Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2010 calendar year, or tax year beginning , 2010, and ending

Inspection

A F	or th	e 201	O calendar year, or tax year beginning , 2010, an	d ending		, 20
Б.			C Name of organization		D Employer identific	ation number
D C	heck if ap	plicable:	EPISCOPAL RELIEF AND DEVELOPMENT	<u> </u>	73-163526	4
	Addre		Doing Business As			
	1	change	Number and street (or P.O. box if mail is not delivered to street address) Root	m/suite	E Telephone number	
	Initial	return	815 SECOND AVENUE		(800) 334-7	626
	Term	inated	City or town, state or country, and ZIP + 4			· · · · · · · · · · · · · · · · · · ·
	Amer		NEW YORK, NY 10017		G Gross receipts \$	33,702,144.
	Applic	cation	F Name and address of principal officer: ROBERT W RADTKE	****	H(a) is this a group retui	
_	pendi	ing	815 SECOND AVENUE NEW YORK, NY 10017		affiliates? H(b) Are all affiliates incl	luded? Yes No
ī	Tax-ex	empt st		527	If "No," attach a list	
			WWW.ER-D.ORG	· <u>.</u>	H(c) Group exemption no	umber 🕨
_				L Year of format	ion: 2002 M State	
	rt l	-	nmary			
			describe the organization's mission or most significant activities:			
	'	EPIS	SCOPAL RELIEF & DEVELOPMENT CORP (ERD) IS A CO	MPASSIONA	TE RESPONSE	
Governance			THE EPISCOPAL CHURCH TO HUMAN SUFFERING IN THE			
Ē	ļ		GRAMS FOCUS ON FOOD SECURITY, HEALTH CARE, AND			
Ž	2		this box if the organization discontinued its operations or disposed of			
ŏ	3		er of voting members of the governing body (Part VI, line 1a)		1 1	20.
S.	4					<u> </u>
Activities &	•		er of independent voting members of the governing body (Part VI, line 1b)			$\frac{10.}{39.}$
Ę	5		number of individuals employed in calendar year 2010 (Part V, line 2a)	• • • • • •		120.
4	6		number of volunteers (estimate if necessary)	• • • • • • •	6	
			gross unrelated business revenue from Part VIII, column (C), line 12			 0.
	D	Net ur	nrelated business taxable income from Form 990-T, line 34	· · · · · ·	Prior Year	Current Year
		0	hutians and create /Dart //III line 4th	-	16,993,111.	31,714,650.
ī	8	Danas	butions and grants (Part VIII, line 1h)		0.	31,714,030.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	• • • • • • • • • • • • • • • • • • • •	-894,147.	1,160,210.
Re		invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	• • • •	35,498.	50,600.
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,134,462.	32,925,460.
_	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,259,873.	
	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)		0.	17,551,085.
	14	Benef	its paid to or for members (Part IX, column (A), line 4)			2 027 042
88			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	• • • •	3,401,796.	3,837,842.
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)	• • • •	297,537.	236,749.
ᅑ			undraising expenses (Part IX, column (D), line 25)	_	0.601.400	2.160.601
_		Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,691,480.	3,168,691.
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,650,686.	24,794,367.
- m	19	Rever	ue less expenses. Subtract line 18 from line 12	<u> </u>	-3,516,224.	8,131,093.
Net Assets or Fund Balances				Begin	ning of Current Year	End of Year
sed	20		assets (Part X, line 16)		24,693,341.	32,410,817.
뚩	21	Total I	iabilities (Part X, line 26)		2,619,996.	1,255,309.
žį	22		sets or fund balances. Subtract line 21 from line 20,	<u></u>	22,073,345.	31,155,508.
	rt II		nature Block			
Und	der per rect. ar	naities of nd comp	f perjury, I declare that I have examined this return, including accompanying schedules and s blete. Declaration of preparer (other than officer) is based on all information of which prepare	statements, and te er has anv knowle	o the best of my knowle idae.	dge and belief, it is true,
			AD AN			
	ign		LAMUS Couls			
Н	ere		Signature of officer	- 40.	Date	02,
				1CEX		8-31-11
		63.4	Type or print name and title	Della	Observing .	DTM
Paid				Date 08/31/201	Check if	PTIN
	parer				employed	P00741490
	Only	Firm's	name GRANT THORNTON LLP			6055558
			address 666 THIRD AVENUE NEW YORK, NY 10017-401	.1	Phone no. 212	-599-0100
			cuss this return with the preparer shown above? (see instructions)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	X Yes No
For	Paper	rwork	Reduction Act Notice, see the separate instructions.			Form 990 (2010)

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Pa	rt III	Statement of Check if Sch	of Program Serv nedule O contain	vice Accomplished a response to a	nents any question in this Pa	art III	X
1		describe the c	organization's m 1	ission:			
	the price	or Form 990 o	r 990-EZ?			the year which were not lis	
3	Did the service	e organization s?	cease conduct	ing, or make sigr		ow it conducts, any program	
4	Describ Section	be the exempt n 501(c)(3) an	d 501(c)(4) orga	rements for each or and second	ction 4947(a)(1) trus	three largest program services ts are required to report the a gram service reported.	
4a	(Code:) (Expenses \$ _	10,949,153. incl	uding grants of \$	6,979,629.) (Revenue \$	0)
	_ATT	ACHMENT	2				
4b		ACHMENT		7,711,040. inc	luding grants of \$	6,061,622.) (Revenue \$ _	0)
4c	(Code:)	(Expenses \$	3,720,733.inclu	uding grants of \$	3,245,399.) (Revenue \$ _	0)
	- · ·			<u> </u>			
4d	-	_	ces. (Describe in	·	\	vonue ¢	
4 e	(Expen		ice expenses	ng grants of \$ 22,380,		venue \$)	

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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	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 Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
•	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes,"</i>			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
Ŭ	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
12 a	complete Schedule D, Parts XI, XII, and XIII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	124		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			_
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		,.	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	, ,		Х
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a		41
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20h		
	500 mero that operate one of more neophala must attach addited infancial statements (see instructions)			

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	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	
24 a	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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," $complete$ Schedule L, $Part$ II .	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	١.,		.,
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
••	complete Schedule N, Part II	32		
33		33		х
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 21
34	IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
ээ a	Did the organization receive any payment from or engage in any transaction with a	33		
а	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
36	Part V, line 2 Yes No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u> </u>		
-	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
	10. Note: A series of the control of		990	(2010)

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Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

	Check it Schedule O contains a response to any question in this Part V		• • •	-
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2 2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za				
	otatemente, med for the calcinaar year enting with or within the year covered by this retain.		Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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			
		4a	Х	
	account)?	u		
D	If "Yes," enter the name of the foreign country: ► GHANA			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
- u	organization solicit any contributions that were not tax deductible?	6a		Х
		- ou		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	٠.		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		Х
4		- 0		
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
		9a		
	Did the organization make any taxable distributions under section 4966?			
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
b				
40.	71111111111111111111111111	425		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
_				
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b_ JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA)40 1.00		Form	990	
. +0 1.00	31937H 700J 8/31/2011 9:42:12 AM V 10-7.2 0163101-00017		P	

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

Check if Schedule O contains a response to any question in this Part VI	
Check it Scheotie O contains a response to any question in this Part VI	 1 X
one of the contract of the con	 1

