWHERE,		ANCE AND REL		L685039 Page		
Part II-A Complete if the orga			n 501(c)(3) and file				
expenses, and share	of excess lobbying	expenditures).	Part IV each affiliated	group member's nam	e, address, EIN,		
B Check if the filing organization	on checked box A a	nd "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliated group		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)						
1a Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)					
b Total lobbying expenditures to influe							
c Total lobbying expenditures (add line	es 1a and 1b)						
d Other exempt purpose expenditures			r				
e Total exempt purpose expenditures							
f Lobbying nontaxable amount. Enter		e following table in bot	h columns.				
If the amount on line 1e, column (a) or		bying nontaxable am	ount is:				
not over \$500,000,		the amount on line 1e.					
over \$500,000 but not over \$1,000,0		00 plus 15% of the exc	· · · · · · · · · · · · · · · · · · ·				
over \$1,000,000 but not over \$1,500	<u> </u>	00 plus 10% of the exc					
over \$1,500,000 but not over \$17,00		00 plus 5% of the exce	<u>ss over \$1,500,000.</u>				
over \$17,000,000,	\$1,000,	000.					
g Grassroots nontaxable amount (ente							
h Subtract line 1g from line 1a. If zero							
i Subtract line 1f from line 1c. If zero c		ite and the later and the					
j If there is an amount other than zero		<i>,</i> 0					
reporting section 4911 tax for this ye (Some organizations tha	4-Year Ave	eraging Period Under	• •		Yes N		
		ate instructions for lin	•		elow.		
	•	nditures During 4-Yea					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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 lobbving expenditures							

Schedule C (Form 990) 2023

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.

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)	(b)
of the lobbying activity.	Yes	No	Amo	unt
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)?			2.0	700
c Media advertisements?	X X			<u>,792.</u>
d Mailings to members, legislators, or the public?	X			,125.
e Publications, or published or broadcast statements?		x	4	,196.
f Grants to other organizations for lobbying purposes?	37	Δ	103	,592.
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 		X		, , , , , , , , , , , , , , , , , , , ,
i Other activities?		X		
j Total. Add lines 1c through 1i			150	,705.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		х		,
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 little filing experienting included a conting 1010 tour did it file Forms 1700 touthin upon				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t Part III-B Complete if the organization is exempt under section 501(c)(4), section 100 (c)(4), sectio			tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 ie
answered "Ves "		b) r art i	II-A, IIII€	0, 13
Dues, assessments and similar amounts from members		1		
 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 				
expenses for which the section 527(f) tax was paid).	liour			
a Current year		2a		
b Carryover from last year				
c Total				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
expenditures 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	p list); Part II-A	A, lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-B, 1A				
USE OF VOLUNTEERS FOR SENDING LETTERS AND PUBLICATION	<u>s to go</u>	VERNM	ENT	
OFFICIALS AND LEGISLATORS; VIRTUALLY MEETING WITH AND	CALLIN	g gov	ERNMEN	т
OFFICIALS AND LEGISLATORS.				

SCHEDULE C, PART II-B, 1B

USE OF PAID STAFF OR MANAGEMENT FOR SENDING LETTERS TO GOVERNMENT

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.

Part IV Supplemental Information (continued)

OFFICIALS AND LEGISLATORS; MEETING WITH AND CALLING GOVERNMENT OFFICIALS

AND LEGISLATORS.

Schedule C (Form 990) 2023

SCHEDULE C, PART II-B, 1C

AMOUNT OF COSTS USED FOR MEDIA ADVERTISEMENTS FOR PLACED ADVERTISEMENTS,

INCLUDING ELECTRONIC ADVERTISEMENTS ON SOCIAL MEDIA.

SCHEDULE C, PART II-B, 1D

COSTS TO DEVELOP AND DISSEMINATE EMAIL COMMUNICATIONS AND MAILINGS TO

SPECIFIC LEGISLATORS AND THE PUBLIC ON SPECIFIC LEGISLATION.

SCHEDULE C, PART II-B, 1E

USED TO DEVELOP PUBLICATIONS TO SPECIFIC LEGISLATORS AND THE PUBLIC ON

SPECIFIC LEGISLATION.

SCHEDULE C, PART II-B, 1G

AMOUNT CONSISTS OF PERSONNEL COST FOR DIRECT CONTACT WITH LEGISLATORS,

STAFF AND GOVERNMENT OFFICIALS TO DISCUSS CARE'S ADVOCACY PRIORITIES.

SCHEDULE D Supplemental Financial Statements							
	Form 990) 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.		Open to Public			
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information	ı. _.	Inspection			
Nam	e of the organizati	EVERYWHERE, INC.		ployer identification number 13-1685039			
Pa		ations Maintaining Donor Advised Funds or Other Similar Funds or	Accour	Its. Complete if the			
	organizatio	n answered "Yes" on Form 990, Part IV, line 6.	(1-) [
	Tatal would avoid an	(a) Donor advised funds	(D) Fun	ids and other accounts			
1 2		nd of yearf contributions to (during year)					
2		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in writing that the assets held in donor advised fi	unds				
	are the organizatio	n's property, subject to the organization's exclusive legal control?		Yes 📃 No			
6	Did the organization	on inform all grantees, donors, and donor advisors in writing that grant funds can be used	d only				
	for charitable purp	oses and not for the benefit of the donor or donor advisor, or for any other purpose conf	erring				
De	impermissible priv			Yes No			
Pa		ation Easements. Complete if the organization answered "Yes" on Form 990, Part	IV, line 7.				
1		servation easements held by the organization (check all that apply).					
				important land area			
		f natural habitat	ertified his	storic structure			
2) of open space through 2d if the organization held a qualified conservation contribution in the form of a	conserva	tion essement on the last			
2	day of the tax year			Held at the End of the Tax Year			
а		onservation easements	2a				
b		ricted by conservation easements					
c	U U	vation easements on a certified historic structure included on line 2a					
d	Number of conser	vation easements included on line 2c acquired after July 25, 2006, and not					
	on a historic struct	ture listed in the National Register	2d				
3	Number of conser	vation easements modified, transferred, released, extinguished, or terminated by the org	anization	during the tax			
	year						
4		where property subject to conservation easement is located					
5		tion have a written policy regarding the periodic monitoring, inspection, handling of					
~	,	orcement of the conservation easements it holds?					
6	Stan and voluntee	r hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva	ation ease	ments during the year			
7	Amount of expens	—	easemen	ts during the year			
8	Does each conser	 vation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(l	3)(i)				
	and section 170(h)	(4)(B)(ii)?		Yes No			
9	In Part XIII, describ	be how the organization reports conservation easements in its revenue and expense stat	ement an	d			
	balance sheet, and	d include, if applicable, the text of the footnote to the organization's financial statements	that desc	ribes the			
De	organization's acc	ounting for conservation easements.	Cimila	× Acceto			
Pa		ations Maintaining Collections of Art, Historical Treasures, or Other	Simila	Assels.			
		the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	0	elected, as permitted under FASB ASC 958, not to report in its revenue statement and the pactures, or other similar assots held for public exhibition, education, or research in further					
		easures, or other similar assets held for public exhibition, education, or research in further Part XIII the text of the footnote to its financial statements that describes these items.	rance or p	JUDIIC			
b		elected, as permitted under FASB ASC 958, to report in its revenue statement and balar	nce sheet	works of			
~	-	sures, or other similar assets held for public exhibition, education, or research in furtheral					
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1\$						
		ed in Form 990, Part X		\$			
2	If the organization	received or held works of art, historical treasures, or other similar assets for financial gai	n, provide	ý			
	-	unts required to be reported under FASB ASC 958 relating to these items:					
а		on Form 990, Part VIII, line 1		\$			
		Form 990, Part X		\$			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2023			

		TIVE FOR AS	SSIST	TANCE A	AND REI	JEF				•	•
_		ERE, INC.					0	13-16	8503	9 F	Page 2
Par	t III Organizations Maintaining C								s (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	t make s	ignificant ι	use of its			
-	collection items (check all that apply).										
a		C			hange progra						
b	Scholarly research	e		Other							
c	Preservation for future generations								MIII		
4	Provide a description of the organization's co							se in Pari	XIII.		
5	During the year, did the organization solicit o								Vee		
Par	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
I UI	reported an amount on Form 990, Par		ite ii the	organization	answered	res on	F0111 990,	Part IV, I	ine 9, or		
	Is the organization an agent, trustee, custodi		diary for	contribution	s or other as	sets not	included				
14	on Form 990, Part X?		-					Г	Yes		No
h	If "Yes," explain the arrangement in Part XIII							····· ∟		L	
D			nowing a						Amoun	t	
~	Beginning balance						1c			-	
	Additions during the year										
f							<u>ie</u> 1f				
	Ending balance Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.							L			
Par		the organization and	swered "	Yes" on For	m 990 Part	IV line 1	0				
		(a) Current year		rior year	(c) Two yea		(d) Three y	/ears back	(e) Fou	vears	s back
10	Beginning of year balance	32,120,779.		,618,364.			• •	75,893.			,164.
	Contributions	5,879.		6,061.		2,207.		57,906.			,256.
	Net investment earnings, gains, and losses	3,840,063.		,547,190.		,		51,950.			,766.
	Grants or scholarships	0,010,000.		,,			•,,			202	,,,,,,,
	Other expenditures for facilities										
е		788,961.	2	,956,339.	5 61	6,172.	3 2	80,573.	2	169	,209.
	and programs	132,471.	2	94,497.		2,824.		23,066.			<u>,205.</u> ,552.
	Administrative expenses	35,045,288.	32	120,779.				<u>23,000.</u> 82,110.	-		<u>,893.</u>
	End of year balance				,	5,504.	41,4	02,110.	55	4 75	,055.
2	Provide the estimated percentage of the curr	ent year end balance 8.5700		j, column (a)) neid as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment 63.8000 Term endowment 27.6300	%									
С		%									
•	The percentages on lines 2a, 2b, and 2c show										
за	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held an	id administer	red for th	ıe			Yes	No
	organization by:									X	No
	(i) Unrelated organizations?										v
											X
-	If "Yes" on line 3a(ii), are the related organiza								. 3 b		
4 Dar	t VI Land, Buildings, and Equipm		wment fi	unds.							
Fai				lina 11a S	000 Eorm 000	Dort V	line 10				
	Complete if the organization answere							.	()) =		
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other		ccumulate preciation		(d) Boo	k valu	he
			nenty			ue	preciation		2 06	<u> </u>	11
	Land				<u>6,714.</u> 0,475	10	000 7	20	3,06		
	Buildings				0,475.		889,7		2,20		
	Leasehold improvements				<u>9,106.</u>		741,2				$\frac{81.}{17}$
	Equipment			01,/1	9,239.	, צס	430,1		.2,28	ד, פ	. ⊥ / •
	Other							1	0 1 0	<u>/ /</u>	10
Tota	I . Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	<u>X, line 10</u>	<u>0c, column</u>	<u>(B))</u>				.8,12		
								Schedul	e D (Forn	n 990) 2023

COOPERATIVE	FOR	ASSISTANCE	AND	RELIEF
EVERYWHERE,	INC			

Schedule		EVERYWHERE,	INC.		<u>13-1685039</u> Page 3
Part V	Investments - Othe				
	Complete if the organiza	tion answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Des	cription of security or category (ir	ncluding name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1) Final	ncial derivatives				
(2) Clos	ely held equity interests				
(3) Othe					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	ol. (b) must equal Form 990, Part	X. line 12. col. (B))			
Part V	III Investments - Prog	gram Related.			
	Complete if the organiza	tion answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of inves		(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1)	., .				
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u> (8)					
(9)					
	ol. (b) must equal Form 990, Part	V line 12 col (P))			
Part I	X Other Assets	A, IIIIE 13, COI. (D))			
		tion answered "Yes"	on Form 990 Part IV line	11d. See Form 990, Part X, line 15.	
			Description		(b) Book value
(1)	SPLIT INTEREST	. ,			141,453,148.
	OTHER ASSETS				3,062,638.
	DEPOSITS				1,553,529.
	ROU ASSETS				26,995,895.
	NOO ADDID				
(5)					<u> </u>
(6)					<u> </u>
(7)					<u> </u>
(8)					
(9)		00 D. I.Y. / 15			173,065,210.
Part X	olumn (b) must equal Form 99	<u>90, Part X, line 15, co</u>	І. (В))		175,005,210.
		tion answered "Ves"	on Form 990 Part IV line	11e or 11f. See Form 990, Part X, line	o 25
		otion of liability			(b) Book value
<u>1.</u>		Stion of hability			
	Enderal income taxes ACCRUED SALARIE		RTM0		32,206,415.
			F115		
	SPLIT INTEREST				8,583,268.
	SUBSIDIDARY LOA				452,814.
	OPERATING LEASE	TTABITILA			26,945,201.
(6)					
(7)					
(8)					
(9)					
<u>Total. _{(C}</u>	olumn (b) must equal Form 99	<u>90, Part X, line 25, co</u>	<u>I. (В))</u>		68,187,698.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sobo	edule D (Form 990) 2023 EVERYWHERE, INC.	NCE AND RELIE	r 13-1685039 _{Page} 4
	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lii		
1	Takel an analysis and all the second as the second different free second distances in		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		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е			2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	<u>2</u> b	
С	Other losses	2c	
d			
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>8.)</u>	
ra	rt XIII Supplemental Information		

ADEDARTINE HAD AGGEGRANGE AND DELETE

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.

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	Stateme	tes L	OMB No. 1545-0047					
(Form 990)	Statement of Activities Outside the United StatesO0)Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.							
Department of the Treasury	•	5	Attach to Form 990.			Open to Public		
Internal Revenue Service	Go to w	ww.irs.gov/Forn	1990 for instructions and the latest i	nformation.		Inspection		
Name of the organization COOPERATIVE FO		NCE AND	RELIEF		Employer i	dentification number		
EVERYWHERE, IN		ctivities Out	side the United States. Compl	oto if the organ				
Form 990, Part				ete il the organ	Ization answe	ered res on		
		n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance.			
the grantees' eligibility	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	X Yes No		
2 For grantmakers. Des United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistanc	e outside the		
			an be duplicated if additional space is r			I		
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (gram service,	· · · …		
	in the region	agents and	gram services, investments, grants to		e specific type	for and		
		contractors	recipients located in the region)		(s) in the regio	I INVASTMANTS		
		in the region						
CENTRAL AMERICA AND				HUMANITARIA	N &			
THE CARIBBEAN	9	208	PROGRAM SERVICES	DEVELOPMENT	ı.	18,520,402.		
EAST ASIA AND THE				HUMANITARIA	N &			
PACIFIC	28	265	PROGRAM SERVICES	DEVELOPMENI		21,842,584.		
EUROPE (INCLUDING								
ICELAND AND				HUMANITARIA	Ν£			
GREENLAND)	26	375	PROGRAM SERVICES	DEVELOPMENI		33,945,225.		
MIDDLE EAST AND				HUMANITARIA	N &			
NORTH AFRICA	45	604	PROGRAM SERVICES	DEVELOPMENT	I	159,493,007.		
NORTH AMERICA	0	0	PROGRAM SERVICES	HUMANITARIA DEVELOPMENT		16,636.		
NORTH AMERICA	0	0	FROGRAM SERVICES	DEVELOPMENT		10,050.		
RUSSIA AND				HUMANITARIA	N &			
NEIGHBORING STATES	0	0	PROGRAM SERVICES	DEVELOPMENI	1	4,501,473.		
			L	HUMANITARIA				
SOUTH AMERICA	10	238	PROGRAM SERVICES	DEVELOPMENI		14,071,610.		
				HUMANITARIA	N &			
SOUTH ASIA	113	2147	PROGRAM SERVICES	DEVELOPMENI		79,643,732.		
3 a Subtotal	231	3837				332,034,669.		
b Total from continuatio	n							
sheets to Part I	212	4239				421,975,180.		
c Totals (add lines 3a								
and 3b)	443	8076				754,009,849.		