Soci	ion A. Governing Body and Management		-	
Seci	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year.		162	NO
	Enter the humber of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
_	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		Х
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Does the organization have members or stockholders?	•		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a		Х
h	of the governing body?	7b		Х
O O		7.5		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
•	The governing body?	8a	Х	
a 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			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			v
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
S004	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 5			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):	s only)		
	available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request			
40		1		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
00	policy, and financial statements available to the public.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of troganization: ► ESTHER COHEN 815 SECOND AVENUE NEW YORK, NY 10017-4503	ie		
	212 716 6122			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average	Posit	tion (C) kall	that app	alv)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ROBERT W RADTKE										
PRESIDENT	40.00	Х		Х				226,876.	0	53,872
BOARD MEMBER	1.00	Х						0.	257,194.	91,062
(3)N KURT BARNES BOARD MEMBER	1.00	Х						0.	186,838	41,823
(4)LINDA E WATT										•
BOARD MEMBER	1.00	Х						0.	204,500	34,153
(5) J. TUCKER MOODEY										
BOARD MEMBER	1.00	Х						0.	0	. 0
(6) SHARON HILPERT BOARD MEMBER	1.00	х						0.	0.	. 0
(7) PEARL CHIN	1 00							_		
BOARD MEMBER	1.00	Х						0.	0	. 0
(8) ROBERT J O'NEILL CHAIRMAN	1.00	Х		Х				0.	0.	. 0
(9) STEVEN W. DUFF VICE CHAIR	1.00			Х				0.	0.	. 0
	1.00	^						0.	0	. 0
(10)REV KAREN BROWN MONTAGNO SECRETARY	1.00	Х		Х				0.	ο.	. 0
(11)WILLIAM S REESE										
TREASURER	1.00	Х		Х				0.	0	. 0
(12)C_JILL_OETTINGER BOARD MEMBER	1.00	Х						0.	0.	0
(13)CATHERINE GEORGE BOARD MEMBER	1.00	Х						0.	0.	. 0
	1.00							0.	0	. 0
(15)NELSON FAMADAS BOARD MEMBER	1.00							0.	0.	. 0
(16)JOHN SIDEBOTHAM BOARD MEMBER	1.00	Х						0.	0.	. 0

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Higl	hest Compensat	ed Employees (c	ontinue	ed)
(A)	(B)			((C)			(D)	(E)		(F)
Name and title	Average	Posi	tion (d	chec	k all	that ap	ply)	Reportable	Reportable		stimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org an	nount of other apensation the canization drelated anizations
(17) LUTHER OTT											
BOARD MEMBER	1.00	Х						0.	0.		0
(18) ROBERT W JENKINS											
BOARD MEMBER	1.00	Х						0.	0.		0
(19) DENA A HARRISON											
BOARD MEMBER	1.00	Х						0.	0.		0
(20) TERRY LAWVER											
BOARD MEMBER	1.00	Х						0.	0.		0
(21) ABAGAIL NELSON											
SENIOR VICE PRESIDENT, PROGRAM	40.00			Х				139,007.	0.		44,712
(22) ESTHER COHEN											
CHIEF OPERATING OFFICER	40.00			Х				153,220.	0.		27,438
(23) SHAUN WALSH											
EXECUTIVE DIRECTOR-NETSFORLIFE	40.00					Х		138,147.	0.		27,427
(24) KIRSTEN LAURSEN MUTH											
SENIOR PROGRAM DIRECTOR ASIA	40.00					Х		115,012.	0.		28,201
(25) BRIAN SELLERS-PETERSEN DIRECTOR, CHURCH ENGAGEMENT	40.00					Х		113,804.	0.		41,919
(26) MEG DERONGHE											
DIRECTOR BUS DEV NETS FOR LIFE	40.00					Х		102,169.	0.		38,570
(27) MALAIKA KAMUNANWIRE											
SENIOR DIRECTOR MARKETING	40.00					Х		109,249.	0.		27,364
(28)											
1b Sub-total								1,097,484.	648,532.	4	56,541.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	_						>	1,097,484.	648,532.	4	56,541.
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 in		
reportable compensation from the organization			8			,					
											Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Х

for services rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 3

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FOIIII	_	·			73 1033204		Page 3
Par	t VIII	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e	Federated campaigns	284,153. 1,525,131. 29,905,366.				
Con	g	Noncash contributions included in lines 1a-1f: \$		21 714 650			
	h	Total. Add lines 1a-1f	Business Code	31,714,650.			
Program Service Revenue	2a b c d e	All other program service revenue	Susmices Gode				
Pro	g	Total. Add lines 2a-2f		0.			
	3 4 5	Investment income (including dividends, interest other similar amounts)	oceeds	285,905. 0. 0.			285,905.
	6a b c	Gross Rents					
	d	Net rental income or (loss) (i) Securities	(ii) Other	0.			
		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
	d	Net gain or (loss)	<u> ▶</u>	874,305.			874,305
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See Part IV, line 19 a					
		Less: direct expenses b Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b Net income or (loss) from sales of inventory.	<u></u> ▶	0.			
			Business Code				
	11a b c	OTHER INCOME	900099	50,600.			50,600.
	d	All other revenue					
	e 12	Total. Add lines 11a-11d		50,600.			1 210 212
	12	Total revenue. See instructions	· · · · · · •	32,925,460.		0.	1,210,810.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,622,242.	2,622,242.		
2	Grants and other assistance to individuals in	_			
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	14 000 040	14 000 042		
	U.S. See Part IV, lines 15 and 16	14,928,843.	14,928,843.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	519,103.	377,689.	36,597.	104,817
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	2,452,084.	1,783,975.	173,015.	495,094
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions).	195,805.	136,210.	17,290.	42,305
9	Other employee benefits	470,938.	283,125.	102,084.	85,729
10	Payroll taxes	199,912.	143,068.	13,857.	42,987
11	Fees for services (non-employees):	_			
а	Management	0.			
b	Legal	81,846.	81,846.	22.221	
	Accounting	63,463.	42,482.	20,981.	
d	Lobbying	0.			006 540
	Professional fundraising services. See Part IV, line 17	236,749.	106 402		236,749
f	Investment management fees	106,483.	106,483.	10 705	40.764
g	Other	566,755.	507,206.	10,785.	48,764
12	Advertising and promotion	68,694.	6,713.	24.	61,957
13	Office expenses	959,281.	253,111.	153,593.	552 , 577
14	Information technology	0.			
15	Royalties	54,264.	54,264.		
16	Occupancy	777,361.	692,007.	42,998.	42,356
17	Travel	111,301.	692,007.	42,990.	42,330
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	214,236.	193,535.	11,048.	9,653
	Conferences, conventions, and meetings	0.	193,333.	11,040.	9,033
20	Interest	0.			
21	Payments to affiliates	110,053.	65,626.	25,442.	18,985
22	Depreciation, depletion, and amortization	41,036.	5,417.	35,619.	10,700
23	Insurance	11,000.	0/11/0	30,013.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
9	TELEPHONE	80,529.	68,799.	3,553.	8,177
u	BANK CHARGES	41,820.	27,994.	13,826.	<u> </u>
	RESOURCE AND REFERENCE	2,870.	291.	323.	2,256
d		,			<u> </u>
e					
1	All other expenses				
	Total functional expenses. Add lines 1 through 24f	24,794,367.	22,380,926.	661,035.	1,752,406
	Joint Costs. Check here if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X **Balance Sheet** Beginning of year End of year Cash - non-interest-bearing 1 1 4,504,061. 12,320,525. Savings and temporary cash investments 2 Pledges and grants receivable, net 6,033,133. 4,629,308. 3 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 2,793. 106,382. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 216,580. other basis. Complete Part VI of Schedule D | 10a 154,030. 87,295.10c 62,550. b Less: accumulated depreciation | 10b | 15,007,128. 13,587,652. 11 11 374,818. **12** 388,513. 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 24,693,341. 32,410,817. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,163,335. 635,803. 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties. 24 456,661. 619,506. 25 Other liabilities. Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25. ______ 1,255,309. 2,619,996. 26 Organizations that follow SFAS 117, check here | X | and complete lines 27 through 29, and lines 33 and 34. Balances 27 11,538,856. 27 12,656,936. 9,734,461. 17,684,849. 28 28 Fund 29 800,028. 29 813,723. Organizations that do not follow SFAS 117, check here ▶ ŏ complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Net 31,155,508. 33 22,073,345. 33 32,410,817. 24,693,341.34 Total liabilities and net assets/fund balances

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Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			[2	X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	32	, 92	5,4	160.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24	,794	4,3	367.
3	Revenue less expenses. Subtract line 2 from line 1	3	8	,13	1,0	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	, 073	3,3	345.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		952	1,0	70.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
•	column (B))	6	31	,15	5 , 5	508.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					
			_	Υ	es	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 in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		Х
b			2	b 2	X	
С		of	• –			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	c 2	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		•			
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		3	a 2	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		•			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	b 2	x	

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

Name of the organization

Employer identification number

EΡ	ISCO	PAL RELIEF AN	ID DEVELOPMEN	TI T						73	-1635264	
Pa	rt I	Reason for Publ	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions		
The	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)			
1		A church, convention	on of churches, or	association of churches of	describ	ed in s	ection	170(b)(1)(A)(i)			
2		A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)							
3		A hospital or a coo	perative hospital s	ervice organization descri	bed in	sectio	n 170(k)(1)(A)	(iii).			
4		A medical researc	h organization op	erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(b	o)(1)(A)(iii). Enter th	ne
		hospital's name, cit										
5		An organization op	perated for the be	nefit of a college or univer	ersity	owned	d or ope	erated b	oy a go	vernme	ntal unit described	in
		section 170(b)(1)(A										
6			-	or governmental unit des								
7	X	=	=	es a substantial part of it	s supp	ort fro	m a go	vernme	ental ur	it or fro	om the general publ	lic
		described in sectio										
8		-		on 170(b)(1)(A)(vi). (Com	-	-						
9				es: (1) more than 331/3%								
				exempt functions - subj								
				ome and unrelated busin				•		n 511	tax) from businesse	es
40		acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4) .										
10 11			-	rated exclusively to test for the		-				-	or to corm, out th	h 0
• •		=	-	ipported organizations de			-				=	
									-			, ,,
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d Type III - Other											
e	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
			=	gers and other than one			-		-	-	· · · · · · · · · · · · · · · · · · ·	
		509(a)(1) or section		9			,	, p				
f		. , . ,	. , . ,	n determination from the	e IRS	that it	is a T	ype I, T	ype II,	or Type	e III supporting	
		organization, check										7
ç	1	-		nization accepted any gift	or cor	ntributi	ion from	n any of	the			_
		following persons?									,	
		(i) A person who	directly or indire	ectly controls, either alor	e or t	ogethe	er with	person	s desc	ribed in	Yes No	0
		and (iii) below,	the governing boo	dy of the supported organ	ization	?					11g(i)	
		(ii) A family memb	per of a person des	scribed in (i) above?							11g(ii)	
		• •		on described in (i) or (ii) a							11g(iii)	
h	1	Provide the following	ng information abo	ut the supported organiza	ation(s)).						
		ame of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv)	Is the zation in		you notify		Is the	(vii) Amount of	
		organization		above or IRC section	col. (i)	listed in overning	_	anization I. (i) of		zation in rganized	support	
				(see instructions))	docui	ment?		upport?		U.S.?		
					Yes	No	Yes	No	Yes	No		_
(A)												
												—
(B)												
(C)												
												—
(D)												_
(E)												
Tot	al											-
ιOί	aı										İ	

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 73-1635264 Page **2**

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

Calendary year (or facal year beginning in)	Sec	tion A. Public Support						
membership fees received. (Do not include any vinusual grants?)	Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1 through 3. 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 publicly support active into 5 from line 4. 5 Public support Bothract line 5 from line 4. 6 Public support Bothract line 5 from line 4. 6 Public support Subtract line 5 from line 4. 6 Public support Subtract line 5 from line 4. 6 Public support Subtract line 5 from line 4. 6 Public support Subtract line 5 from line 4. 6 Public support Subtract line 5 from line 4. 6 Public support Subtract line 5 from line 4. 6 Public support Add lines 7 through 10. 7 Amounts from line 4. 6 Public support Add lines 7 through 10. 9 Net income from unrelated business activities, whether or not the business subtvities, whether or not the busine	1	membership fees received. (Do not	13,354,355.	17,288,697.	25,686,707.	17,119,110.	31,714,650.	105,163,519.
tornished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3. 13,354,355. 17,289,697. 25,696,707. 17,119,110. 31,714,650. 105,163,519. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25,60 fthe amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7. Amounts from line 4. 13,354,355. 17,288,697. 25,696,707. 17,119,110. 31,714,650. 105,163,519. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7. Amounts received on securities loans, rents, royaltes and income from interest, dividends, payments received on securities loans, rents, royaltes and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1. 2 Gross receipts from related activities, etc. (see instructions). 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage for 2010 (line 6, column (f) divided by line 11, column (f)). 14 88.6.5%, 15 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). 16 331/3 % support test - 2010. If the organization did not check a box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 a 10%-facts-and-c	2	benefit and either paid to or expended on						
The protrion 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),	3	furnished by a governmental unit to the						
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). 6 Public support. Subtract line 6 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7 Amounts from line 4	4	Total. Add lines 1 through 3	13,354,355.	17,288,697.	25,686,707.	17,119,110.	31,714,650.	105,163,519.
publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f),	5	The portion of total contributions by each						
Section B. Total Support Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4. The Amounts from line 4.		publicly supported organization) included						
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4								8,190,189.
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7. Amounts from line 4	6							
Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Amounts from line 4 13, 354, 355. 17, 288, 697. 25, 686, 707. 17, 119, 110. 31, 714, 650. 105, 163, 519. Refross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 2, 586, 088. 939, 726. 198, 070. 131, 847. 285, 905. 4, 141, 636. Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1. 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2009. If the organization meets the "facts-and-circumstances" test, Check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization of pair 17, 114, 114, 115, 115, 115, 115, 115, 115								
Section C. Computation of Public Support Percentage 19 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 10 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 10 Section C. Computation of Public Support Percentage 10 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 10 Section C. Somputation of Public Support Percentage 10 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 11 Total support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 12 Section C. Somputation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 17 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publ			(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). ATCH 1. 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2009 Schedule A, Part II, line 14. 15 89.31 /3 16a 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 15 Jayrot feets and-circumstances test - 2010. If the organization qualifies as a publicly supported organization. 16 Jayrot feets and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported or	7	Amounts from line 4	13,354,355.	17,288,697.	25,686,707.	17,119,110.	31,714,650.	105,163,519.
activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	2,586,088.	939,726.	198,070.	131,847.	285,905.	4,141,636.
loss from the sale of capital assets (Explain in Part IV.) ATCH 1	9	activities, whether or not the business						
12 Gross receipts from related activities, etc. (see instructions)	10	loss from the sale of capital assets	0.	0.	0.	35,498.	50,600.	86,098.
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	11	Total support. Add lines 7 through 10						109,391,253.
Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activities, etc. (s	see instructions) .				12	
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supported organization		=						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		•				_	•	▶
	18							and see
		_						

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 73-1635264 Page **3**

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

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

<u>Sec</u>	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
ıa	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organizatio	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here						▶ │ │
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8,	column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2009 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2010 (lin	ne 10c, column ((f) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2009 S	Schedule A, Part	III, line 17			18	%
19a	331/3% support tests - 2010. If the org					e than 331/3%, a	and line
	17 is not more than 331/3%, check thi						. —
b	331/3% support tests - 2009. If the orga	nization did not	check a box on	ine 14 or line 19	a, and line 16 is	more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization ▶
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see instr	uctions ►

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73-1635264

Page 4

Schedule A (Form 990 or 990-EZ) 2010

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

SCHEDULE A, PART II - OTHER INCOME											
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL					
OTHER INCOME	0.	0.	0.	35,498.	50,600.	86,098.					
TOTALS		0.	0.	35,498.	50,600.	86,098.					