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

Schedule F (Form 990) 2023

			ASSISTANCE AND RELI		
Schedule F (Form 990) Part I Continuatio	EVERYWHE	RE, INC.	I. (Schedule F (Form 990), Part I, line 3	13-16850	39 Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	 (Schedule F (Form 990), Part I, line 3 (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) 	 (e) If activity listed in (d) is a program service, describe specific type of service(s) in region 	(f) Total expenditures for region
SUB-SAHARAN AFRICA	212	4239	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	421,975,180.
Totals	. 212	4239			421,975,180.

Schedule F (Form 990) 2023

EVERYWHERE, INC.

13-1685039

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SUB-SAHARAN						
		AFRICA	13	31,535.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	20,580.	EFT	٥.	N/A	FMV
		SOUTH ASIA	14	246,356.	CHECK	٥.	N/A	FMV
				,				
		SOUTH ASIA	5,10,13	69,942.	CHECK	Ο.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	17,575.	CHECK	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	14	40,440.	RPT	0	N/A	FMV
			1 T					
		SUB-SAHARAN						
		AFRICA	14	100,890.	EFT	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	185,644.	СНЕСК	0.	N/A	FMV

450 146

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

COOPERATIVE	FOR	ASSISTANCE	AND	RELIEF
EVERYWHERE,	INC			

13-16	85039

chedule F (Form 990)	EVERY	WHERE, INC.			13-16	85039		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	-
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SOUTH ASIA	5	36,362.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	14	66,097.	СНЕСК	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	7,972.	EFT	0.	N/A	FMV
		SUB-SAHARAN AFRICA	10	465,156.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
			12	133,461.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13	36,010.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13,15	791,887.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5,15	144,433.	EFT	0.	N/A	FMV
		SOUTH ASIA	13	21,339.	СНЕСК	٥.	N/A	FMV

Schedule F (Form 990)

EVERYWHERE, INC.

13-1685039

					<u> </u>			i aye i
	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	<u>(Schedule F (Form 9</u>			
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	and EIN (if applicable)		grant		cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM
	····· ···· (·· ········)		3			assistance	assistance	appraisal, other)
		SOUTH ASIA	10,13,21	346,460.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	14	330,064.	CHECK	0	N/A	FMV
		AFRICA	± ±	550,004.	CHECK	· · ·	N/A	
		SUB-SAHARAN						
		AFRICA	5	290,213.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13	26,215.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
			22	11,645.	EFT	0.	N/A	FMV
				,				
		SUB-SAHARAN						
			_	411 505				
		AFRICA	5 	411,585.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12	9,093.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	23,314.	EFT	0.	N/A	FMV
				, ,				
		EAST ASIA AND THE						
			10 20 21	58,082.	CHECK		NT / N	FMV
		FACIFIC	10,20,21	50,002.	LUBCK	۰ ۰	N/A	F MV

Schedule F	(Form 990))

EVERYWHERE, INC.

13-1685039

					10 10	00000		Faye
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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, FM' appraisal, other)
		SUB-SAHARAN	_					
		AFRICA	5	29,018.	EFT	0.	N/A	FMV
		SOUTH ASIA	10	145,806.	EFT	0.	N/A	FMV
		SUB-SAHARAN	1.4	12 (50	aunaw			
		AFRICA	14	13,650.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	14	70,502.	EFT	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	15	12,954.	с. с.		N/A	FMV
		AFRICA	15	12,954.		0.	N/A	F MV
		MIDDLE EAST AND						
		NORTH AFRICA	5	13,528.	СНЕСК	٥.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	17,663.	CHECK	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	170,018.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	10,000.	CHECK	0.	N/A	FMV

Schedule F ((Form 990)

EVERYWHERE, INC.

13-1685039

chequie F (Form 990)		WIERE, INC.			10 10	03035		Page
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	5	41,319.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	11	38,727.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	23	100,272.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13,15	11,177.	EFT	0	N/A	FMV
			10,10	<u> </u>				
		MIDDLE EAST AND						
		NORTH AFRICA	10	190,380.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	10	1680825.	E E T	0	N/A	FMV
		AFRICA		1000025.		0.	N/A	
		SUB-SAHARAN						
		AFRICA	15	159,037.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	5,13	607,870.	FFT		N/A	FMV
		REALCA	5,15	007,070.	DI I	<u> </u>	N/A	н. т. т. л
		SUB-SAHARAN						
		AFRICA	5	20,538.	EFT	0.	N/A	FMV

Schedule F	(Form 990))

EVERYWHERE, INC.

13-1685039

chequie F (Form 990)		WIERE, INC.			10 10	03033		Page
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN	1	F 2 201				
		AFRICA	21	73,381.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	14	67,374.	EFT	0.	N/A	FMV
		SOUTH ASIA	11	62, 220	mm		N/A	ENG/
		SOUTH ASTA		62,220.	EF 1	<u> </u>	N/A	FMV
		SOUTH ASIA	21	275,907.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN	1.2	140 205	aunaw			
		AFRICA	13	140,305.	CHECK	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	10	12,825.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN AFRICA	10.14	127 512	mm		NT / 3	FMV
		AFRICA	12,14	137,513.	EFT	0.	N/A	
		CENTRAL AMERICA						
			23	71,081.	СНЕСК	0.	N/A	FMV
		CENTRAL AMERICA	F 10	010 000				
		AND CARIBBEAN	5,12	219,682.	снеск	0.	N/A	FMV

Schedule	F I	(Form	990)	

EVERYWHERE, INC.

13-1685039

chequie F (Form 990)		WILLKE, INC.			10-10	03035		Page
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		CENTRAL AMERICA	1.0	00 550	aun au			
		AND CARIBBEAN	10	22,579.	CHECK	0.	N/A	FMV
		SOUTH ASIA	5,14,23	249,732.	СНЕСК	٥.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	5	154,158.	CHECK	٥.	N/A	FMV
		SOUTH AMERICA	10	43,000.	CHECK	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	23	84,574.	EFT	٥.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	10	37,832.	EFT	٥.	N/A	FMV
		SOUTH AMERICA	15	13,340.	CHECK	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	15	82,375.	EFT	٥.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	12	21,196.	EFT	0	N/A	FMV

Schedule F (Form 990)

EVERYWHERE, INC.

13-1685039

					<u> </u>	03033		Faye
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
				-		23313121100	23313121100	
		CENTRAL AMERICA						
		AND CARIBBEAN	5	49,574.	CHECK	0	N/A	FMV
				19,371.				
		SOUTH AMERICA	10,24	401,625.	СНЕСК	٥.	N/A	FMV
		CENTRAL AMERICA	-	10				
		AND CARIBBEAN	5	49,770.	EFT	0.	N/A	FMV
		CENTRAL AMERICA						
			12	241,800.	CHECK	0.	N/A	FMV
				,				
		SUB-SAHARAN						
		AFRICA	5,10,12,21	292,960.	EFT	0.	N/A	FMV
		EAST ASIA AND THE PACIFIC	5,10,11,15,20	634,250.	CHECK	0	N/A	FMV
			5,10,11,15,20	054,250.	CHECK	0.	N/A	F MV
		SUB-SAHARAN						
		AFRICA	10	376,014.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	31,449.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	35,746.	ጥዓጋ	0	N/A	FMV
		r	~	55,140.	P	U	* * * *	<u> </u>

Schedule F (I	Form	990	1

EVERYWHERE, INC.

13-1685039

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Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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, FM appraisal, other)
		SUB-SAHARAN						
		AFRICA	5,10	169,185.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10	19,892.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5,10	58,954.	EFT	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	15	22,540.	r.r.m	0	N/A	FMV
		AFRICA	15	22,340.		0.	N/A	
		SUB-SAHARAN						
		AFRICA	15	423,958.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN	21	35,213.			NT / 3	ENG/
		AFRICA	21	35,213.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13	8,657.	EFT	٥.	N/A	FMV
		SUB-SAHARAN				-		
		AFRICA	13	10,023.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	22,752.	CHECK	0.	N/A	FMV

Schedule F ((Form 990)

EVERYWHERE, INC.

13-1685039

		WIERE, INC.			13 10	03035		Page
Part II Continuation o	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line [.]	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN AFRICA	21	127,509.	E FU	0	N/A	FMV
				127,305.				
		SUB-SAHARAN						
		AFRICA	13	105,828.	EFT	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13,15	37,214.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN		5 005				
		AFRICA	14	5,207.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	14	65,678.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	10,710.	CHECK	0	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13	152,605.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	5,292.	снеск	٥.	N/A	FMV
		SUB-SAHARAN	10	100 040			NT / 7	
		AFRICA	12	188,846.	EFT -	۰ ⁰	N/A	FMV

Schedule F ((Form 990)	

EVERYWHERE, INC.

13-1685039

chequie F (Form 990)		WIERE, INC.			13 10	03035		Page
Part II Continuation o	of Grants and Other	Assistance to Organization	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
		SOUTH ASIA	14	436,890.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10	50,296.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	18,167.	EFT	٥.	N/A	FMV
				,				
		SUB-SAHARAN	1 -	73 100		0		
		AFRICA	15	73,126.	EFT	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	10	91,950.	CHECK	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10	54,738.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5,15	50,548.	CHECK	0.	N/A	FMV
		FURADE	1.0	140 01 1			NT (3	ENG Z
		EUROPE	10	143,317.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	14	80,129.	EFT	0.	N/A	FMV

Schedule F	(Form 990)	

EVERYWHERE, INC.

13-1685039

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Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SOUTH ASIA	14	160,759.	EFT	0.	N/A	FMV
		MIDDLE EAST AND						
			10,21	828,866.	CHECK	0.	N/A	FMV
		SOUTH ASIA	5	6,382.	СНЕСК	0.	N/A	FMV
			15	28,032.	CUDCK		PT / 3	FMV
		SOUTH ASIA	15	20,032.	CHECK		N/A	
		SOUTH ASIA	5	326,538.	СНЕСК	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	47,319.	CHECK	0.	N/A	FMV
		SOUTH ASIA	10,21	208,770.	EFT	0.	N/A	FMV
		MIDDLE EAST AND NORTH AFRICA	10	216,829.	СНЕСК	0.	N/A	FMV
		MIDDLE EAST AND						
			10	100,944.	EFT	٥.	N/A	FMV

Schedule F (Fc	nrm QQ()

EVERYWHERE, INC.

13-1685039

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Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
		SOUTH ASIA	10,14	173,511.	EFT	0.	N/A	FMV
		SUB-SAHARAN	1 5	14 500	aunaz	0	NT / 7	
		AFRICA	15	14,598.	CHECK	U.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13	76,789.	EFT	٥.	N/A	FMV
		SOUTH ASIA	11	112,030.	СНЕСК	0.	N/A	FMV
		NORTH AMERICA	12	25,000.	RFT	0	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	9,912.	EFT	٥.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	82,548.	EFT	0.	N/A	FMV
		SOUTH ASIA	12	415,131.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	42,451.	снеск	٥.	N/A	FMV

Schedule F	(Form 990)	

EVERYWHERE, INC.

13-1685039

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Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
		SUB-SAHARAN AFRICA	1.2	309,000.	OUFOR	0	N/A	FMV
		AFRICA	13	309,000.	CHECK	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	19,664.	EFT	٥.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	13	24,391.	ጥዓብ	0	N/A	FMV
		SOUTH ASIA	14	211,064.	CHECK	٥.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	5	60,889.	CHECK	0.	N/A	FMV
				,				
		SUB-SAHARAN						
		AFRICA	10	99,117.	EFT	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5,10,12,15,22	1095368.	EFT	٥.	N/A	FMV
		NODELL AMEDICA	10 12	250 520	E EM		NT / 7	EM17
		NORTH AMERICA	10,12	259,536.	pr1	0.	N/A	FMV
		RUSSIA AND						
		NEIGHBORING						
		STATES	10,12,13,26	1231039.	EFT	0.	N/A	FMV

Schedule F (Form 990)		RATIVE FOR A WHERE, INC.	SSISTANCE AND	RELIEF	13-16	85039		Page 2
			tions or Entities Outside t	he United States.			1)	Faye
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of		(i) Method of valuation (book, FM appraisal, other)
		EUROPE	15	1357946.	EFT	0.	N/A	FMV
		EUROPE	10	3287064.	EFT	0.	N/A	FMV
		MIDDLE EAST AND NORTH AFRICA	10,12,13,15	1591880.	r rm	0	N/A	FMV
		EAST ASIA AND THE	10,12,13,13	1391000.		0.		
			12	4778602.	EFT	0.	N/A	FMV
		SOUTH ASIA	5,12,13,14,15	776,611.	EFT	0.	N/A	FMV
		MIDDLE EAST AND NORTH AFRICA	5,17	49,997.	EFT	0.	N/A	FMV
		SUB-SAHARAN AFRICA	5,10,12,21	1645743.	ਸਾਜ਼ਾਜ਼	0	N/A	FMV
		MIDDLE EAST AND	5,10,12,21	1043/43.	<u></u>		N/ A	<u> </u>

NORTH AFRICA

PACIFIC

EAST ASIA AND THE

5,10,15

5,10,12,14

158,414.EFT

1805181.EFT

0.N/A

0.N/A

FMV

FMV

Schedule	F	(Form	990)

EVERYWHERE, INC.

13-1685039

Schedule F (Form 990)		WIERE, INC.			10 10	00000		Page
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	5,10,14	2182994.	EFT	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	996,792.	EFT	0.	N/A	FMV
		EUROPE	10,13	614,597.	ЕГТ	٥.	N/A	FMV
		EUROPE	15	24,393.	EFT	0.	N/A	FMV
		SOUTH AMERICA	5,10,12,13,15,22	3472042.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10,20	6,220.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN	14.15	60, 200	aunar			FMV
		AFRICA	14,15	68,398.	CHECK	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	15	13,356.	EFT	٥.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	12	51,660.	СНЕСК	0.	N/A	FMV

Schedule F (Forr	n 990)

EVERYWHERE, INC.

13-1685039

Schedule F (Form 990)		WIERE, INC.			10 10	03032		Page Z
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
		EAST ASIA AND THE	F 10	100.040				
		PACIFIC	5,10	192,949.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	24,932.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
	-	AFRICA	11,15	36,680.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	10,151.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13	8,057.	CHECK	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10,21	48,340.	СНЕСК	0	N/A	FMV
				10,010.				
		CENTRAL AMERICA						
		AND CARIBBEAN	5,12	84,197.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN AFRICA	10,12	26,598.	CHECK		N/A	FMV
		MALCA	±v,±2	20,330.		· · ·		
		SUB-SAHARAN						
		AFRICA	14,15	338,372.	СНЕСК	0.	N/A	FMV

Schedule	F (Forr	n 990)

EVERYWHERE, INC.