Schedule B

Internal Revenue Service

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

Schedule of Contributors

OMB No. 1545-0047

2010

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

Name of the organization		Employer identification number								
EPISCOPAL RELIEF AND D	DEVELOPMENT	E2 1625264								
Organization type (check one):		73-1635264								
organization type (check one).										
Filers of:	Section:									
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation								
	527 political organization									
Form 990-PF	501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion								
1	501(c)(3) taxable private foundation									
Note. Only a section 501(c)(7), (8 instructions. General Rule	3), or (10) organization can check boxes for both the General Rule and a S	special Rule. See								
	g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 c contributor. Complete Parts I and II.	or more (in money or								
Special Rules										
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 331/3 % support tes 170(b)(1)(A)(vi), and received from any one contributor, during the year (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990.	r, a contribution of the								
the year, aggregate cor	, (8), or (10) organization filing Form 990 or 990-EZ that received from a htributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable or the prevention of cruelty to children or animals. Complete Parts I, II, an	e, scientific, literary, or								
the year, contributions f aggregate to more than year for an exclusively re applies to this organizat	(8), or (10) organization filing Form 990 or 990-EZ that received from a for use <i>exclusively</i> for religious, charitable, etc., purposes, but these con \$1,000. If this box is checked, enter here the total contributions that we eligious, charitable, etc., purpose. Do not complete any of the parts unless tion because it received nonexclusively religious, charitable, etc., contributions.	tributions did not ere received during the es the General Rule outions of \$5,000 or more								
990-EZ, or 990-PF), but it must ar	ot covered by the General Rule and/or the Special Rules does not file Sonswer "No" on Part IV, line 2 of its Form 990, or check the box on line H fy that it does not meet the filing requirements of Schedule B (Form 990,	of its Form 990-EZ, or on								

JSA

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number

Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV. line 6. Total number at end of year (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) Aggregate contributions to (during year) Aggregate contributions to (during year) Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate control? Yes No Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, for any other purpose ordering impermissible private benefit Yes No Did the organization inform all grantees. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation P	ED.	ISCOPAL RELIEF AND DEVELOPMENT	73–1635264
organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year			
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 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part VIII, line 1 (iiii) Assets included in Form 990, Part VIII, line 1 (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part VIII, line 1 (iiii) Assets included in Form 990, Part VIII, line 1 (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r	evenue statement and balance sheet
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		works of art, historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1	h		
public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1	D		
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 		public service, provide the following amounts relating to these items:	ration, or recourse in farmerance of
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 		· · · · · · · · · · · · · · · · · · ·	> \$
 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1			
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1	2		
a Revenues included in Form 990, Part VIII, line 1	_		.
	а		
	_		

Schedule D (Form 990) 2010 73-1635264 Page **2**

Par	t Organizations Maintaini	ing Collections of	of Art, Hist	torical	Treasures	s, or (Other Similar A	ssets (d	continue	ed)	
3	Using the organization's acquisition collection items (check all that app		other rec	ords, cl	neck any o	f the	following that a	re a sigr	nificant	use c	of its
а	Public exhibition	.57.	d [\neg	l nan or ev	chanc	je programs				
a b	Scholarly research		e		Other	chang	je programs				
C	Preservation for future ge	nerations	e [
4	Provide a description of the organ		ne and evr	olain ha	w they fur	thar t	the organization's	e evemn	t nurno	ea in	Dart
-	XIV.	ilization's collectio	iis ailu exp	Jiaiii iic	w they ful	uici i	ine organizations	s exemp	i puipo:	56 111	rait
_		an caliait ar racaiva	donations	of art	nictorical tr	o o o u r	os or other simils	or			
5	During the year, did the organization assets to be sold to raise funds rath							_			٦
Dav									Yes		No
Par	t IV Escrow and Custodial A line 9, or reported an ar					a 5\	wered res to r	-01111 98	ou, Pari	IV,	
4.	le the executation on execut truste	a austadian ar atl	or intorno	diam, fa	r aantributi.		r athar assats not				
ıa	Is the organization an agent, truste			-				_			l NI a
L	included on Form 990, Part X?							L	Yes		No
D	If "Yes," explain the arrangement in	Part XIV and com	piete the it	ollowing	table.		Δ.				
_	Deninging belone						AI	mount			
	Beginning balance					1c					
a	Additions during the year					1d					
e	Distributions during the year					1e					
f	Ending balance				,	1f					T
	Did the organization include an amount on Form 990, Part X, line 21?										
	If "Yes," explain the arrangement in		_#:		V!! 4- F-		00 Dart IV II:	40			
Par	t V Endowment Funds. Con								(2) =		hl-
4.0	Paginning of year halance	(a) Current year	(b) Prior		(c) Two ye			irs dack	(e) Fou	ryears	раск
	Beginning of year balance	13,587,652.		0,765.		75,05					
	Contributions	295,513.	49	4,088.	1,1	91,60	1.				
С	Net investment earnings, gains,										
	and losses	2,087,478.	2,91	2,448.	-6,0	47,23	3.				
	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs	857,032.	87	9,649.	1,8	72,140	0.				
f	Administrative expenses	106,483.									
g	End of year balance	15,007,128.		7,652.	11,4	47,27	9.				
2	Provide the estimated percentage	-		as:							
	Board designated or quasi-endowr		00 %								
	Permanent endowment ▶3.0										
	Term endowment ►2.0000	_									
3 a	Are there endowment funds not in	the possession of	the organiz	zation t	hat are held	d and	administered for	the			
	organization by:								-	Yes	No
	(i) unrelated organizations								3a(i)	Х	
	(ii) related organizations								3a(ii)	Х	
b	If "Yes" to 3a(ii), are the related org								3b	Х	
4	Describe in Part XIV the intended u										
Par	t VI Land, Buildings, and Equ	ui pment. See Fo	rm 990, P	Part X, I	ine 10.						
	Description of investment		or other basis estment)	(b) C	ost or other ba (other)	sis	(c) Accumulated depreciation	(0	d) Book va	llue	
	Land					0.					0.
b	Buildings				8,4	50	2,958.			5,4	92.
С	Leasehold improvements					0.	0.				0.
d	Equipment				208,1	30	151,072.		į	57,0	58.
е	Other					0.	0.				0.
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Fo	rm 990, Pai	rt X , \overline{col}	umn (B), lin	e 10(d	c).) >			62 , 5	50.

Schedule D (Form 990) 2010 73-1635264 Page 3

Part VII	Investments - Other Securities. See Form	n 990, Part X, line	12.	.0.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
	al derivatives			
	-held equity interests			
<u>(B)</u>				
<u>(C)</u>				
(<u>D)</u>				
(F)				
(G)				
(H)				
(l)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		n 990, Part X, line		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line			
- (4)	(a) Des	scription		(b) Book value
(1)				
(2)				
(3) (4)				
(5)			-	
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u> ▶	
Part X	Other Liabilities. See Form 990, Part X, lin			
1.	(a) Description of liability	(b) Amount		
	ral income taxes RUED POSTRETIREMENT BENEFIT	498,19	33	
	TO DFMS	121,31		
(4)				
(5)				
(6)				
(7)				
(8)				
_(9)				
(10)				
(11)		610 50	26	
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 25.)	619,50	16.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

73-1635264 Schedule D (Form 990) 2010

	le D (Form 990) 2010			Page 4
Part			S	20 005 460
1	Total revenue (Form 990, Part VIII, column (A), line 12)		-	32,925,460.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1	24,794,367.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			8,131,093.
4	Net unrealized gains (losses) on investments			951,070.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		951,070.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	. 10		9,082,163.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn		
1	Total revenue, gains, and other support per audited financial statements	📙	1	34,970,874.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a 951,			
b	Donated services and use of facilities 2b 1,094,	344.		
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	2,045,414.
3	Subtract line 2e from line 1		3	32,925,460.
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 XIV.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	32,925,460.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		'n	
1	Total expenses and losses per audited financial statements		1	25,888,711.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 1,094,	344.		
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	1,094,344.
3	Subtract line 2e from line 1		3	24,794,367.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)	: : :	5	24,794,367.
Part				
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also conditional information.	plete		
SEE	PAGE 5			

Schedule D (Form 990) 2010 Page 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INVESTMENTS CONSIST OF TWO TRUST FUNDS, EACH OF WHICH HAVE BOTH DONOR AND BOARD-DESIGNATED FUNDS. THE INCOME FROM THESE FUNDS IS USED TO SUPPORT THE ADMINISTRATIVE AND PROGRAM ACTIVITIES OF EPISCOPAL RELIEF & DEVELOPMENT.

SCHEDULE D, PART X

THE INCOME TAXES TOPIC NUMBER 740, "INCOME TAXES" OF THE FASB ACCOUNTING STANDARDS CODIFICATION ("CODIFICATION") ESTABLISHES CRITERION THAT AN INDIVIDUAL TAX POSITION HAS TO MEET FOR SOME OR ALL THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. ON INITIAL APPLICATION, THIS CRITERION WILL BE APPLIED TO ALL TAX POSITIONS FOR WHICH THE STATUE OF LIMITATIONS REMAINS OPEN. ONLY TAX POSITIONS THAT MEET THE "MORE- LIKELY- THAN- NOT" RECOGNITION THRESHOLD AT ADOPTION DATE WILL BE RECOGNIZED OR CONTINUE TO BE RECOGNIZED. THE EFFECTIVES FOR APPLYING THIS CRITERION WAS ADOPTED BY THE ORGANIZATION ON JANUARY 1, 2009, AND HAD NO MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS NOT TAKEN ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; DETERMINE ITS FILING AND TAX OBLIGATION IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO REVIEW OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2010 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

Employer identification number

EPISCOPAL RELIEF AND DEVELOPMENT

73-1635264

Part	General Information of Form 990, Part IV, line 14		Outside the U	Jnited States. Complete	if the organization answe	red "Yes" to
1	For grantmakers. Does the org		ntain records	to substantiate the amo	unt of the grants or	
	assistance, the grantees' eligibili	ty for the gran	ts or assistance	e, and the selection criter	ia used to award the	
	grants or assistance?					X Yes No
	For grantmakers. Describe in P	art V the orgar	nization's proce	edures for monitoring the	use of grant funds outsid	le the
	United States.					
3	Activities per Region. (The follow					(n =
	(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g.,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
		region	agents, and independent	fundraising, program services, investments,	describe specific type of service(s) in region	and investments in region
			contractors	grants to recipients	Service(s) in region	iii region
			in region	located in the region)		
(4)	ave avveev repra		10	DROGDAY GERVIAGO	UDITED TOOD CENTRATIVAL	0 121 644
(1)	SUB-SAHARAN AFRICA	1.	10.	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	8,131,644.
(2)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	312,290.
(2)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	HEALIH, FOOD &EMERGENCI	312,290.
(3)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	4,806,641.
(0)	CENTIALE TREETING CONTENTS	· ·	· ·	THOUSEN DERVICES	nanarnyrood wananoanor	1,000,011.
(4)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	888,801.
(- /						
(5)	EUROPE	0.	0.	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	255,591.
(- ,					·	•
(6)	MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	108,313.
(7)	SOUTH ASIA	0.	0.	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	425,562.
(8)						
(9)						
(10)						
(11)						
(40)						
(12)						
(13)						
(13)						
(14)						
(17)						
(15)						
,						
(16)						
,						
(17)						
3a	Sub-total	1.	10.			14,928,842.
b	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)	1.	10.			14,928,842.

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

73-1635264 Schedule F (Form 990) 2010 Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed. (i) Method of valuation 1 (a) Name of organization (b) IRS code (c) Region (d) Purpose of (f) Manner of (h) Description (e) Amount of (g) Amount of section and EIN grant cash grant cash non-cash of non-cash (book, FMV, disbursement (if applicable) assistance assistance appraisal, other) (1) EUROPE/ICELAND/GREENLAND TSUNAMI MICR 216,600. (2) EUROPE/ICELAND/GREENLAND MOSAIC CREAT 38.991

(-)			,		
(3)	MIDDLE EAST/NORTH AFRICA	JOFEH CENTER	60,563.		
(0)	MIDDLE EAST/NORTH AFRICA	OOFER CENTER	00,303.		
(4)	SUB-SAHARAN AFRICA	BOGA PARTNER	44,578.		
(4)	505 SIMMUM 111112011	Doon manner	11,0,0		
(5)	SUB-SAHARAN AFRICA	DIOCESE OF A	46,046.		
		DIOCESE OF M			
(6)	SUB-SAHARAN AFRICA	PREPAREDNESS	17,875.		
(7)	SUB-SAHARAN AFRICA	FOOD SECURIT	61,500.		
(8)	SUB-SAHARAN AFRICA	DIOCESE OF N	22,420.		
(0)					
(9)	SUB-SAHARAN AFRICA	HOPE AFRICA	272,859.		
(10)	SUB-SAHARAN AFRICA	BO ANGLICAN	43,900.		
(10)	SUB-SARAKAN AFRICA	BO ANGLICAN	43,900.		
(11)	EAST ASIA/PACIFIC	RURUAL TRAIN	118,801.		
(11)		NOROLL TIGHT	110,001.		
(12)	CENT. AMERICA/CARIBBEAN	DIOCESAN DEV	6,250.		
(13)	CENT. AMERICA/CARIBBEAN	2010 BISHOP'	50,000.		
(14)	CENT. AMERICA/CARIBBEAN	2010 OPERATI	138,142.		
(15)	CENT. AMERICA/CARIBBEAN	2010 HAITI R	2,360,055.		
(16)	CENT. AMERICA/CARIBBEAN	AANGLIDESH	217,518.		

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

Enter total number of other organizations or entities .

73-1635264 Schedule F (Form 990) 2010 Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed. (i) Method of valuation (book FMV 1 (a) Name of organization (b) IRS code (c) Region (d) Purpose of (f) Manner of (e) Amount of (g) Amount of (h) Description

		(if applicable)		grant	casii giant	disbursement	assistance	assistance	appraisal, other)
	(1)		SOUTH ASIA	AFGHANISTAN	21,060.				
	(2)		CENT. AMERICA/CARIBBEAN	AGRICULTURAL	135,185.				
	(3)		SUB-SAHARAN AFRICA	AJULA PO RWO	325,000.				
	(3)		DOD DAHARAN AFRICA	AUGUA TO KWO	323,000.				
	(4)		SUB-SAHARAN AFRICA	ANGLICAN AID	115,767.				
	(5)		CENT. AMERICA/CARIBBEAN	ASSISTANCE F	379,317.				
	(6)		CENT. AMERICA/CARIBBEAN	ASSISTANCE I	22,330.				
	(7)		SOUTH ASIA	BALURGHAT CO	29,924.				
	(8)		CENT. AMERICA/CARIBBEAN	BELIZE SOCIA	42,187.				
	(9)		CENT. AMERICA/CARIBBEAN	BISHOP THARP	132,500.				
	(10)		EAST ASIA/PACIFIC	BUSCALAN INT	50,003.				
					·				
	(11)		SUB-SAHARAN AFRICA	CARPENTERS K	69,000.				
	(12)		SOUTH ASIA	CENTRE FOR C	10,000.				
	(13)		CENT. AMERICA/CARIBBEAN	CLEAN WATER,	114,369.				
	(14)		EAST ASIA/PACIFIC	CLIMATE CHAN	50,000.				
	(15)		CENT. AMERICA/CARIBBEAN	CONSTRUCCION	88,312.				
	(16)		EAST ASIA/PACIFIC	CYCLONE NARG	120,000.				
Į	(• •)			_ == ==================================				1	1