13-1685039

		WIIDRE, INC.			10 10	00000		Faye
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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, FM appraisal, other)
		SUB-SAHARAN						
		AFRICA	12	14,123.	CHECK	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	15,22	131,917.	EFT	٥.	N/A	FMV
		SOUTH AMERICA	15,24	73,907.	EFT	0.	N/A	FMV
				,				
		NODELL AMEDICA	10.15	137,906.	1.1.1.1	0	N/A	FMV
		NORTH AMERICA	13,15	137,900.	EFT	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	503,584.	CHECK	٥.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	13,017.	EFT	٥.	N/A	FMV
		EAST ASIA AND THE PACIFIC	5	24,472.	r.r.m	0	N/A	FMV
		racific	5	21,1/2.		0.	N/A	- FHV
		SUB-SAHARAN						
		AFRICA	5	37,684.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
			5,10	576,403.	CHECK	0.	N/A	FMV

Schedule F	(Form 990)

EVERYWHERE, INC.

13-1685039

					10 10	00000		Faye
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SOUTH ASIA	5,10,12,21	602,135.	EFT	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	20	8,615.	СНЕСК	٥.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	22	158,127.	CHECK	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	15	30,473.	CHECK	0.	N/A	FMV
		SUB-SAHARAN	10	FC 426	1210	0	NT / 2	
		AFRICA	10	56,436.	EFT	0.	N/A	FMV
		EAST ASIA AND THE PACIFIC	10	37,642.	EFT	0.	N/A	FMV
				,				
		SUB-SAHARAN						
			10	458,023.	EFT	٥.	N/A	FMV
		MIDDLE EAST AND						
			10	34,090.	снеск	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	5,578.	EFT	0.	N/A	FMV

Schedule F	(Form 990)	

EVERYWHERE, INC.

13-1685039

chedule F (Form 990)	212111	MILLING, INC.				00000		Faye
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN						
		AFRICA	22	52,687.	EFT	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	17,445.	EFT	0.	N/A	FMV
				,				
		SUB-SAHARAN						
		AFRICA	14	8,269.	EFT	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	22	391,898.	EFT	0.	N/A	FMV
				,				
		SUB-SAHARAN						
		AFRICA	10,21,23	1059821.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	188,652.	CHECK	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5,12,15	168,007.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	446,785.	CHECK	0	N/A	FMV
				,,				
		EAST ASIA AND THE						
		PACIFIC	5	12,076.	EFT	0.	N/A	FMV

Schedule F (Form	990	1

EVERYWHERE, INC.

13-1685039

chequie F (Form 990)		WIERE, INC.			10 10	00000		Page
Part II Continuation o	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	5	10,094.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10	83,450.	EFT	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	324,197.	CHECK	0	N/A	FMV
				521,157.				
		EAST ASIA AND THE						
		PACIFIC	5	10,855.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13,15	29,117.	CHECK	٥.	N/A	FMV
		EAST ASIA AND THE PACIFIC	5,10	36,122.	CHECK	0	N/A	FMV
		PACIFIC	5,10	50,122.	CHECK	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	5	19,452.	EFT	٥.	N/A	FMV
		SOUTH AMERICA	5,15	35,015.	EFT	٥.	N/A	FMV
					1			
		COURT ANEDICA	22	11 400	aunar		NT / 7	ENG7
		SOUTH AMERICA	23	11,492.	CHECK	۰ ⁰	N/A	FMV

Schedule F (Form 99	90)

EVERYWHERE, INC.

13-1685039

					13 10	03033		Faye
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN AFRICA	1 0	19,217.	outlor		NT / 3	ENG7
		AFRICA	12	19,217.	CHECK	0.	N/A	FMV
		EUROPE	5,10	104,981.	EFT	٥.	N/A	FMV
		SOUTH ASIA	14	122,956.	СНЕСК	٥.	N/A	FMV
			1 -	6 525	aunaw			
		SOUTH ASIA	15	6,735.	CHECK	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	15,539.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5,10,12	1940723.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10	102,497.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12,21	82,090.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN AFRICA	21	9,579.	RFT		N/A	FMV
	1	In which	<u>۳</u> ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ		P* *	۰ ۰	* */ **	<u> </u>

Schedule F (Form	990	1

EVERYWHERE, INC.

13-1685039

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Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
		SUB-SAHARAN AFRICA	5,10	61,185.	CHECK		N/A	FMV
		AFRICA	5,10	01,105.	CHECK	0.	N/A	FMV
				100.005				
		SOUTH ASIA	10,13	139,005.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	141,490.	CHECK	٥.	N/A	FMV
		SOUTH ASIA	5,10	310,914.	СНЕСК	٥.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	21	303,756.	EFT	0.	N/A	FMV
		SOUTH ASIA	14	140,721.	RFT	0	N/A	FMV
				110,721.				
		MIDDLE EAST AND						
		NORTH AFRICA	10	546,311.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	32,509.	EFT	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12,15	1356690.	EFT	0.	N/A	FMV

COOPERATIVE	FOR	ASSISTANCE	AND	RELIEF

13-1685039	

Schedule F (Form 990)		WHERE, INC.	bbibiAnci And Ai		13-16	85039		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	-1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SOUTH ASIA	11	113,130.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13,22	199,509.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	14	81,135.	EFT	0.	N/A	FMV
		SUB-SAHARAN AFRICA	14	19,965.	EFT	0.	N/A	FMV
		SUB-SAHARAN AFRICA	10,20	20,120.	EFT	0.	N/A	FMV
		SUB-SAHARAN AFRICA	11	94,483.	CHECK	0.	N/A	FMV
		SOUTH ASIA	5,10,12,14,21	1028867.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	20	19,823.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	14	9,826.	снеск	0.	N/A	FMV

Schedule F	Form 9	90)

EVERYWHERE, INC.

13-1685039

Schedule F (Form 990)		WHERE, INC.			13-10	03033		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		SUB-SAHARAN						
		AFRICA	22	320,777.	EFT	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	5	18,920.	EFT	٥.	N/A	FMV
		EUROPE	10	222,325.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10,12,20	2296147.	CHECK	0.	N/A	FMV
		SOUTH ASIA	12	357,904.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12	150,616.	CHECK	0.	N/A	FMV
		EUROPE	10	693,914.	EFT	٥.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	12	119,058.	ጥዋን	n	N/A	FMV
				119,000.		· · ·		
		SOUTH AMERICA	15	45,009.	EFT	0.	N/A	FMV

Schedule F	(Form 990)

EVERYWHERE, INC.

13-1685039

(a) Name of organization (b) Region (c) Region <th< th=""><th>Faye</th></th<>	Faye
(a) Name of organization and EIN (if applicable) (c) Region (c) Region (a) Purpose of grant (c) Andunit of cash grant (n) Mainter of cash disbursement (if applicable) assistance (c) Another assistance (c) Another assistance <th< th=""><th></th></th<>	
AFRICA 12 18,686. EFT 0. N/A PMV SUB-SAHARAN AFRICA 15 41,660. CHECK 0. N/A PMV SOUTH ASIA 12 270,683. EFT 0. N/A PMV SOUTH ASIA 10 261,911. CHECK 0. N/A PMV	(i) Method of ation (book, FM\ opraisal, other)
AFRICA 12 18,686.EFT 0.N/A PMV SUB-SAHARAN AFRICA 15 41,660.CHECK 0.N/A PMV SOUTH ASIA 12 270,683.EFT 0.N/A PMV SOUTH ASIA 10 261,911.CHECK 0.N/A PMV	
AFRICA 12 18,686.EFT 0.N/A PMV SUB-SAHARAN AFRICA 15 41,660.CHECK 0.N/A PMV SOUTH ASIA 12 270,683.EFT 0.N/A PMV SOUTH ASIA 10 261,911.CHECK 0.N/A PMV	
SUB-SAHARAN AFRICA 15 41,660. CHECK 0. N/A FMV SOUTH ASIA 12 270,683. EFT 0. N/A FMV SOUTH ASIA 10 261,911. CHECK 0. N/A FMV	
AFRICA 15 41,660. CHECK 0. N/A FMV SOUTH ASIA 12 270,683. EFT 0. N/A FMV SOUTH ASIA 10 261,911. CHECK 0. N/A FMV	
AFRICA 15 41,660. CHECK 0. N/A FMV SOUTH ASIA 12 270,683. EFT 0. N/A FMV SOUTH ASIA 10 261,911. CHECK 0. N/A FMV	
SOUTH ASIA 12 270,683. EFT 0. N/A FMV SOUTH ASIA 10 261,911. CHECK 0. N/A FMV	
SOUTH ASIA 10 261,911.CHECK 0.N/A FMV	
SOUTH ASIA 10 261,911.CHECK 0.N/A FMV	
SOUTH ASIA 10 261,911.CHECK 0.N/A FMV	
SOUTH ASIA 10 261,911.CHECK 0.N/A FMV	
SOUTH AMERICA 24 43,179.CHECK 0.N/A FMV	
SOUTH ASIA 11 75,766.EFT 0.N/A FMV	
SUB-SAHARAN	
AFRICA 15 48,197.CHECK 0.N/A FMV	
MIDDLE EAST AND	
NORTH AFRICA 21 221,856.EFT 0.N/A FMV	
SUB-SAHARAN	
AFRICA 10 5,790.EFT 0.N/A FMV	

COOPERATIVE	FOR	ASSISTANCE	AND	RELIEF

CENTRAL AMERICA AND CARIBBEAN

12

Schedule F (Form 990)	EVERY	WHERE, INC.			13-16	85039		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	-
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	14	181,636.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12,21	22,977.	CHECK	0.	N/A	FMV
		SOUTH ASIA	12	67,017.	EFT	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	5	310,014.	EFT	0.	N/A	FMV
				,				
		SUB-SAHARAN						
		AFRICA	23	190,654.	CHECK	0.	N/A	FMV
		SOUTH ASIA	10	11,679.	CHECK	0.	N/A	FMV
		SUB-SAHARAN AFRICA	12	714,082.	ਸਤਾਸ	0	N/A	FMV
			<u> </u>					
		SOUTH AMERICA	10,15	729,023.	EFT	0.	N/A	FMV

48,090.EFT

0.N/A

FMV

Schedule F (Form	990	1

EVERYWHERE, INC.

13-1685039

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Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	Schedule F (Form S	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
		SOUTH AMERICA	10	292,464.	EFT	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	10	57,554.	CHECK	0.	N/A	FMV
		SOUTH AMERICA	15	82,782.	EFT	0.	N/A	FMV
		SOUTH AMERICA	22	180,146.	EFT	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	5	55,330.	EFT	0.	N/A	FMV
		EUROPE	5,10	1682446.	EFT	0.	N/A	FMV
		EUROPE	10	60,941.	СНЕСК	0.	N/A	FMV
		EUROPE	10	262,500.	EFT	0.	N/A	FMV
		EUROPE	10	563,164.	CHECK	0	N/A	FMV

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SUB-SAHARAN AFRICA

5,10,20

Schedule F (Form 990)		WHERE, INC.	SSISTANCE AND R	ETTEL	13-16	85039		Page 2
			tions or Entities Outside the	United States.			1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	5,10	976,281.	EFT	0.	N/A	FMV
		EUROPE	10,23	592,634.	EFT	0.	N/A	FMV
		EUROPE	10	470,751.	EFT	0.	N/A	FMV
		EUROPE	10	1027907.	CHECK	0.	N/A	FMV
		EUROPE	5,10	3501659.	CHECK	0.	N/A	FMV
		EUROPE	10	188,394.	EFT	0.	N/A	FMV
		EUROPE	5,10	139,098.	EFT	0.	N/A	FMV
		SUB-SAHARAN AFRICA	15	141,707.	CHECK	0.	N/A	FMV

2831347. CHECK

0.N/A

FMV

Schedule F	E (Form	990)

EVERYWHERE, INC.

13-1685039

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Part II Continuation	n of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organizatio	n (b) IRS code section and EIN (if applicable)		(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, FM appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	10	8,364.	EFT	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	15	457,102.	EFT	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	17,895.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	91,757.	CHECK	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	32,410.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12	81,130.	CHECK	0	N/A	FMV
				01,130.				
		CENTRAL AMERICA						
		AND CARIBBEAN	10	113,326.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	15	259,129.	E FU		N/A	FMV
		REALCH	+ J	239,129.		· · ·	N/A	r. 1.1 A
		SUB-SAHARAN						
		AFRICA	5	144,938.	EFT	٥.	N/A	FMV

Schedule	F (Form	n 990)

EVERYWHERE, INC.

13-1685039

Schedule F (Fohn 990)					10 10	00000		Faye
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	10	16,424.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
			15	35,934.	EFT	0.	N/A	FMV
				,				
		SUB-SAHARAN						
		AFRICA	12,14	206,280.	CHECK	0.	N/A	FMV
		SOUTH ASIA	10	163,743.	CHECK	٥.	N/A	FMV
				,				
		SUB-SAHARAN						
		AFRICA	22	74,357.	СНЕСК	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	5,279.	CHECK	٥.	N/A	FMV
				,				
		EAST ASIA AND THE						
		PACIFIC	20	165,928.	СНЕСК	0.	N/A	FMV
		SOUTH ASIA	11	37,106.	EFT	0.	N/A	FMV
				, , , , , , , , , , , , , , , , , , , ,				
		SUB-SAHARAN						
		AFRICA	12	137,827.	снеск	0.	N/A	FMV

Schedule F (Form 990))

EVERYWHERE, INC.

13-1685039

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	<u>U</u>
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA	5	11,000.	EFT	٥.	N/A	FMV
		EUROPE	12	25,843.	EFT	0.	N/A	FMV
		EAST ASIA AND THE						
			15	67,749.	EFT	٥.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	15	6,170.	EFT	0.	N/A	FMV
		EAST ASIA AND THE PACIFIC	5	23,072.	EFT	0.	N/A	FMV
				, -				
		EAST ASIA AND THE PACIFIC	5	50,307.	ደ ዋጥ	0	N/A	FMV
		SUB-SAHARAN AFRICA	14	236,789.	CHECK	0	N/A	FMV
			± 7	230,709.		· · ·		
		SUB-SAHARAN	22	10 210			NT (3	ENG7
		AFRICA	22	18,312.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	20	61,200.	СНЕСК	0.	N/A	FMV

Schedule F	(Form 990)	

EVERYWHERE, INC.

13-1685039

Part II Continuation o		Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH ASIA	14	208,425.	CHECK	0.	N/A	FMV
		SOUTH ASIA	11,12	194,765.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13	17,274.	CHECK	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	10	63,819.	CHECK	0.	N/A	FMV
		SUB-SAHARAN AFRICA	15	25,693.	CHECK		N/A	FMV
		AFRICA	1.5	23,093.	CHECK		N/A	
		MIDDLE EAST AND NORTH AFRICA	10	23,285.	EFT	0.	N/A	FMV
		SUB-SAHARAN AFRICA	5	296,215.	СНЕСК	0.	N/A	FMV
		CUD CAUADAN						
		SUB-SAHARAN AFRICA	22	100,196.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
			14	7,021.	EFT	٥.	N/A	FMV

Schedule F	(Form	990)	

EVERYWHERE, INC.

13-1685039

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Part II Co	ntinuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of o	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)
			MIDDLE EAST AND NORTH AFRICA	10	6,277.		0	N/A	FMV
			NORTH AFRICA		0,277.		0.	N/A	
			SUB-SAHARAN						
			AFRICA	15	32,290.	EFT	٥.	N/A	FMV
			SUB-SAHARAN						
			AFRICA	12	445,961.	CHECK	0.	N/A	FMV
			MIDDLE EAST AND						
			NORTH AFRICA	10	21,335.	CHECK	0.	N/A	FMV
			CENTRAL AMERICA						
			AND CARIBBEAN	22	259,247.	СНЕСК	٥.	N/A	FMV
			SUB-SAHARAN	- 10 1-	500.055				
			AFRICA	5,10,15	503,275.	CHECK	0.	N/A	FMV
			SUB-SAHARAN						
			AFRICA	14	105,900.	EFT	٥.	N/A	FMV
			SUB-SAHARAN AFRICA	11	129,559.	CHECK		N/A	FMV
					125,005.				
			MIDDLE EAST AND						
			NORTH AFRICA	10	1150454.	EFT	0.	N/A	FMV

COOPERATIVE	FOR	ASSISTANCE	AND	RELIEF
EVERYWHERE,	INC	•		

13-1685039
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chedule F (Form 990)	EVERY	WHERE, INC.			13-16	85039		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	-
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	5	290,611.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12,23	24,275.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12,20,21	426,678.	EFT	0.	N/A	FMV
		MIDDLE EAST AND	-	50.640				
		NORTH AFRICA	5	53,640.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN AFRICA	5	41,874.	СНЕСК	0	N/A	FMV
				11,0/11				
		SUB-SAHARAN AFRICA	10,12	44,315.	EFT	0.	N/A	FMV
		SOUTH ASIA	10	153,633.	CHECK	0.	N/A	FMV
		SUB-SAHARAN AFRICA	5	155,506.	СНЕСК	0.	N/A	FMV
		EAST ASIA AND THE PACIFIC	5	9,258.	EFT	0.	N/A	FMV

Schedule F (Form 990))

EVERYWHERE, INC.

13-1685039

chedule F (Form 990)	EVERI	WHERE, INC.			12-10	07073		Page
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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, FM' appraisal, other)
		SUB-SAHARAN						
		AFRICA	15	275,512.	CHECK	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	9,452.	EFT	٥.	N/A	FMV
		SOUTH ASIA	10	76,132.	EFT	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	8,643.	CHECK	٥.	N/A	FMV
		SOUTH ASIA	5	1472704.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	21	45,297.	EFT	٥.	N/A	FMV
				,				
		SUB-SAHARAN						
		AFRICA	14	45,787.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	37,957.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12	50,000.	EFT	0.	N/A	FMV

Schedule	F (F	orm	990)

EVERYWHERE, INC.

13-1685039

Schedule F (Form 990)	EVERI	WHERE, INC.			13-10	07073		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SUB-SAHARAN						
		AFRICA	5	247,094.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
			5,15	220,976.	СНЕСК	0	N/A	FMV
			5,15	220,570.				
		CENTRAL AMERICA						
		AND CARIBBEAN	5	22,368.	СНЕСК	٥.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	8,446.	СНЕСК	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	38,702.	СНЕСК	0.	N/A	FMV
			-	,				
		SUB-SAHARAN						
		AFRICA	13,15	20,247.	EFT	٥.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	10	29,036.	СНЕСК	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	24,382.	EFT	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	10,20,23	69,243.	снеск	0.	N/A	FMV

Schedule	F	(Form	990)	

EVERYWHERE, INC.

13-1685039

chedule F (Form 990)		WHERE, INC.			13-10	03033		Page		
Part II Continuation of	II Continuation of Grants and Other Assistance to Organizations or Entities Outside the I					United States. (Schedule F (Form 990), Part II, line 1)				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)		
		SUB-SAHARAN								
		AFRICA	10	68,957.	EFT	0.	N/A	FMV		
		EAST ASIA AND THE								
		PACIFIC	10	49,985.	EFT	٥.	N/A	FMV		
				,						
		EAST ASIA AND THE								
		PACIFIC	10	11,404.	CHECK	0.	N/A	FMV		
		SUB-SAHARAN								
			5,14	97,459.	EFT	٥.	N/A	FMV		
			,	, -						
		SUB-SAHARAN								
		AFRICA	10	614,980.	СНЕСК	0.	N/A	FMV		
		SUB-SAHARAN								
			5,13	102,441.	RFT	0	N/A	FMV		
			, 20	,						
		SUB-SAHARAN								
		AFRICA	14	59,135.	EFT	0.	N/A	FMV		
		SOUTH ASIA	5	13,387.	RFT		N/A	FMV		
			۲	13,307.	<u>рэт т</u>	· · ·		+ 11 V		
		SOUTH ASIA	5	52,569.	EFT	٥.	N/A	FMV		

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Schedule F	(Form 990)	

EVERYWHERE, INC.

13-1685039

Schedule F (Form 990)		WIEKE, INC.			13 10	00000		Page
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		CENTRAL AMERICA	1.0	00.655			h. ()	
		AND CARIBBEAN	12	29,655.	EFT	0.	N/A	FMV
		SOUTH ASIA	5,10	340,819.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	15	35,149.	ድድጥ	0	N/A	FMV
			10	33,149.				
		SOUTH ASIA	10	67,861.	EFT	٥.	N/A	FMV
		SOUTH ASIA	10,21	166,875.	CHECK	0.	N/A	FMV
			,					
		SOUTH ASIA	13	45,255.	EFT	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10,21	8086509.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN	-	20.1.1				
		AFRICA		39,141.	EFT'	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13,15	80,517.	СНЕСК	٥.	N/A	FMV

Schedule F (I	Form	990	1

EVERYWHERE, INC.

13-1685039

		MILLING, INC.			13 10	03033		Faye
Part II Continuation o	f Grants and Other	Assistance to Organization	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN						
		AFRICA	10	27,900.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	221,250.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5,10	698,582.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	140,802.	EFT	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	10	29,758.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	14	82,782.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	14	55,552.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10	317,127.	снеск	0.	N/A	FMV
				245 655				
		EUROPE	10	315,677.	EFT	⁰ .	N/A	FMV

COOPERATIVE	FOR	ASSISTANCE	AND	RELIEF
EVERYWHERE.	INC			

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chedule F (Form 990)	EVERY	WHERE, INC.			13-16	85039		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	14	275,669.	СНЕСК	0.	N/A	FMV
		SOUTH ASIA	14	163,668.	CHECK	0.	N/A	FMV
		SUB-SAHARAN	14	43,115.		0	NT / 3	FMV
		AFRICA	14	43,115.		0.	N/A	
		SOUTH ASIA	22	131,738.	снеск	0.	N/A	FMV
		SOUTH ASIA	5,14,23	99,321.	снеск	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	11,018.	EFT	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	10	14,819.	CHECK	0.	N/A	FMV
		SUB-SAHARAN AFRICA	5,10	237,341.	CHECK	0.	N/A	FMV
				,				
		SUB-SAHARAN AFRICA	14	289,239.	EFT	0.	N/A	FMV

Schedule	E (Forn	n 990)	

EVERYWHERE, INC.

13-1685039

Schedule F (Form 990)	EVERI	WHERE, INC.			13-10	07073		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) 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)
		EAST ASIA AND THE						
		PACIFIC	5	10,583.	СНЕСК	0.	N/A	FMV
		SOUTH ASIA	11,15	512,546.	СНЕСК	0	N/A	FMV
			11,15	512,540.				1 110
		SUB-SAHARAN						
		AFRICA	23	12,424.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12	195,103.	СНЕСК	٥.	N/A	FMV
			F 10	70 (70	aunar			
		SOUTH ASIA	5,10	72,678.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	22	114,793.	EFT	0.	N/A	FMV
		SOUTH ASIA	14	495,842.	СНЕСК	٥.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	5	67,108.	CHECK	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	15	89,161.	CHECK		N/A	FMV
		FACIFIC	r-2	09,101.	CHECK	۰ ۰	N / A	р. 11 V

COOPERATIVE	FOR	ASSISTANCE	AND	RELIEF

AFRICA

SUB-SAHARAN AFRICA 5

13

Schedule F (Form 990)	EVERY	WHERE, INC.			13-16	85039		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Begion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	10	76,051.	CHECK	0.	N/A	FMV
		SUB-SAHARAN AFRICA	11	42,679.			N/A	FMV
		SOUTH ASIA	12	577,014.			N/A	FMV
		EAST ASIA AND THE PACIFIC	10,22	129,257.			N/A	FMV
		SUB-SAHARAN AFRICA	13	6,516.	CHECK	0.	N/A	FMV
		SUB-SAHARAN AFRICA	5	10,389.	CHECK	0.	N/A	FMV
		SUB-SAHARAN AFRICA	5,12,13	779,155.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						

24,212. CHECK

122,063.CHECK

0.N/A

0.N/A

FMV

FMV

Schedule F ((Form 990)

EVERYWHERE, INC.

13-1685039

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Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
I 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, FN appraisal, other)
		SUB-SAHARAN	r.	40.216				
		AFRICA	5	49,316.	EFT	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	15	105,032.	EFT	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	14	43,677.	CHECK	0	N/A	FMV
			<u> </u>	43,077.				
		SUB-SAHARAN						
		AFRICA	11	154,038.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	205,523.	CHECK	0.	N/A	FMV
				, -				
		SUB-SAHARAN						
		AFRICA	5	132,417.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	10,482.	EFT	٥.	N/A	FMV
		SUB-SAHARAN	1 5		mm		NT / 3	ENG Z
		AFRICA	15	7,144.	EF.T.	U.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5,11,12,21	914,692.	снеск	0.	N/A	FMV

Schedule	F	(Form 990)	

EVERYWHERE, INC.

13-1685039

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Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN						
		AFRICA	10,15	251,213.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12	248,771.	CHECK	0.	N/A	FMV
				,				
		SUB-SAHARAN						
		AFRICA	12	124,836.	CHECK	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	43,984.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	19,960.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5,11,21	407,406.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	11	169,016.	CHECK	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12	198,481.	EFT	0	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12	84,006.	СНЕСК	0.	N/A	FMV

Schedule F	(Form 990)

EVERYWHERE, INC.

13-1685039

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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, FM\ appraisal, other)
		SUB-SAHARAN						
		AFRICA	10,21	62,643.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12	54,161.	CHECK	0.	N/A	FMV
				, -				
		SUB-SAHARAN						
		AFRICA	14	131,842.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN AFRICA	15	34,007.	CHECK		N/A	FMV
		AFRICA	10	54,007.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	242,398.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN	5 10	20.152				
		AFRICA	5,12	32,153.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13	13,781.	CHECK	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13	5,744.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	16,224.	EFT	0	N/A	FMV
			F ⁻	,	F	· ·	F'',	Г •••

Schedule I	F (Form	990)

EVERYWHERE, INC.

13-1685039

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Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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, FM appraisal, other)
		SUB-SAHARAN						
		AFRICA	5,10,13	417,348.	CHECK	0.	N/A	FMV
		SOUTH ASIA	22	47,669.	снеск	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10,15	207,406.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10	281,126.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN	12	1557556.				
		AFRICA	12	155/556.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10,14	328,350.	СНЕСК	٥.	N/A	FMV
		EAST ASIA AND THE PACIFIC	15	163,027.	CHECK		N/A	FMV
		FACIFIC	15	105,027.	CHECK	0.	N/A	F H V
		SUB-SAHARAN						
		AFRICA	14,15	18,822.	EFT	٥.	N/A	FMV
		SOUTH ASIA	10,14,15,22,23	464,500.	CHECK	n –	N/A	FMV
		Poortin TIDITA		,	Pillon	U. U.	P1/ 23	r ··· ·

Schedule	F	(Form	990)

EVERYWHERE, INC.

13-1685039

chequie F (Form 990)		WIERE, INC.			19 10	03033		Page
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
		SOUTH ASIA	10,23	930,832.	CHECK	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5,13	138,308.	EFT	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	10,25	9,693.	EFT	0.	N/A	FMV
		SUB-SAHARAN AFRICA	5,13	666,954.	СНЕСК	٥.	N/A	FMV
		EAST ASIA AND THE PACIFIC	5	13,596.	CHECK	0	N/A	FMV
		r ACIFIC		13,350.	CHECK		N/A	
		SOUTH ASIA	5,12	391,098.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12	78,962.	EFT	0.	N/A	FMV
		CENTRAL AMERICA AND CARIBBEAN	15	11,688.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12	8,195.	EFT	0.	N/A	FMV

Schedule F	(Form 990)

EVERYWHERE, INC.

13-1685039

chequie F (Form 990)		WIERE, INC.			10 10	03033		Page
Part II Continuation o	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line [.]	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EUROPE	5,10	3397234.	CHECK	0.	N/A	FMV
		EUROPE	10	236,309.	EFT	٥.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	10	108,292.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN AFRICA	12	299,274.		0	N/A	FMV
		AFRICA	12	299,274.	EFT	U.	N/A	F MV
		SUB-SAHARAN						
			13,15	607,081.	EFT	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	523,747.	CHECK	0.	N/A	FMV
		CENTRAL AMERICA AND CARIBBEAN	14	75,895.	СНЕСК	0	N/A	FMV
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		SUB-SAHARAN						
			5,10	660,188.	EFT	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	14	6,204.	CHECK	٥.	N/A	FMV

Schedule I	F (Form	990)

EVERYWHERE, INC.

13-1685039

schedule F (Form 990)	T A DI(T	WIERE, INC.				00000		Page
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN						
		AFRICA	13	20,621.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5,12,13	186,857.	RFT	0	N/A	FMV
			5,12,15	100,007.				
		SUB-SAHARAN						
		AFRICA	13	22,756.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	14	16,489.	EFT	0.	N/A	FMV
		EAST ASIA AND THE PACIFIC	10	7,771.	CHECK		N/A	FMV
		FACIFIC		/,//1.	CHECK	0.	N/A	r Hv
		SOUTH ASIA	14	158,346.	СНЕСК	0.	N/A	FMV
				,				
		SOUTH AMERICA	10	362,321.	EFT	٥.	N/A	FMV
			1.4	164 000			NT / 3	
		SOUTH ASIA	14	164,889.	CHECK	0.	N/A	FMV
		SOUTH ASIA	14	15,792.	R.B.M.		N/A	FMV

Schedule F (Form	990	1

EVERYWHERE, INC.

13-1685039

chedule F (Form 990)		WHERE, INC.			13-10	03033		Page
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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, FM appraisal, other)
		SUB-SAHARAN						
		AFRICA	5	100,561.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13	41,708.	CHECK	٥.	N/A	FMV
				,				
		SUB-SAHARAN						
		AFRICA	10	22,193.	EFT	0.	N/A	FMV
		EAST ASIA AND THE						
			12	437,494.	EFT	0.	N/A	FMV
				, -				
		SOUTH ASIA	14	217,706.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	42,938.	CHECK	0.	N/A	FMV
			-	,				
		SUB-SAHARAN						
		AFRICA	14	22,740.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
			14	82,197.	T. T	n	N/A	FMV
				52,157.		· · ·		
		SUB-SAHARAN						
		AFRICA	5	204,037.	СНЕСК	0.	N/A	FMV

Schedule F ((Form 990)

EVERYWHERE, INC.