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

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

73-1635264 Schedule F (Form 990) 2010 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed. (i) Method of 1 (a) Name of organization (b) IRS code (g) Amount of (c) Region (d) Purpose of (e) Amount of (f) Manner of (h) Description valuation section and EIN grant cash grant cash non-cash of non-cash (book, FMV, (if applicable) disbursement assistance assistance appraisal, other) (1) CENT. AMERICA/CARIBBEAN DAIRY COOPER 12,500. (2) SUB-SAHARAN AFRICA DCT FOOD SEC 54,263. (3) DEVELOPMENT 33,958. CENT. AMERICA/CARIBBEAN (4)79,974. EAST ASIA/PACIFIC DEVELOPMENT (5) SOUTH AMERICA DIOCESAN COO 42,000. (6) SUB-SAHARAN AFRICA DIOCESAN OF 124,448. (7) SUB-SAHARAN AFRICA DIOCESE OF U 13,500. (8) SOUTH AMERICA EARTHQUAKE I 18,000. (9) 24,787. EAST ASIA/PACIFIC EDS INTER-CO (10)SUB-SAHARAN AFRICA EMERGENCY FO 12,000. (11)SOUTH AMERICA EMERGENCY AS 15,000. (12)CENT. AMERICA/CARIBBEAN EMERGENCY AS 10,000. (13)CENT. AMERICA/CARIBBEAN EMERGENCY AS 629,252. (14)CENT. AMERICA/CARIBBEAN 2 DIFFERENT 25,000. (15)SOUTH ASIA EMERGENCY AS 75,000. (16)10,000.

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

SUB-SAHARAN AFRICA

₹ .	Enter total	l number ot	other	organizations	or entities

Schedule F (Form 990) 2010

EMERGENCY FU

73-1635264 Schedule F (Form 990) 2010 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed. (i) Method of 1 (a) Name of organization (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description valuation section and EIN grant cash grant cash non-cash of non-cash (book, FMV, (if applicable) disbursement assistance assistance appraisal, other) (1) CENT. AMERICA/CARIBBEAN EMERGENCY RE 8,000. (2) EMERGENCY RE 9,070. (3) EMERGENCY RE 10,000. SUB-SAHARAN AFRICA (4)ENVIRONMENTA SOUTH ASIA 32,061. (5) EAST ASIA/PACIFIC FEDCO RICE T 27,766. (6) EAST ASIA/PACIFIC FLOODS AND L 25,000. (7) EAST ASIA/PACIFIC FOOD SECURIT 10,638. 50,000. (8) CENT. AMERICA/CARIBBEAN GESTION AMBI (9) 57,500. CENT. AMERICA/CARIBBEAN HIV/AIDS AND (10)CENT. AMERICA/CARIBBEAN HURRICANE RI 10,000. (11)CENT. AMERICA/CARIBBEAN INCOME GENER 14,474. (12)SOUTH AMERICA INCOME GENER 83,461. (13)229,083. SUB-SAHARAN AFRICA INTEGRATED C (14)CENT. AMERICA/CARIBBEAN INTEGRATED A 48,764. (15)CENT. AMERICA/CARIBBEAN INTEGRATED C 42,768. (16)207,429. SUB-SAHARAN AFRICA INTEGRATED C

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

₹ .	Enter total	l number ot	other	organizations	or entities

73-1635264 Schedule F (Form 990) 2010 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed. (i) Method of 1 (a) Name of organization (b) IRS code (g) Amount of valuation (c) Region (d) Purpose of (e) Amount of (f) Manner of (h) Description section and EIN grant cash grant cash non-cash of non-cash (book, FMV, disbursement (if applicable) assistance assistance appraisal, other) (1) INTEGRATED D 249,410. SUB-SAHARAN AFRICA (2) SOUTH ASIA KALIAGUNG CY 7,022. (3) LEBOMBO DEVE 47,695. SUB-SAHARAN AFRICA (4) 1,211,650. SUB-SAHARAN AFRICA LLITNS (5) SUB-SAHARAN AFRICA MALARIAL NET 199,832. (6) SUB-SAHARAN AFRICA MASVINGO DEV 86,646. (7) EAST ASIA/PACIFIC MEN'S ASSOCI 13,300. (8) 32,656. CENT. AMERICA/CARIBBEAN MICRO CREDIT (9) 51,328. EAST ASIA/PACIFIC MOTHER'S UNI (10)EAST ASIA/PACIFIC MOTHER'S UNI 11,580. (11)EAST ASIA/PACIFIC MOUNTAIN TRA 25,000. (12)SUB-SAHARAN AFRICA MOZAMBIQUE N 44,840. (13)CENT. AMERICA/CARIBBEAN MULTI-COMMUN 39,000. (14)SUB-SAHARAN AFRICA NATIONAL REL 18,040. (15)SUB-SAHARAN AFRICA NETS FOR LIF 3,654,915. (16)23,500. SUB-SAHARAN AFRICA ONE-VILLAGE-

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

Enter total number of other organizations or entities

73-1635264 Schedule F (Form 990) 2010 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed. (i) Method of 1 (a) Name of organization (b) IRS code (g) Amount of (c) Region (d) Purpose of (e) Amount of (f) Manner of (h) Description valuation section and EIN grant cash grant cash non-cash of non-cash (book, FMV, disbursement (if applicable) assistance assistance appraisal, other) (1) SOUTH AMERICA PERMANANTE C 15,200. (2) PROGRAMA ANG 33,999. (3) 81,550. CENT. AMERICA/CARIBBEAN PROYECTO SIL (4)137,985. EAST ASIA/PACIFIC QINGHAI RENE (5) SOUTH ASIA SAMADI COMMU 26,255. (6) EAST ASIA/PACIFIC SAN VICENTE 24,032. (7) SOUTH AMERICA SERVICIO ANG 55,963. 28,667. (8) SOUTH AMERICA SERVICO ANGL (9) 29,120. SOUTH ASIA SHEIKH YASSI (10)EAST ASIA/PACIFIC SITIO SAN MI 21,108. (11)EAST ASIA/PACIFIC SOLOMON ISLA 12,500. (12)SOUTH AMERICA SOWER OF SEE 15,000. (13)47,750. MIDDLE EAST/NORTH AFRICA ST. LUKE'S H (14)SOUTH ASIA SRI LANKAN R 15,000. (15)SUB-SAHARAN AFRICA SUDAN DEVELO 209,500. (16)THANARBAID L 56,050. SOUTH ASIA

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

₹ .	Enter total	l number ot	other	organizations	or entities

73-1635264 Page 2 Schedule F (Form 990) 2010

	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
1)			EAST ASIA/PACIFIC	TOPIK HUMANI	60,000.				
2)			SOUTH ASIA	TSUNAMI REHA	115,000.				
3)			SUB-SAHARAN AFRICA	UIGE CHILD S	50,000.				
4)			SUB-SAHARAN AFRICA	WATER AND SA	306,000.				
5)			EAST ASIA/PACIFIC	YUSHU EARTHQ	25,000.				
6)			SUB-SAHARAN AFRICA	ZAMBIA ANGLI	290,700.				
7)			SUB-SAHARAN AFRICA	ZAMBIAN ANGL	52,000.				
8)			CENT. AMERICA/CARIBBEAN	EMERGENCY AS	25,000.				
9)									
0)									
1)									
2)									
3)									
4)									
5)									
6)									

Schedule F (Form 990) 2010 73-1635264 Page 3

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

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

Schedule F (Form 990) 2010 Page 4

Scriedule	F (Form 990) 2010	
Part I	Foreign Forms	

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010 73-1635264 Page **5**

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

EPISCOPAL RELIEF AND DEVELOPMENT CORPORATION TAKES ITS GRANT MONITORING RESPONSIBILITIES SERIOUSLY AS IT UNDERSTANDS THAT THE CHARITABLE EFFORTS IT FUNDS REFLECTS ON THE ORGANIZATION. TO THAT END, EPISCOPAL RELIEF AND DEVELOPMENT MAY REQUIRE THE GRANTEE TO PROVIDE THE ORGANIZATION WITH A NUMBER OF DIFFERENT REPORTS, INCLUDING:

FINANCIAL REPORTS, (E.G. ACTUAL VS. BUDGET REPORTS); EXPENSE MONITORING REPORTS (INCLUDING A REVIEW OF RECEIPTS, CONTRACTS, TITLES AND BANK STATEMENTS), ON-SITE EVALUATIONS, BANK RECONCILIATIONS (WITH EXCHANGE RATE CHECKS) AS WELL AS EXAMINATIONS BY INDEPENDENT AUDITORS.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

Name of the organization Employer identification number EPISCOPAL RELIEF AND DEVELOPMENT 73-1635264 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants е а Х Х Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C Х In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes Nο GENERAL 1 AB DATA DIRECT MARKETING SVC CONSULT. Х 4,038,221 116,950 3,921,271. 2 CREATIVE MUNROE CREATIVE PARTNERS COMM. Х 0 17,050 0. 3 CAMPAIGN CONSULT 0. **GMMB** Х 0 102,749 6 8 9 10 4,038,221 236,749 3,921,271. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, MD, MN, MS, NH, NM, NY, ND, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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

Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 73-1635264 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Charitable contributions 3 Gross income (line 1 minus 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses _____ Yes Yes Yes 6 Volunteer labor Νo 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain:

-	_	-	-	-	_	-	-	-	-	-	-	-	_	_	-	_	-	-	-	_	-	-	-	_	_	_	-	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	

Schedule G (Form 990 or 990-EZ) 2010

b If "Yes," explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sched	dule G (Form 990 or 990-EZ) 2010		Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		%
b			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
14	records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		_
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а			
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		_
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Part			 S
PAR	• • • • • • • • • • • • • • • • • • • •		
THE	ORGANIZATIONS AND INDIVIDUALS LISTED IN SCHEDULE G AS FUNDRAISERS		
PRO	OVIDE A VARIETY OF SERVICES RELATED TO THE ORGANIZATION'S FUNDRAISING		
EFF	TORTS.		
1.	A.B. DATA DIRECT MARKETING PROVIDES GENERAL CONSULTATION IN ALL		
-			
ASP.	PECTS OF THE DIRECT RESPONSE FUNDRAISING PROGRAM.		

Schedule G (Form 990 or 990-EZ) 2010

Sche	dule G (Form 990 or 990-EZ) 2010		Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	tama ni i		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а		٥	
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	S	
	or spent in the organization's own exempt activities during the tax year > \$		
Par	Supplemental Information. Complete this part to provide the explanation required by Part I, lin columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide the explanation required by Part I, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also contains the columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable.		hio
	part to provide any additional information (see instructions).	Jilipiele i	1115
	part to provide any additional information (ode methodology).		
2.	MUNROE CREATIVE PARTNERS IS A CREATIVE COMMUNICATIONS CONSULTING FIRM		
THA	AT HELPED DEVELOP THE WEB SITE, ADS, GENERAL PUBLICATIONS AND SPECIAL		
MAF	RKETING PROJECTS FOR THE ORGANIZATION.		
3	GMMB PROVIDES GENERAL CONSULTATION ON FUNDRAISING CAMPAIGN		
٠.	CITED INCOLUDE CONDUCTATION ON LONDINATOING CULITATION		
DEV	VELOPMENT.		
	Schedule G (Fo	rm 990 or 99	0-EZ) 2010

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2010
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Employer identification number Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT 73-1635264 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part Il can be duplicated if additional space is needed (a) Name and address of organization (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, or government if applicable assistance non-cash assistance or assistance (1) DIOCESE OF LOUISIANA - OFFICE OF DISASTER R 35-0915468 501(C)(3) 299,969. EPISOCPAL DIOCESE OF LOUISIANA REBUILDING THE BELOV (2) JERICHO ROAD EPISCOPAL HOUSING INITIATIVE 1623 SEVENTH STREET NEW ORLEANS, LA 70115 72-0475542 501(C)(3) 250,000. JERICHO ROAD EPISCOP (3) DIOCESE OF MISSISSIPPI 20-8419678 501(C)(3) 118 NORTH CONGRESS STREET 523,066. HALLELUJAH HOUSING, (4) DIOCESE OF NORTH DAKOTA 3600 SOUTH 25TH STREET FARGO, ND 58104-6861 72-0475542 501(C)(3) 67,500. EMERGENCY ASSISSTANC (5) G.R.A.C.E. COMMUNITY SERVICES G.R.A.C.E. AFTERSCHO 2626 SOUTH LOOP WEST, SUITE 350 74-1143081 501(C)(3) 101,730. ASSISTANCE (6) DIOCESE OF CENTRAL GULF COAST 201 N BAYLEN, BOX 13330 63-0590872 501(C)(3) 16,000. OIL SPIL RESPONSE BP (7) EPISCOPAL COMMUNITY SERVICES OF LOUISIANA 1623 SEVENTH STREET NEW ORLEANS, LA 70115 74-0475542 501(C)(3) 14,750. OIL SPILL RESPONSE (8) LUTHERAN EPISCOPAL SERVICES IN MISSISSIPPI P.O. BOX 23815 JACKSON, MS 39225-3815 64-0806866 501(C)(3) 10,000. YAZOO TORNADO RELIEF (9) DIOCESE OF MONTANA 515 NORTH PARK HELENA, MT 59601 81-0231779 501(C)(3) 55,254 CAMP MARSHALL (10) ST. ANNA'S EPISCOPAL CHURCH 1313 ESPLANDE AVENUE NEW ORLEANS, LA 70116 72-0631881 501(C)(3) 5,200 ST. ANNA'S OIL SPILL (11) DIOCESE OF GEORGIA 58-0566215 501(C)(3) 30,000. 611 EAST BAY STREET SAVANNA, GA 31401 COASTAL MEDICAL ACCE (12) DIOCESE OF MILWAUKEE 804 EAST JUNEAU AVENUE 39-0806327 501(C)(3) 10,000. EMERGENCY FLOOD RELI 2 Enter total number of section 501(c)(3) and government organizations For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2010)

JSA.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2010
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Employer identification number Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT 73-1635264 Part General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part Il can be duplicated if additional space is needed (f) Method of valuation (d) Amount of cash grant (e) Amount of non-cash (a) Name and address of organization (b) EIN (c) IRC section (h) Purpose of grant (book, FMV, appraisal, or government if applicable non-cash assistance or assistance assistance (1) DIOCESE OF SOUTH DAKOTA 45-0224597 501(C)(3) 500 SOUTH MAIN STREET 10,000. EMERGENCY RELIEF FOL (2) DIOCESE OF TENNESSEE 50 VANTAGE WAY NASHVILLE, TN 37228 62-6075442 501(C)(3) 25,000. EMERGENCY ASSISTANCE (3) DIOCESE OF TEXAS 1225 TEXAS AVENUE HOUSTON, TX 77002-3504 74-1143081 501(C)(3) 133,512. PREPARDNESS TRAINING (10)15. 2 Enter total number of section 501(c)(3) and government organizations

 $\label{eq:continuous} \textbf{For Paperwork Reduction Act Notice}, \, \textbf{see the Instructions for Form 990}.$

Schedule I (Form 990) (2010)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
6					
7					

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

GRANTS AND ASSISTANCE TO ORGANIZATIONS, INDIVIDUALS, AND GOVERNMENTS IN US

SCHEDULE I, PART I, LINE 2

EPISCOPAL RELIEF AND DEVELOPMENT CORPORATION TAKES ITS GRANT MONITORING RESPONSIBILITIES SERIOUSLY AS IT UNDERSTANDS THAT THE CHARITABLE EFFORTS IT FUNDS REFLECTS ON THE ORGANIZATION. TO THAT END, EPISCOPAL RELIEF AND DEVELOPMENT MAY REQUIRE THE GRANTEE TO PROVIDE THE ORGANIZATION WITH A NUMBER OF DIFFERENT REPORTS, INCLUDING: FINANCIAL REPORTS, (E.G. ACTUAL VS. BUDGET REPORTS); EXPENSE MONITORING REPORTS (INCLUDING A REVIEW OF RECEIPTS, CONTRACTS, TITLES AND BANK STATEMENTS), ON-SITE EVALUATIONS, BANK RECONCILIATIONS (WITH EXCHANGE RATE CHECKS) AS WELL AS EXAMINATIONS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
_3					
4					
5					
6					
7					