13-1685039

chequie F (Form 990)		WIEKE, INC.			10 10	03033		Page
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		CENTRAL AMERICA						
		AND CARIBBEAN	10,15,23	228,665.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	32,792.	EFT	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10	31,020.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	34,562.	EFT	٥.	N/A	FMV
				ŕ				
		SUB-SAHARAN						
		AFRICA	12,22	1358621.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	85,394.	EFT	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5,12,21	46,972.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	11	8,364.	EFT	٥.	N/A	FMV
		SUB-SAHARAN		_				
		AFRICA	15	57,881.	EFT	0.	N/A	FMV

Schedule F	(Form 990)	

EVERYWHERE, INC.

13-1685039

	Grants and Other	Assistance to Organiza	tions or Entities Outside the	Initad States	Cohodulo E (Earma O		4)	
1		leeletainee te ei gaimina		United States.		90), Part II, line	1)	
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN						
Ĩ		AFRICA	5	13,250.	СНЕСК	٥.	N/A	FMV
Î								
		SUB-SAHARAN						
		AFRICA	14	302,280.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
Ĩ			14	323,265.	CHECK	0	N/A	FMV
		ni ki ch	± 1	525,205.	CIIICK			
		SUB-SAHARAN						
Ĩ		AFRICA	15	23,312.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13	11,053.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
			15	43,805.	СНЕСК	0	N/A	FMV
Ĩ								
		SUB-SAHARAN						
		AFRICA	14	85,604.	EFT	0.	N/A	FMV
		EUROPE	10	76,792.	CHECK	0.	N/A	FMV
		SOUTH ASIA	11,20	312,260.			N/A	FMV

COOPERATIVE	FOR	ASSISTANCE	AND	RELIEF

5,10,13

SOUTH ASIA

Schedule F (Form 990)	EVERY	WHERE, INC.			13-16	85039		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	14	129,084.	CHECK	٥.	N/A	FMV
		SOUTH ASIA	10	190,767.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13	361,335.	EFT	0.	N/A	FMV
		SOUTH ASIA	14	145,968.	CHECK	0.	N/A	FMV
		MIDDLE EAST AND						
			10	20841437	EFT	٥.	N/A	FMV
		SOUTH ASIA	5	36,227.	CHECK	0.	N/A	FMV
		SOUTH ASIA	14	149,088.	CHECK	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10,22	194,586.	EFT	٥.	N/A	FMV

131,647.CHECK

0.N/A

FMV

Schedule	F(Form	990)	

EVERYWHERE, INC.

13-1685039

chedule F (Form 990)	1111.1	WIIDRE, INC.			10 10	03035		Faye
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
		SOUTH ASIA	10,13	77,841.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN AFRICA	13	381,218.	CHECK	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	5	30,000.	CHECK	0.	N/A	FMV
		SOUTH ASIA	12	60,882.	EFT	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	10,21	32,811.	EFT	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	5	78,758.	EFT	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	10	30,905.	EFT	٥.	N/A	FMV
		EAST ASIA AND THE PACIFIC	5	11,429.	CHECK	0.	N/A	FMV
		SUB-SAHARAN AFRICA	5	554,308.	CHECK		N/A	FMV
		AFRICA	5	554,508.	CHECK	U.	N/A	FMV

Schedule	E (Forn	n 990)	

EVERYWHERE, INC.

13-1685039

		WIIDRE, TRC.			10 10	00000		Faye
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	10	18,487.	CHECK	٥.	N/A	FMV
				, -				
		SOUTH ASIA	10	195,835.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	5,23	85,530.	CHECK	0	N/A	FMV
		AFRICA	5,25	05,550.	CHECK		N/A	
		SUB-SAHARAN						
		AFRICA	10,14,15	316,120.	СНЕСК	٥.	N/A	FMV
		SOUTH ASIA	5,10	587,922.	CHECK	0.	N/A	FMV
		SOUTH ASIA	15	37,835.	CHECK	٥.	N/A	FMV
				,				
		SUB-SAHARAN						
		AFRICA	12	109,249.	EFT	٥.	N/A	FMV
		SOUTH ASIA	10	28,104.	E E T		N/A	FMV
		DOOLU ADIA	± 0	20,104.	pr 1	0.	m / A	<u>r 11 v</u>
		SUB-SAHARAN						
		AFRICA	10	499,623.	СНЕСК	٥.	N/A	FMV

Schedule	F(Form	990)	

EVERYWHERE, INC.

13-1685039

		$\operatorname{MID}(\operatorname{D}, \operatorname{INC})$			15 10			Faye
Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, Fl appraisal, other
		SOUTH ASIA	11	57,343.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	93,029.	EFT	٥.	N/A	FMV
		MIDDLE EAST AND NORTH AFRICA	F	31,421.	CHECK	0	N/A	FMV
		NORTH AFRICA	5	51,421.	CHECK	0.	N/A	
		SUB-SAHARAN						
		AFRICA	10,12	703,185.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	76,997.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10	20,580.	CHECK	0.	N/A	FMV
				,				
		SUB-SAHARAN						
		AFRICA	13	77,572.	СНЕСК	0.	N/A	FMV
		MIDDLE EAST AND NORTH AFRICA	10	182,208.	r.		N/A	FMV
		NONTH AFRICA	<u>н</u> о	102,200.	1917 I	0.	m / A	н. ні v
		MIDDLE EAST AND						
		NORTH AFRICA	10	1168948.	EFT	0.	N/A	FMV

Schedule F	(Form 990)

EVERYWHERE, INC.

13-1685039

chequie F (Form 990)		WHERE, INC.			10 10	00000		Page
Part II Continuation o	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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, FN appraisal, other)
		SOUTH ASIA	11	41,322.	EFT	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	19,866.	снеск	٥.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	10,14	26,010.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10,12,23	97,110.	EFT	0.	N/A	FMV
		SUB-SAHARAN	1.0	1000000				
		AFRICA	10	1006668.	E.F.T.	0.	N/A	FMV
		SUB-SAHARAN AFRICA	15	8,914.	EFT	0.	N/A	FMV
				,				
		SUB-SAHARAN						
			13	38,608.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
			10,21	71,791.	EFT	0.	N/A	FMV
		CENTRAL AMERICA						
		AND CARIBBEAN	23	65,580.	EFT	0.	N/A	FMV

Schedule F (Fo	rm 990)

EVERYWHERE, INC.

13-1685039

Schedule F (Form 990)		WIIDRE, TRC.			10 10	03035		Faye Z
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organizatio	n (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)
		MIDDLE EAST AND NORTH AFRICA	10	13830841	FFT	0	N/A	FMV
		NORTH AFRICA	10	13830841		0.	N/A	F PIV
		EAST ASIA AND THE						
		PACIFIC	11	7,977.	EFT	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	10	17,041.	CHECK	0.	N/A	FMV
				, -				
		SUB-SAHARAN						
		AFRICA	10	123,518.	СНЕСК	0.	N/A	FMV
		SOUTH ASIA	5	28,193.	СНЕСК	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	24,838.	CHECK	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	10	14,898.	СНЕСК	0.	N/A	FMV
		SOUTH ASIA	10	121,716.	CHECK	0	N/A	FMV
		DODIU ADIA		121,/10.		0.	n/A	н. т. т. т.
		MIDDLE EAST AND						
		NORTH AFRICA	10,21	1583574.	EFT	0.	N/A	FMV

Schedule F (Form 990)

EVERYWHERE, INC.

13-1685039

chequie F (Form 990)		WIERE, INC.			10 10	03033		Page
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line [.]	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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, FM appraisal, other)
		SUB-SAHARAN	10	110 000	aunaw			ENG.
		AFRICA	12	119,263.	CHECK	0.	N/A	FMV
		SOUTH ASIA	13	46,269.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	93,823.	EFT	٥.	N/A	FMV
		SUB-SAHARAN		0.00.01.0				
		AFRICA	14	260,816.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	12	555,795.	СНЕСК	٥.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	10	40,020.	CHECK	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	58,848.	CHECK	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	29,014.	СНЕСК	٥.	N/A	FMV
		SOUTH AMERICA	13,15	219,133.	FFT		N/A	FMV
		POOLIN MERICA	±3,±3	<u> </u>	<u>۳۰</u>	۰ ⁰	11/21	F TTV

Schedule F	(Form 990)

EVERYWHERE, INC.

13-1685039

Schedule F (Form 990)	EVERI	WHERE, INC.			13-10	07073		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SUB-SAHARAN						
		AFRICA	5	117,898.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10	215,950.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13	10,704.	EFT	0.	N/A	FMV
		SOUTH ASIA	10	251,087.	CHECK	0.	N/A	FMV
				,				
		EAST ASIA AND THE						
		PACIFIC	5	8,348.	EFT	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	41,757.	EFT	0.	N/A	FMV
			-	,				
		EAST ASIA AND THE						
		PACIFIC	12	17,343.	EFT	٥.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	56,720.	RFT	n	N/A	FMV
		*******	ř <u> </u>	50,720.		· · ·		
		SUB-SAHARAN						
		AFRICA	11	255,155.	СНЕСК	٥.	N/A	FMV

Schedule F ((Form 990)

EVERYWHERE, INC.

13-1685039

Schedule F (Form 990)		WIERE, INC.			10 10	01013		Page
Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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, FM\ appraisal, other)
		SUB-SAHARAN						
		AFRICA	10	38,611.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13,15	133,383.	CHECK	٥.	N/A	FMV
			,	,				
		SUB-SAHARAN						
		AFRICA	5	105,015.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	171,861.	ጥዓብ	0	N/A	FMV
			10	1,1,001.				
		SUB-SAHARAN						
		AFRICA	12	33,400.	EFT	٥.	N/A	FMV
		MIDDLE EAST AND NORTH AFRICA	10,15	20015640	CHECK	0	N/A	FMV
		NORTH AFRICA	10,15	20013040	CHECK	0.	N/A	r HV
		SOUTH ASIA	5	299,381.	СНЕСК	٥.	N/A	FMV
		L						
		SUB-SAHARAN	21	200 702	E EM	_	NT / A	EMS7
		AFRICA	21	322,793.	pr1	U.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	13,22	262,400.	СНЕСК	٥.	N/A	FMV

Schedule F (I	Form	990	1

EVERYWHERE, INC.

13-1685039

schedule F (Form 990)		WIERE, INC.			12-10			Page 2
Part II Continuation	n of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organizati	on (b) IRS code section and EIN (if applicable)		(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)
		EAST ASIA AND THE	_				/-	
		PACIFIC	5	10,000.	EFT	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	252,838.	EFT	0.	N/A	FMV
		SUB-SAHARAN AFRICA	1.2	20.460	aunaw		N/A	
		AFRICA	13	38,460.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	15	70,558.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN AFRICA	15	1612428.	FFT	0	N/A	FMV
		AFRICA	15	1012420.		0.	N/A	- HV
		CENTRAL AMERICA						
		AND CARIBBEAN	15	29,948.	EFT	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	31,750.	EFT	0.	N/A	FMV
				_,		.		
		SUB-SAHARAN						
		AFRICA	14,15	277,215.	СНЕСК	0.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5	15,233.	EFT	٥.	N/A	FMV

Schedule F	(Form 990)	

EVERYWHERE, INC.

13-1685039

	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	<u>(Schedule F (Form 9</u>		1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		SOUTH ASIA	15	73,239.	СНЕСК	0.	N/A	FMV
		SOUTH ASIA	14	93,552.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
			10,21,23	74,722.	СНЕСК	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10,12,22	1787890.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	22	126,869.	EFT	0.	N/A	FMV
		SUB-SAHARAN AFRICA	13	20 701	CHECK	0	N/A	FMV
		AFRICA	13	32,781.	CHECK	0.	N/A	F MV
		SUB-SAHARAN AFRICA	5,10	1761831.	CHECK	0.	N/A	FMV
		SOUTH ASIA	10,13	182,555.	EFT	0.	N/A	FMV
		SUB-SAHARAN AFRICA	15	66,632.	EFT	0.	N/A	FMV

Schedule F	(Form 990)	

EVERYWHERE, INC.

13-1685039

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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, FN appraisal, other)
		SUB-SAHARAN AFRICA	13	56,140.	CUECK	0	N/A	FMV
		AFRICA	13	50,140.	CHECK		N/A	
		SOUTH ASIA	10,13,22	268,070.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10	80,480.	СНЕСК	٥.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	10	18,888.	СНЕСК	٥.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10	97,224.	CHECK	٥.	N/A	FMV
				, -				
		SOUTH ASIA	10	326,630.	CHECK	0	N/A	FMV
		SOUTH ASTA	10	520,050.	CHECK	0.	N/A	- F 14 V
		SUB-SAHARAN						
		AFRICA	10	8,885.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	10	42,370.	EFT	٥.	N/A	FMV
		SOUTH ASIA	15	5,483.	снеск	٥.	N/A	FMV

Schedule F (I	Form	990	1

EVERYWHERE, INC.

13-1685039

		WIIDRE, TRC.			15 10	03035		Fage
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	Schedule F (Form S	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
		SUB-SAHARAN						
		AFRICA	10	18,209.	CHECK	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	44,047.	EFT	٥.	N/A	FMV
				,				
		SUB-SAHARAN						
		AFRICA	10,20	14,417.	EFT	0.	N/A	FMV
		SOUTH ASIA	15,22	173,025.	CHECK	٥.	N/A	FMV
			,					
		SUB-SAHARAN						
		AFRICA	5	1104431.	CHECK	0.	N/A	FMV
		SUB-SAHARAN						
		AFRICA	5	33,524.	EFT	٥.	N/A	FMV
		EAST ASIA AND THE						
		PACIFIC	5,12,13,15	550,711.	EFT	0.	N/A	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	10	138,150.	EFT	٥.	N/A	FMV
				,	1			
		SUB-SAHARAN						
		AFRICA	5	15,485.	СНЕСК	0.	N/A	FMV

Schedule	e F (Form 990)	EVERY	WHERE, INC.			13-16	85039	
Part II	Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line ⁻	1)
1 (a) Nan	ne of organization	(b) IRS code section and EIN (if applicable)	I (c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	
			SUB-SAHARAN					
				10	68,070.	СНЕСК	٥.	N,
			SUB-SAHARAN AFRICA	10,21	25,649.	ार म [्] ग	0.	N
						<u> </u>		

	EUROPE	10	284,235.	EFT	0.	N/A	FMV

Page **2**

(i) Method of valuation (book, FMV, appraisal, other)

FMV

FMV

(h) Description

of non-cash assistance

0.N/A

0.N/A

Schedule F (Form 990) 2023

EVERYWHERE, INC.

13-1685039

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

Schedu	le F (Form 990) 2023 EVERYWHERE, INC.	13-1685039	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	Yes	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 EVERYWHERE ,
Part V Supplemental Information

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.

PART I, LINE 2:

CARE MONITORS PARTNER FUNDING AGREEMENT (I.E. SUB AGREEMENT) TO DETERMINE

WHETHER BOTH CARE AND THE PARTNER (SUB-RECIPIENT) ARE PERFORMING

ACCORDING TO THE AGREED SCOPE OF WORK AND APPLICABLE CAPACITY

INC.

STRENGTHENING PLANS AND COMPLYING WITH APPLICABLE DONOR RULES AND

REGULATIONS. PERIODIC REVIEWS OF MONITORING RESULTS MUST BE CONDUCTED BY

A SUPERVISORY OFFICIAL.

CARE ALSO PERIODICALLY EVALUATES THE PERFORMANCE OF PARTNER FUNDING

AGREEMENT TOWARDS THE ACHIEVEMENT OF INTENDED OUTCOMES AND DONOR

REQUIREMENTS. MONITORING THROUGH "ON GOING ACTIVITIES", ALSO KNOWN AS

"DURING-THE-AWARD MONITORING" MAY TAKE VARIOUS FORMS. A FUNDAMENTAL

MONITORING TOOL IS INFORMING THE PARTNER 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 PARTNER

2. PERFORMING SITE VISITS TO THE PARTNER TO REVIEW FINANCIAL AND

PROGRAMMATIC RECORDS AND OBSERVE OPERATIONS

3. REGULAR CONTACT WITH THE PARTNER AND MAKING APPROPRIATE INQUIRIES

CONCERNING PROGRAM ACTIVITIES

4. ARRANGING FOR AGREED-UPON PROCEDURES AND ENGAGEMENTS FOR CERTAIN

ASPECTS OF PARTNER ACTIVITIES SUCH AS ELIGIBILITY DETERMINATION.

DONOR LAWS AND REGULATIONS MAY IMPOSE PARTNER MONITORING REQUIREMENTS

SPECIFIC TO A PROGRAM. IN ADDITION, FACTORS SUCH AS DUE DILIGENCE

COOPERATIVE FOR ASSISTANCE A	ND KETTEL
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COOPERATIVE FOR ASSISTANCE AND RELIEF Schedule F (Form 990) 2023 EVERYWHERE, INC. 13-1685039 Pac	qe 5
Part V Supplemental Information	10 0
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.	
ASSESSMENT, SPECIAL PROVISIONS OF THE SUB-AGREEMENT, THE SIZE OF AWARDS,	
PERCENTAGE OF THE PASS-THROUGH ENTITY'S TOTAL PROGRAM FUNDS AWARDED TO	
PARTNERS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, AND RISK OF	
PARTNER NON-COMPLIANCE AS ASSESSED BY THE PASS-THROUGH ENTITY MAY	
INFLUENCE THE NATURE AND EXTENT OF MONITORING PROCEDURES.	
SCHEDULE F, PART II, COLUMN D	
1 DEVELOPMENT - FOOD AND NUTRITION SECURITY AND RESILIENCE TO CLIMATE	
CHANGE	
2 DEVELOPMENT - A LIFE FREE FROM VIOLENCE	
3 DEVELOPMENT - SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH	
4 DEVELOPMENT - ACCESS TO AND CONTROL OVER ECONOMIC RESOURCES (WOMENS	
ECONOMIC EMPOWERMENT)	
5 DEVELOPMENT - OTHER	
6 HUMANITARIAN - FOOD AND NUTRITION SECURITY AND RESILIENCE TO CLIMATE	
CHANGE	
7 HUMANITARIAN - A LIFE FREE FROM VIOLENCE	
8 HUMANITARIAN - SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH	
9 HUMANITARIAN - ACCESS TO AND CONTROL OVER ECONOMIC RESOURCES (WOMENS	
ECONOMIC EMPOWERMENT)	
10 HUMANITARIAN - OTHER	
11 DEVELOPMENT - CLIMATE JUSTICE	
12 DEVELOPMENT - FOOD WATER NUTRITION	
13 DEVELOPMENT - GENDER EQUALITY	
14 DEVELOPMENT - RIGHT TO HEALTH	
15 DEVELOPMENT - WOMEN ECONOMIC JUSTICE	

16 DEVELOPMENT PROGRAM MANAGEMENT - GENDER EQUALITY

Schedule F (Form 990) 2023 EVERYWHERE, Part V Supplemental Information

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.

17 DEVELOPMENT PROGRAM MANAGEMENT - OTHER

18 DEVELOPMENT PROGRAM MANAGEMENT - WOMEN ECONOMIC JUSTICE

INC.

20 HUMANITARIAN - CLIMATE JUSTICE

21 HUMANITARIAN - FOOD WATER NUTRITION

22 HUMANITARIAN - GENDER EQUALITY

23 HUMANITARIAN - RIGHT TO HEALTH

24 HUMANITARIAN - WOMEN ECONOMIC JUSTICE

25 HUMANITARIAN PROGRAM MANAGEMENT - OTHER

26 DEVELOPMENT PROGRAM MANAGEMENT - FOOD WATER NUTRITION

SCHEDULE F, PART IV, LINE 3

1. FOREIGN CORPORATIONS NAME, ADDRESS AND EIN:

- JITA SOCIAL BUSINESS BANGLADESH

- RAOWA COMPLEX (8TH FLOOR), VIP ROAD, MOHAKHALI DHAKA-1206, BANGLADESH

- 00-000000

2. THE FILING REQUIREMENT WITH RESPECT TO THE FOREIGN CORPORATION, JITA

SOCIAL BUSINESS BANGLADESH, HAS BEEN SATISFIED WITH THE FILING OF THE

CARE SOCIAL VENTURES, INC. FORM 5471.

3. FILING CORPORATIONS NAME, ADDRESS AND EIN:

- CARE SOCIAL VENTURES, INC.

- 151 ELLIS STREET, NE, ATLANTA, GA, 30303-2440

<u>- 38-3873371</u>

4. IRS SERVICE CENTER WHERE THE RETURN WAS FILED: E-FILE

SCHEDULE G	Suppleme	ental Information Regarding	Func	draisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, or if the	2023
Department of the Treasury		Attach to Form 990	or Fori	n 990-	-EZ.		Open to Public
Internal Revenue Service	Go	to www.irs.gov/Form990 for instru	ctions	and th	ne latest informatio	n.	Inspection
Name of the organization		TIVE FOR ASSISTANC					identification number
	EVERYWH	ERE, INC.				13-16	85039
	ing Activities.	 Complete if the organization answers t. 	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990)-EZ filers are not
1 Indicate whether the	e organization rais	sed funds through any of the followir	ng activ	/ities. (Check all that apply.		
a X Mail solicitat	-		-		overnment grants		
b X Internet and	email solicitations	s f X Solicita	tion of	gover	nment grants		
c X Phone solicit		g X Special		-	-		
d X In-person sol	licitations						
2 a Did the organizatio	n have a written o	or oral agreement with any individual	(includ	ding of	ficers, directors, trus	tees, or	
key employees liste	ed in Form 990, P	Part VII) or entity in connection with p	rofessi	ional fu	undraising services?	X	Yes 🗌 No
b If "Yes," list the 10	highest paid indi	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fundraiser is t	o be
compensated at le	ast \$5,000 by the	organization.					
		1	T				
(i) Name and address	s of individual		fund	Did raiser	(iv) Gross receipts	(v) Amount pa to (or retained l	N (VI) Amount paid
or entity (fund		(ii) Activity	have c or cor	ustody ntrol of	from activity	` fundraiser	organization
			contrib	utions?		listed in col. (i) organization
NEWPORT ONE, INC	21	CONSULTS ON DIRECT MAIL	Yes	No			
RAILROAD AVE., DAXE	BURY, MA	AND EMAIL		X	5,459,320.	1,249,6	77. 4,209,643.
FUSE FUNDRAISING -	12355	CONSULTS ON DIRECT MAIL					
SUNRISE VALLEY DR S	SUITE 240,	AND EMAIL		x	5,269,720.	595,6	40. 4,674,081.
GIVEBRIDGE - 525 W	MONROE ST,						
STE 900, CHICAGO, I	L 60661	IN PERSON MARKETING		x	3,660,636.	8,437,9	794,777,343.
PMX AGENCY LLC - 5	HANOVER	LIST BROKER/ CONSULTING/					
SQUARE, NEW YORK, N	YY 10004	PAID ADVTSG/ WEB STRTGY		x	2,653,084.	457,5	94. 2,195,490.
PERSONAL FUNDRAISIN	IG SVCS -						
10 S RIVERSIDE PLZ,	# 875,	IN PERSON MARKETING		x	2,115,424.	4,903,0	002,787,576.
MDS COMMUNICATION C	CORP 545						
W. JUANITA AVE., ME	ESA, AZ	TELEMARKETING		x	2,046,921.	1,164,4	69. 882,452.
DIGITALISH LLC - 13	324 NW						
FRESNO AVE, BEND, C	DR 97703	CONSULTS ON DIGITAL		x	1,467,618.	1,106,9	06. 360,712.
KNEW SALES - 500 QU	JEEN ST. E,						
#145, TORONTO, CANA		IN PERSON MARKETING		x	670,068.	1,872,3	251,202,257.
GLOBAL FACES DIRECT	CORP -						
2-30 LESMILL RD, #2		IN PERSON MARKETING		x	559,302.	1,185,9	20626,619.
STELTER - 10435 NEW	V YORK AVE,	PLANNED GIFT DIRECT &	1				
DES MOINES, IA 503	322	DIGITAL MAIL CONSULTANT		X	0.	446,2	21446,221.
Total					23,902,093.	21,419,7	31. 2,482,362.

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

<u> </u>			TIVE FOR ASS	ISTANCE AND F		1605020
_	edul Irt I		IERE, INC.	1)/		1685039 Page 2
ГС		Fundraising Events. Complete if the of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	
			IMPACT		NONE	(d) Total events
			AWARDS		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e				(event type)		
Revenue			2 111 005			2 111 005
Ве	1	Gross receipts	3,111,995.			3,111,995.
			2,918,241.			2 010 2/1
	Z	Less: Contributions	2,910,241.			2,918,241.
	2	Gross income (line 1 minus line 2)	193,754.			193,754.
	3		193,194.			199,7940
	4	Cash prizes				
	-					
	5	Noncash prizes				
ŝ	Ŭ					
anse	6	Rent/facility costs				
Direct Expenses		······				
ш t	7	Food and beverages	143,964.			143,964.
Dire	-	·····				· · ·
	8	Entertainment	47,915.			47,915.
	9	Other direct expenses	000 440			47,915. 390,418.
	10	Direct expense summary. Add lines 4 through				582,297.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-388,543.
Pa	irt I	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
-			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue				bingo/progressive bingo		col. (a) through col. (c))
Revenue						
	1	Gross revenue				
ŝ	2	Cash prizes				
xpenses						
ă	3	Noncash prizes				
ŭ						
Direct	4	Rent/facility costs				
_	_	Other direct evenence				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	0	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 throug	n 5 in column (d)			
	'	Shoot opponde summary. Aud intes 2 tillougi				
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
b) If "	Yes," explain:				

332082 09-13-23

Sch	edule G (Form 990) 2023	COOPERATIVE EVERYWHERE,			ASSISTANCE AND RELI	1	3-168	5039	Page 3
11	1 1							Yes	
					ember of a partnership or other entity		∟	165	
12		-						7	
40							∟	Yes	No No
	Indicate the percentage of gaming						1	1	
									%
							13	0	%
14	Enter the name and address of the	Person who prepares	the orgar	aniz	ation's gaming/special events books	and records:			
	Name								
	Address								
15a	Does the organization have a cont	ract with a third party fr	rom whor	om	the organization receives gaming rev	enue?		Yes	No No
b	If "Yes," enter the amount of gami	na revenue received by	the orga	ani	zation \$	and the amou	nt		
	of gaming revenue retained by the								
	If "Yes," enter name and address								
		or the time party.							
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Director/officer	Employee			Independent contractor				
17	Mandatory distributions:								
а	Is the organization required under	state law to make char	itable dis [.]	istri	butions from the gaming proceeds to)			
	retain the state gaming license?							Yes	No No
b	5 5				ributed to other exempt organization		ne		
	organization's own exempt activiti	•	\$						
Pa				tion	s required by Part I, line 2b, columns	(iiii) and (v); ar	d Part III. I	ines 9.	9b. 10b.
			•		ional information. See instructions.				
<u>sc</u>	HEDULE G, PART I,	LINE 2B, LI	ST OF	F	TEN HIGHEST PAID F	UNDRAIS	ERS:		
(I) NAME OF FUNDRAIS	SER: NEWPORT	ONE -		INC.				
·									
<u>(I</u>) ADDRESS OF FUNDE	AISER: 21 RA	AILRC	OA	D AVE., DAXBURY, M	<u>A 0233</u>	2		
<u>(</u>]) NAME OF FUNDRAIS	ER: FUSE FU	NDRAI	IS	ING				
<u>(I</u>) ADDRESS OF FUNDE	AISER:							
12	355 SUNRISE VALLEY	DR SUITTE 2.	40 R	ਸਤ	STON. VA 20191				

 COOPERATIVE FOR ASSISTANCE AND RELIEF

 Schedule G (Form 990)
 EVERYWHERE, INC.
 13-1685039
 Page 4

 Part IV
 Supplemental Information (continued)
 13-1685039
 Page 4

(I) NAME OF FUNDRAISER: PERSONAL FUNDRAISING SVCS

(I) ADDRESS OF FUNDRAISER: 10 S RIVERSIDE PLZ, #875, CHICAGO, IL 60661

(I) NAME OF FUNDRAISER: MDS COMMUNICATION CORP.

(I) ADDRESS OF FUNDRAISER: 545 W. JUANITA AVE., MESA, AZ 85210

(I) NAME OF FUNDRAISER: KNEW SALES

(I) ADDRESS OF FUNDRAISER:

500 QUEEN ST. E, #145, TORONTO, CANADA ON M5A 1V2

(I) NAME OF FUNDRAISER: GLOBAL FACES DIRECT CORP

(I) ADDRESS OF FUNDRAISER: 2-30 LESMILL RD, #2, TORONTO, CANADA ON M3B 2T6

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 PMX AGENCY LLC, FUNDRAISING EXPENSES INCLUDE MEDIA EXPENSES FOR

PAID ADVERTISING PLUS DIRECT MAIL PROGRAM EXPENSES SUCH AS PROCURE

RENTAL AND EXCHANGE DONOR LISTS, NEGOTIATE NET NAME ARANGEMENTS,

REPORTING, SEGMENTATION, LIST FULFILLMENT AND MERGE SERVICES. =

\$2,485,447. CARE USES PMX AGENCY FOR ACQUISITION OF DONORS IN BOTH

PAID ADVERTISING DIGITALLY AND IN DIRECT MAIL LIST STRATEGY.

ACQUISITION OF ANY KIND REQUIRES INITIAL INVESTMENT WITH THE PAY OFF

NOT RECEIVED IN THE FISCAL YEAR IN WHICH IT IS SPENT. AS A RESULT,

THERE CAN BE NEGATIVE OR LOW NET INCOME WHEN YOU LOOK AT ONLY THE

CURRENT FISCAL YEAR & TAKE INTO ACCOUNT ALL EXPENSES PAID TO THE

FUNDRAISER.

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:

- FOR PMX AGENCY LLC, THE INVOICE OR CONTRACT DEFINE THE EXACT COSTS FOR PROFESSIONAL FUNDRAISING SERVICES. ALL OTHER COSTS ARE CONSIDERED FUNDRAISING EXPENSES.

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

INCLUDE BOTH FUNDRAISING FEES AND FUNDRAISING EXPENSES. IN THESE 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.

- GIVEBRIDGE (PAY COST BY DONOR)

- PERSONAL FUNDRAISING SERVICES (PAY COST BY DONOR)

- KNEW SALES INC. (PAY COST BY DONOR)

- GLOBAL FACES DIRECT CORP (PAY COST BY DONOR)

- MDS COMMUNICATIONS CORP (PAY COST BY COMPLETED CALLS)

GROSS RECEIPTS FROM ACTIVITY

FOR FISCAL YEAR 2024, THERE IS A NEGATIVE NET INCOME FOR THE FOLLOWING

VENDORS: GIVEBRIDGE, PERSONAL FUNDRAISING SERVICES, KNEW SALES INC.,

GLOBAL FACES DIRECT CORP. AND STELTER.

- CARE USED GIVEBRIDGE, PERSONAL FUNDRAISING SERVICES, KNEW SALES INC.,

AND GLOBAL FACES DIRECT CORP. TO AQUIRE BRAND NEW MONTHLY DONORS.

ACQUISITION OF ANY KIND REQUIRES HEAVY INITIAL INVESTMENT WITH LONG

COOPERATIVE FOR ASSISTANCE AND RELIEF Schedule G (Form 990) EVERYWHERE, INC. Part IV Supplemental Information (continued)
TERM PAY OFF NOT RECEIVED IN THE FISCAL YEAR IN WHICH IT IS SPENT. AS A
RESULT, THERE CAN BE NEGATIVE OR LOW NET INCOME WHEN YOU LOOK AT ONLY
THE CURRENT FISCAL YEAR AND TAKE INTO ACCOUNT ALL EXPENSES PAID TO THE
FUNDRAISER.
- CARE USES STELTER TO CONSULT ON DIRECT AND DIGITAL MAIL FOR THE
PLANNED GIVING AUDIENCE. PLANNED GIVING CAMPAIGNS DO NOT SOLICIT FOR
DIRECT SUPPORT, RATHER THEY INSPIRE SUPPORTERS TO LEAVE CARE IN THEIR
ESTATE PLANS. INTENTIONS ARE REALIZED YEARS LATER.

SCHEDULE I (Form 990)	Go	arants and Oth vernments, an	nd Individual	s in the Ŭni	ted States		омв №. 1545-004 2023	7
Department of the Treasury Internal Revenue Service	Compl	ete if the organization Go to www.irs	n answered "Yes" Attach to Form s.gov/Form990 for	n 990.			Open to Public Inspection	С
Name of the organization COOPERATI EVERYWHER		SISTANCE AN	D RELIEF				Employer identification num 13-168503	
Part I General Information on Grants a	nd Assistance							
Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro Part II Grants and Other Assistance to I	tance?	oring the use of grant	funds in the United	States.			X Yes] No
recipient that received more than \$	-						, , , , , ,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
CROWN AGENTS USA								
1100 13TH ST SUITE800								
WASHINGTON, DC 20005	13-5660870	501(C)3	455,276.	0.	N/A	N/A	8	
DREAMSTART LABS, INC. 2907 SHELTER ISLAND DR, 105								
SAN DIEGO, CA 92106	27-4116673	501(C)3	7,400.	0.	N/A	N/A	11	
EMORY UNIVERSITY GRANTS 1599 CLIFTON ROAD NE		E01 (C) 2	226,000	0	AT ()			
ATLANTA, GA 30322	58-0566256	501(C)3	336,099.	0.	N/A	N/A	11,8	
FAMILY HEALTH INTERNATIONAL 369 BLACKWELL ST SUITE200								
DURHAM, NC 27701	23-7413005	501(C)3	289,521.	0.	N/A	N/A	11	
GLOBAL IMPACT 1199 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	52-1273585	501(C)3	595,481.	0.	N/A	N/A	16	
HOWARD DELAFIELD INTERNATIONAL 1101 30 ST_NWSUITE500								
WASHINGTON, DC 20007	20-4466234	501(C)3	1,114,790.	0.	N/A	N/A	12	
2 Enter total number of section 501(c)(3) and			a line di telete			F'		22.
3 Enter total number of other organizations		•	······	·····	·····	·····	······	1.

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

Schedule I (Form 990) 2023

Schedule I (Form 990) EVERYWHERE, INC.

13-1685039 Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL DEVELOPMENT ENTERPRISES - 1031 33RD STREET -							
DENVER, CO 80205	23-2220051	501(C)3	181,672.	0	N/A	N/A	11,14
			,				
INTERNATIONAL FOOD POLICY RESEARCH							
1201 EYE ST.							
WASHINGTON, DC 20005	52-1041632	501(C)3	258,430.	0.	N/A	N/A	11
INTERNATIONAL YOUTH FOUNDATION							
1EASTPRATT ST SUITE701							
BALTIMORE, MD 21202	38-2935397	501(C)3	614,763.	0.	N/A	N/A	11
KICKSTART INTERNATIONAL, INC.							
1849 GEARY BLVD							
SAN FRANCISCO, CA 94115-0908	06-1613235	501(C)3	43,922.	0.	N/A	N/A	11
MERCY CORPS INTERNATIONAL							
45 SW ANKENY STREET,							
PORTLAND, OR 97201	91-1148123	501(C)3	523,670.	0.	N/A	N/A	11
POPULATION SERVICES INTERNATIONAL							
1120 19TH ST NWSUIT600							
WASHINGTON, DC 20036	56-0942853	501(C)3	86,138.	0.	N/A	N/A	12
DECENTE OF THE INTURDATEV OF							
REGENTS OF THE UNIVERSITY OF CALIFORNIA, - 9500 GILMAN DRIVE -							
LOS ANGELES, CA 90095	94-3067788	501(C)3	165,894.	0	N/A	N/A	15
	51 5007700	501(0)5	100,001.	.			
SAVE THE CHILDREN FEDERATION, INC.							
501 KINGS HIGHWAY EAST							
FAIRFIELD, CT 06825	06-0726487	501(C)3	5,410,101.	0.	N/A	N/A	7,11
THE BOARD OF TRUSTEES OF THE							
LELAND - 408 PANAMA MALL -							
STANFORD, CA 94305	94-1156365	501(C)3	125,000.	0.	N/A	N/A	12

Schedule I (Form 990)

Schedule I (Form 990) EVERYWHERE, INC.

13-1685039 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HE JOHNS HOPKINS UNIVERSITY 615 THAMES ST							
ALTIMORE, MD 21231	52-0595110	501(C)3	892,473.	0.	N/A	N/A	12
HE POPULATION COUNCIL, INC. NE DAG HAMMERSKJOLD PLAZA EW YORK, NY 10017	13-1687001	501(C)3	38,306.	0.	N/A	N/A	15
NIVERSITY OF CALIFORNIA SAN RANCISCO - 505 PARNASSUS AVE	94-6036493	E01/(3) 2	129,238.	0	N/A	N/A	
AN FRANCISCO, CA 94122 ATERAID AMERICA, INC. 33 BROADWAY SUITE 2705	30-0181674					N/A	0
EW YORK, NY 10279 OMEN'S REFUGEE COMMISSION INC 22 EAST 42ND ST EW YORK, NY 10168-1289	46-3668128		1,256,769.		N/A	N/A	7
ORLD WILDLIFE FUND US, INC 250 24TH STREET NW ASHINGTON, DC 20001	52-1693387		524,147.		N/A	N/A	11
ORLDREADER.ORG 211 FOLSOM ST AN FRANCISCO, CA 94103	27-2092468	501(C)3	71,218.	0.	N/A	N/A	7
R GLOBAL LC 470 10TH RD ANSAS, KS 67524-9409	84-3967486	N/A	18,900.	0.	N/A	N/A	11

Schedule I (Form 990)

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. 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 noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

CARE MONITORS PARTNER FUNDING AGREEMENT (I.E. SUB-AGREEMENT) TO DETERMINE

WHETHER BOTH CARE AND THE PARTNER (SUB-RECIPIENT) ARE PERFORMING ACCORDING

TO THE AGREED SCOPE OF WORK AND APPLICABLE CAPACITY STRENGTHENING PLANS AND

COMPLYING WITH APPLICABLE DONOR RULES AND REGULATIONS. PERIODIC REVIEWS OF

MONITORING RESULTS MUST BE CONDUCTED BY A SUPERVISORY OFFICIAL.

CARE ALSO PERIODICALLY EVALUATES THE PERFORMANCE OF PARTNER FUNDING

AGREEMENT TOWARDS THE ACHIEVEMENT OF INTENDED OUTCOMES AND DONOR

13-1685039

Page **2**

COOPERATIVE FOR ASSISTANCE AND RELIEF Schedule (Form 990) EVERYWHERE, INC. 13-1685039 Page 2 Part IV Supplemental Information REQUIREMENTS. MONITORING THROUGH "ON GOING ACTIVITIES", ALSO KNOWN AS "DURING-THE-AWARD MONITORING" MAY TAKE VARIOUS FORMS. A FUNDAMENTAL MONITORING TOOL IS INFORMING THE PARTNER 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 PARTNER

2. PERFORMING SITE VISITS TO THE PARTNER TO REVIEW FINANCIAL AND

PROGRAMMATIC RECORDS AND OBSERVE OPERATIONS

3. REGULAR CONTACT WITH THE PARTNER AND MAKING APPROPRIATE INQUIRIES

CONCERNING PROGRAM ACTIVITIES

4. ARRANGING FOR AGREED-UPON PROCEDURES AND ENGAGEMENTS FOR CERTAIN ASPECTS

OF PARTNER ACTIVITIES SUCH AS ELIGIBILITY DETERMINATION.

DONOR LAWS AND REGULATIONS MAY IMPOSE PARTNER MONITORING REQUIREMENTS SPECIFIC TO A PROGRAM. IN ADDITION, FACTORS SUCH AS DUE DILIGENCE ASSESSMENT, SPECIAL PROVISIONS OF THE SUB-AGREEMENT, THE SIZE OF AWARDS, PERCENTAGE OF THE PASS-THROUGH ENTITY'S TOTAL PROGRAM FUNDS AWARDED TO PARTNERS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, AND RISK OF PARTNER NON-COMPLIANCE AS ASSESSED BY THE PASS-THROUGH ENTITY MAY INFLUENCE

THE NATURE AND EXTENT OF MONITORING PROCEDURES.

FORM 990, SCHEDULE I, PART II, COLUMN H

1 DEVELOPMENT - FOOD AND NUTRITION SECURITY AND RESILIENCE TO CLIMATE

CHANGE

2 DEVELOPMENT - A LIFE FREE FROM VIOLENCE

3 DEVELOPMENT - SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH

COOPERATIVE FOR ASSISTANCE AND RELIEF Schedule (Form 990) EVERYWHERE, INC. 13-1685039 Page 2 Part IV Supplemental Information
4 DEVELOPMENT - ACCESS TO AND CONTROL OVER ECONOMIC RESOURCES (WOMENS
ECONOMIC EMPOWERMENT)
5 HUMANITARIAN - FOOD AND NUTRITION SECURITY AND RESILIENCE TO CLIMATE
CHANGE
<u>6 HUMANITARIAN - A LIFE FREE FROM VIOLENCE</u>
7 HUMANITARIAN - OTHER
8 DEVELOPMENT - OTHER
9 HUMANITARIAN - SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH
10 HUMANITARIAN - ACCESS TO AND CONTROL OVER ECONOMIC RESOURCES (WOMENS
ECONOMIC EMPOWERMENT)
11 DEVELOPMENT - FOOD WATER NUTRITION
12 DEVELOPMENT - RIGHT TO HEALTH
13 HUMANITARIAN - FOOD WATER NUTRITION
14 DEVELOPMENT - CLIMATE JUSTICE
15 DEVELOPMENT - GENDER EQUALITY
16 DEVELOPMENT - WOMEN ECONOMIC JUSTICE

SCHEDULE J	Compensation Information	OMB	lo. 1545-00)47		
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2	2023			
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	∠	UZi			
Department of the Treasury	Attach to Form 990.		to Pub			
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		pection			
Name of the organization		Employer identific		mber		
	EVERYWHERE, INC.	13-16850	39			
Part I Question	ns Regarding Compensation					
		_	Yes	No		
1a Check the approp	riate box(es) if the organization provided any of the following to or for a person listed on Form 99	90,				
Part VII, Section A	, line 1a. Complete Part III to provide any relevant information regarding these items.					
X First-class or	charter travel	al use				
Travel for cor		dence				
X Tax indemnifi	cation and gross-up payments <u>X</u> Health or social club dues or initiation fees					
Discretionary	spending account Personal services (such as maid, chauffeur,	chef)				
-	on line 1a are checked, did the organization follow a written policy regarding payment or					
			b X			
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,		37			
trustees, and offic	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2 X			
• • • • • • • •						
	iny, of the following the organization used to establish the compensation of the organization's					
	rector. Check all that apply. Do not check any boxes for methods used by a related organization	n to				
·	ation of the CEO/Executive Director, but explain in Part III.					
· ·	compensation consultant					
Form 990 of 0	other organizations X Approval by the board or compensation cor	mmittee				
	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
•	elated organization:		v			
	ce payment or change-of-control payment?			v		
	ceive payment from a supplemental nonqualified retirement plan?			X X		
•	ceive payment from an equity-based compensation arrangement?		с			
If "Yes" to any of I	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
Only continu 501	σ (2) E01(σ)(4) and E01(σ)(20) are aristicated must complete lines E.O.					
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
contingent on the		5		x		
	zation?			X		
b Any related organi		5				
	or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
-						
contingent on the		6	-	x		
b Any related organi	zation?			X		
, 0	zation? or 6b, describe in Part III.	·····				
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	nes 5 and 6? If "Yes," describe in Part III		,	x		
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			<u> </u>		
•				x		
			,			
	did the organization also follow the rebuttable presumption procedure described in					
Regulations sections	n 53.4958-6(c)?		·	1		

Schedule J (Form 990) 2023

EVERYWHERE, INC.

13-1685039

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARY M. NUNN	(i)	478,496.	0.	3,334.	26,400.	8,654.	516,884.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) YAWA U. MENSAH	(i)	317,217.	0.	63,904.	19,659.	4,069.	404,849.	0.
VP INTL PROG OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SARAH J. TAYLOR PEACE	(i)	353,112.	0.	0.	9,856.	22,158.	385,126.	0.
CHIEF REVENUE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RANIL N. DE SILVA	(i)	307,908.	20,000.	22,438.	13,200.	8,468.	372,014.	0.
CHIEF FINANCIAL & OPTG OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MELISSA HEGGIE	(i)	299,031.	0.	2,610.	24,835.	11,704.	338,180.	0.
CHIEF OF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MONICA ROWE	(i)	296,300.	0.	2,647.	24,256.	7,207.	330,410.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GLORIA D. STEELE	(i)	216,174.	0.	87,615.	17,526.	0.	321,315.	0.
CHIEF OPTG OFFICER THRU AUGUST 2023	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TAI CHENG TUAN	(i)	287,622.	0.	1,349.	23,190.	2,558.	314,719.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROSE F. TCHWENKO	(i)	200,822.	0.	82,374.	10,681.	4,069.	297,946.	0.
COUNTRY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DEEPMALA MAHLA	(i)	259,010.	0.	26,424.	9,241.	1,115.	295,790.	0.
CHIEF HUM OFF AND DIR GLOB HUM	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) STACY N. ALDINGER	(i)	236,168.	0.	22,164.	20,191.	16,518.	295,041.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KADIDIA CISSE	(i)	208,168.	0.	58,952.	5,750.	4,069.	276,939.	0.
COUNTRY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ERIC D. JOHNSON	(i)	232,794.	0.	1,356.	19,536.	11,704.	265,390.	0.
SECRETARY/GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) RACHEL WOLFF	(i)	146,232.	0.	95,982.	10,583.	3,882.	256,679.	0.
COUNTRY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MATTHEW J. PICKARD	(i)	164,593.	0.	46,437.	13,551.	3,842.	228,423.	0.
FORMER ACTING REG DIR E/C/S AFRICA	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) NIRVANA SHAWKY	(i)	171,634.	0.	29,922.	12,862.	2,537.	216,955.	0.
REG DIR MID. E/N. AFRICA THRU NOV 23	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

EVERYWHERE, INC.

13-1685039

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) BALLA M. SIDIBE	(i)	174,059.	0.	6,295.	13,078.	4,069.	197,501.	0.
FORMER REGIONAL DIR WEST AFRICA	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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.

PART I, LINE 4A:

GLORIA STEELE - CHIEF OPERATING OFFICER THROUGH AUGUST 2023 RECEIVED A

SEVERANCE PACKAGE IN THE AMOUNT OF \$79,522.

EVERYWHERE, INC.

SCHEDULE J, PART I, LINE 1A:

'-FIRST CLASS TRAVEL IS ALLOWED FOR PRESIDENT AND CEO AS APPROVED BY

BOARD OF DIRECTORS. COSTS ASSOCIATED WITH FIRST CLASS TRAVEL ARE NOT

THE INCLUDED IN THE EMPLOYEE'S INCOME.

-THE FOLLOWING COMMENTS ARE RELATED TO 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. AMOUNTS PER PERSON RANGE FROM \$17,972 TO \$74,355.

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

Part III Supplemental Information

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.

-HOUSING IS PROVIDED FOR QUALIFIED INTERNATIONAL STAFF RESIDING OUTSIDE

THEIR HOME COUNTRY. THE COSTS ASSOCIATED WITH HOUSING ARE INCLUDED IN

THE EMPLOYEE'S INCOME.

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

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

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

(F0	orm 990)	Complete if the or	agnizations	answord "Vos" o	n Form 990, Part IV, li	nos 20 or 2	. 2023
	tment of the Treasury	-	-	Attach to Form 9	Open to Public		
	I Revenue Service		<u> </u>		ns and the latest inform	mation.	Inspection
Nam	e of the organizatior			SISTANCE A	AND RELIEF		Employer identification number
Pa	rt I Typog of	EVERYWHERE,	INC.				13-1685039
Fa	iti Types of	Property	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contributio amounts reported c	on r	(d) Method of determining noncash contribution amounts
				Items contributed	Form 990, Part VIII, lin	ie ig	
1							
2 3		sures erests					
4		tions					
5		ehold goods					
6		nicles					
7							
8		ty					
9		y traded		172	3,248,22	21.FMV	,
10		/ held stock					
11	Securities - Partne						
		1, ,					
12		laneous		38	11,85	59.FMV	r
13	Qualified conserva						
	Historic structures						
14	Qualified conserva	tion contribution - Other					
15	Real estate - Resid	lential					
16	Real estate - Comr	nercial					
17	Real estate - Other						
18	Collectibles						
19	Food inventory		X	63,074	49,649,4	72.LCM	[
20	Drugs and medica	l supplies					
21							
22							
23		ns					
24		acts			1 605 0		
25	· · · · · · · · · · · · · · · · · · ·	FOOD ITEM K)	X	7,500			
26	·	OTHER)	X	30,537		40.FMV	
27	<u>.</u>	NATAL VITAMI	X	200,070		41.FMV	
28		PLEMENT COOK)	<u> </u>	14,833	· · · · · · · · · · · · · · · · · · ·	51.FMV	·
29		8283 received by the organ	-				0
	for which the orgai	nization completed Form 8	283, Part V, D	onee Acknowledg	ement 29		0
~~							Yes No
30a		d the organization receive	-	• • • • •			
		ast 3 years from the date o	10				
L		for the entire holding period	ar				<u>30a X</u>
b	·	the arrangement in Part II.	policy that re	quires the review	of any nonstandard as	tributione	31 X
31	•	tion have a gift acceptance		•	•		<u>31 X</u>
32a		tion hire or use third parties		0	· · ·	casn	32a X
b	If "Yes," describe i						
33	If the organization	didn't report an amount in	column (c) fo	r a type of property	r for which column (a) is	s checked,	
	describe in Part II.						

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

Schedule M (Form 990) 2023

EVERYWHERE, INC. 13-1685039 Schedule M (Form 990) 2023 Supplemental Information. 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.

SCHEDULE M, PART I, COLUMN (B):

Part II

FOR LINE 9 AND LINE 12, QUANTITY REPRESENTS NUMBER OF CONTRIBUTIONS.

COOPERATIVE FOR ASSISTANCE AND RELIEF

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

"ALL OTHER" NON-FOOD IN-KIND CONTRIBUTIONS ON LINE 26 (\$496,540) ARE

COMPRISED OF THE FOLLOWING:

- \$149,500 FOR 500 RAY BAN STORIES GLASSES
- \$101,087 FOR 3,796 KITCHEN SETS
- \$85,074 FOR 2,430 SACKS OF OATMEAL
- \$48,919 FOR 40 TONS OF RICE
- \$41,250 FOR 3,000 SOLAR LIGHTS
- \$35,655 FOR 5,760 BLANKETS
- \$16,260 FOR 6,000 MOSQUITO NETS
- \$12,840 FOR 6,000 SLEEPING MATS
- \$3,150 FOR 3,000 WOVEN BAGS

- \$2,805 FOR 11 HEADSETS

SCHEDULE M, LINE 32B:

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

Pa<u>ge</u> 2

SCHEDULE O (Form 990)

(1 0111 000)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.

Supplemental Information to Form 990 or 990-EZ



<u>13-1685039</u>

FORM 990, PART I, LINE 5:

THE NUMBER OF STAFF LISTED OF 539 REPRESENTS STAFF ON THE US PAYROLL

AND RECONCILES TO THE FORM W-3. THE SALARY EXPENSE REPRESENTED ON LINE

15 REPRESENTS THE TOTAL COMPENSATION EXPENSE FOR CARE USA'S GLOBAL

WORKFORCE, WHICH INCLUDES STAFF PAID ON LOCAL PAYROLLS IN CARE'S

COUNTRY OFFICES. THE TOTAL GLOBAL WORKFORCE IS APPROXIMATELY 8,800 AS

OF JUNE 30, 2024.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACHIEVE SOCIAL JUSTICE. CARE USA SEEKS A WORLD OF HOPE, INCLUSION, AND

SOCIAL JUSTICE, WHERE POVERTY HAS BEEN OVERCOME AND ALL PEOPLE LIVE

WITH DIGNITY AND SECURITY. CARE USA OPERATES PROGRAMS IN MORE THAN 45

COUNTRIES THROUGHOUT AFRICA, ASIA, EUROPE, AND THE AMERICAS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AFGHANISTAN, BANGLADESH, BURMA, BENIN,

BOLIVIA, BURKINA FASO, BURUNDI, CAMBODIA,

CHAD, COLOMBIA, COTE D IVOIRE, CONGO, DEM REP,

DJIBOUTI, ECUADOR, EL SALVADOR, ETHIOPIA,

GHANA, GUATEMALA, GUINEA, HAITI,

HONDURAS, ISRAEL, JORDAN, KENYA,

LAOS, LIBERIA, MALAWI, MALI,

MOZAMBIQUE, NEPAL, NIGER, NIGERIA,

PAKISTAN, PHILIPPINES, POLAND, RWANDA,

SIERRA LEONE, SOMALIA, SOUTH AFRICA, SOUTH SUDAN,

Schedule O (Form 990) 202	23				Page 2
Name of the organization	COOPERATIVE EVERYWHERE,	FOR INC	AND	RELIEF	Employer identification number 13-1685039

SUDAN, SYRIA, TANZANIA, THAILAND,

TURKEY, UGANDA, UNITED KINGDOM, VIETNAM,

YEMEN (ADEN), ZAMBIA, ZIMBABWE,

OTHER COUNTRY

FORM 990, PART VI, SECTION A, LINE 2:

TWO BOARD MEMBERS HAVE A BUSINESS RELATIONSHIP AT BOOZ ALLEN HAMILTON:

MICHELE FLOURNOY SERVES AS A BOARD MEMBER AND HORACIO ROZANSKI IS CEO.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS SENT TO THE FULL BOARD OF DIRECTORS ELECTRONICALLY PRIOR TO

FILING WITH THE IRS. THE BOARD OF DIRECTORS ARE REQUESTED TO REVIEW THE

DOCUMENT AND RESPOND WITH ANY QUESTIONS OR COMMENTS WITHIN A SPECIFIED

TIMEFRAME.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. EACH YEAR THE BOARD OF

DIRECTORS, OFFICERS, AND KEY EMPLOYEES (INCLUDING FORMER FOR 5 YEARS)

PROVIDES INFORMATION ON ANY POTENTIAL CONFLICTS. AS SUCH:

1. BOARD MEMBERS ARE OBLIGATED TO DISCLOSE ALL POTENTIAL AND ACTUAL

CONFLICTS OF INTEREST AND REMOVE THEMSELVES FROM DISCUSSIONS AND VOTING ON

ANY RELATED MATTER.

2. THE BOARD AND KEY EMPLOYEES COMPLETE A DISCLOSURE/CONFLICT OF INTEREST

FORM EACH YEAR REGARDING RELATED PARTY TRANSACTIONS AND CONFLICTS OF

INTEREST.

3. APPROPRIATE ACTION IS TAKEN WHEN A CONFLICT OF INTEREST IS IDENTIFIED, 332212 11-14-23 Schedule O (Form 990) 2023

Name of the organization COOPERATIVE FOR ASSIS EVERYWHERE, INC.	NCE AND RELIEF Employer identification number 13-1685039
WHICH CAN BE UP TO AND INCLUDING TE	INATION.

FORM 990, PART VI, SECTION B, 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 DIRECTORS). SENIOR STAFF COMPENSATION IS REVIEWED PERIODICALLY BY THE TALENT COMMITTEE. THE TALENT COMMITTEE DOCUMENTS ITS MEETINGS VIA MINUTES, FOR ALL SENIOR STAFF. DECISIONS AROUND COMPENSATION ARE DOCUMENTED IN OUR INTERNAL RECORDS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NC,ND,NH,NJ,NM,NV,NY,OR,PA,RI SC,TN,VA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:							
INCREASE IN VALUE OF SPLIT INTEREST AGREEMENTS	5,777,557.						
CHANGE IN SUBSIDIARY NET ASSET BALANCE	-385,344.						
MINORITY INTEREST IN SUBISIDARY INCOME	14,208.						
TOTAL TO FORM 990, PART XI, LINE 9	5,406,421.						

SCHEDULE R (Form 990)	Compl	Related Organization lete if the organization answered Att		OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990	-	Inspection			
Name of the organizat	tion COOPERATIVE F(EVERYWHERE, I)	OR ASSISTANCE AND		Employer identification number 13-1685039			
Part I Identificat	tion of Disregarded Entities. Comple	ete if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	or (d) Total inco	(e) End-of-year a	ssets D	(f) irect controlling entity
		-					
	tion of Related Tax-Exempt Organiz	ations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, b	because it had one or	more related ta	x-exempt
(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 controll entity	ing (g) Section 512(b)(13) controlled entity? Yes No
CARE ACTION NOW 3	INCORPORATED - 26-1728410						
1100 17TH STREET WASHINGTON, DC	1	ADVOCACY	DISTRICT OF COLUMBIA	501(C)(4)	с	ARE	x
		-					
For Paperwork Redu	Iction Act Notice, see the Instructio	ns for Form 990.				Sched	ule R (Form 990) 2023

332161 09-28-23 LHA

Schedule R (Form 990) 2023 EVERYWHERE, INC.

13-1685039 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	managir partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	D
ACCESS AFRICA FUND -	_										
27-3080676, 7315 WI AVENUE,	-			RELATED							
#300W, BETHESDA, MD 20814	MICROFINANCE	DE		INVESTMENT I	79,687.	932,836.		x	N/A	x	90.91%
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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	(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	512(conti ent	(i) ction (b)(13) rolled tity?
		country)		,				Yes	No
CARE SOCIAL VENTURES, INC 38-3873371									
151 ELLIS STREET NE									
ATLANTA, GA 30303	HOLDING COMPANY	DE	CARE	C CORP	489,355.	1,059,552.	100%	X	
CARE ENTERPRISES INC 30-1250716									
151 ELLIS STREET NE									
ATLANTA, GA 30303	HOLDING COMPANY	DE	CARE	C CORP	524,253.	0.	100%	x	
THOMAS WILLIAMS TRUST - 36-6673112									
3455 PEACHTREE ROAD NE									
ATLANTA, GA 30326	INVESTING	GA	BESSEMER	TRUST	6,413,755.	126,614,898.	66.67%	x	
	_								

Schedule R (Form 990) 2023

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.

Schedule R (Form 990) 2023

13-1685039 Page 3

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s 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	1 a		Х
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			Х
d Loans or loan guarantees to or for related organization(s)	1d		Х
e Loans or loan guarantees by related organization(s)	<u>1e</u>		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		Х
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)	1k		X
I Performance of services or membership or fundraising solicitations for related organization(s)			Х
m Performance of services or membership or fundraising solicitations by related organization(s)			Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	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)			Х

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CARE ACTION NOW INCORPORATED	В	294,101.	COST/FMV
(2) CARE SOCIAL VENTURES	В	450,000.	COST/FMV
(3) CARE ENTERPRISES	В	250,000.	COST/FMV
(4) ACCESS AFRICA	R	74,334.	COST/FMV
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2023 EVERYWHERE, INC.

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(o org:		(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	(k) Percentage ownership
		country	sections 512-514)	Yes	No	income	455615	Yes	No	(Form 1065)	Yes NC	

Schedule R (Form 990) 2023

COOPERATIVE	FOR	ASSISTANCE	AND	RELIEF	
EVERYWHERE,	INC	•			

Schedule R (Form 990) 2023 EVER
Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, LINE 2

FAIR MARKET VALUE OF SHARING PAID EMPLOYEES IS ALSO INCORPORATED INTO

THE FAIR MARKET VALUE OF GRANTS PAID TO RELATED ORGANIZATIONS ON PART

V, LINE 1B.