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

BY INDEPENDENT AUDITORS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Questions Regarding Compensation

Inspection Employer identification number

73-1635264

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
L	If any of the house on line to are checked did the organization follows a written notice reporting normant			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			.,
_	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			v
•	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	226,876.	0.	0.	19,605.	34,267.	280,748.	0.
1 ROBERT W RADTKE	(ii)	0.	0.	Ō.	0.	0.	0.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
2 KATHARINE JEFFERTS SCHO	(ii)	257 , 194.	0.	0.	62 , 095.	28 , 966.	348,255.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
3 N KURT BARNES	(ii)	186,838.	0.	0.	16,815.	25 , 007.	228,660.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
4 LINDA E WATT	(ii)	204,500.	0.	0.	18 , 557.	15 , 595.	238,652.	0.
	(i)	139,007.	0.	0.	12,790.	31,921.	183,718.	0.
5 ABAGAIL NELSON	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	153,220.	0.	0.	12,714.	14,724.	180,658.	0.
6 ESTHER COHEN	(ii)	0.		0.	0.	0.	0.	<u> </u>
	(i)	138,147.	0.	0.	9,164.	18,263.	165,574.	0.
7 SHAUN WALSH	(ii)	0.	0.	0.	0.	0.	0.	<u>0.</u>
	(i)	113,804.	0.	0.	10,674.	31,245.	155,723.	0.
8 BRIAN SELLERS-PETERSEN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
9	(ii)							
	(i)		<u> </u>	 				
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
40	(i)			 				
13	(ii)							
44	(i)		 	 				
14	(ii) (i)							
15			 	 				
15	(ii) (i)							
16	(i) (ii)		 	 				
10	(")		l .					odulo 1 (Form 990) 2010

Schedule J (Form 990) 2010 73-1635264 Page **3**

Part III Supplemental Information

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

Schedule J (Form 990) 2010

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number 73-1635264

GOVERNANCE AND MANAGEMENT

EPISCOPAL RELIEF AND DEVELOPMENT

PART VI, SECTION B

LINE 11: THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING

FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY

OF THE DRAFT FORM 990 WAS CIRCULATED ELECTRONICALLY TO THE FULL BOARD OF

TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED

AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990

PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

LINE 12: UPON HIRE, ALL EMPLOYEES ARE REQUIRED TO REVIEW AND COMPLETE A "CONFLICT OF INTEREST" DECLARATION. BOARD AND STAFF CONFLICT OF INTEREST DISCLOSURES ARE MONITORED BY THE OFFICE OF THE PRESIDENT AND HUMAN RESOURCES. THE ORGANIZATION REQUIRES ALL NEW BOARD MEMBERS TO COMPLETE A DISCLOSURE UPON COMMENCEMENT OF THEIR SERVICE. THESE DISCLOSURES ARE REQUIRED TO BE UPDATED AND REVIEWED ANNUALLY.

FORM 990, PART VI, LINE 15

ALL SALARIES AT EPISCOPAL RELIEF & DEVELOPMENT ARE BASED ON MARKET-BASED SALARY SURVEYS CARRIED OUT BY THE DOMESTIC AND FOREIGN MISSIONARY SOCIETY DEPARTMENT OF HUMAN RESOURCES ON BEHALF OF EPISCOPAL RELIEF & DEVELOPMENT. ACCORDINGLY, ALL SALARIES, INCLUDING THAT OF THE PRESIDENT, ARE BENCHMARKED AGAINST THE SALARIES OF LIKE POSITIONS AT SIMILAR SIZED RELIEF AND DEVELOPMENT ORGANIZATIONS. ALL SALARIES ARE REVIEWED ON AN ANNUAL BASIS.

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number 73-1635264

FORM 990, PART VI, LINE 19

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, FORM 990 AND ANNUAL SUMMARY ARE POSTED ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE AT THE ADDRESS LISTED ON PAGE 1 OF THE FORM 990. THE FORM 990 IS, LIKEWISE, PUBLISHED ON WWW.GUIDESTAR.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

FORM 990, PART XI, LINE 5

UNREALIZED GAINS

\$1,552,072

ATTACHMENT 1

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

EPISCOPAL RELIEF & DEVELOPMENT IS THE COMPASSIONATE RESPONSE OF THE
EPISCOPAL CHURCH TO HUMAN SUFFERING IN THE WORLD. HEARING GOD'S CALL
TO SEEK AND SERVE CHRIST IN ALL PERSONS AND TO RESPECT THE DIGNITY OF
EVERY HUMAN BEING, EPISCOPAL RELIEF & DEVELOPMENT SERVES TO BRING
TOGETHER THE GENEROSITY OF EPISCOPALIANS AND OTHERS WITH THE NEEDS OF
THE WORLD. EPISCOPAL RELIEF & DEVELOPMENT FAITHFULLY ADMINISTERS THE
FUNDS THAT ARE RECEIVED FROM THE CHURCH AND RAISED FROM OTHER
SOURCES. IT PROVIDES RELIEF IN TIMES OF DISASTER AND PROMOTES
SUSTAINABLE DEVELOPMENT BY IDENTIFYING AND ADDRESSING THE ROOT CAUSES
OF SUFFERING. EPISCOPAL RELIEF & DEVELOPMENT CHERISHES ITS
PARTNERSHIPS WITHIN THE ANGLICAN COMMUNION, WITH ECUMENICAL BODIES
AND WITH OTHERS WHO SHARE A COMMON VISION FOR JUSTICE AND PEACE AMONG
ALL PEOPLE.

Name of the organization
EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number 73-1635264

ATTACHMENT 2

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

PRIMARY HEALTH CARE:

THIS PROGRAM PROMOTES HEALTH AND FIGHTS DISEASE, ENSURING THAT
CHILDREN AND FAMILIES LIVE HEALTHIER LIVES. GLOBALLY, WE WORK IN
PARTNERSHIP WITH LOCAL COMMUNITIES TO PROVIDE ACCESS TO TREATMENT,
MEDICINES, CLEAN WATER, SAFE ENVIRONMENTS, PREVENTION EDUCATION
AND CARE TO VULNERABLE PEOPLE, SUCH AS MOTHERS AND THEIR CHILDREN.
PRIMARY HEALTH CARE PROGRAMS CONSISTED OF THE FOLLOWING:

- EDUCATE AND TRAIN COMMUNITIES AND LOCAL HEALTH WORKERS ON PREVENTABLE ILLNESSES AND PROPER SANITATION PRACTICES.
- PROVIDE PEOPLE ACCESS TO BASIC HEALTH CARE BY SUPPLYING

 IMMUNIZATIONS, MEDICINE AND TREATMENT IN VULNERABLE COMMUNITIES.
- BUILD CLEAN WATER SYSTEMS AND SANITATION SYSTEMS TO ENSURE A SAFE AND AVAILABLE WATER SUPPLY FOR DRINKING AND BATHING.
- PROTECT PEOPLE FROM CONTRACTING INFECTIOUS DISEASES SUCH AS
 HIV/AIDS AND MALARIA THROUGH TRAINING, PREVENTION EDUCATION,
 DELIVERY OF INSECTICIDE-TREATED NETS AND CARE FOR PEOPLE DIRECTLY
 IMPACTED BY THESE DISEASES.
- SUPPLY FAMILIES WITH SMOKELESS STOVES TO PREVENT RESPIRATORY

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

73-1635264

ATTACHMENT 2 (CONT'D)

ILLNESSES.

- SUPPORT CLINICS AND HOSPITALS IN CRISIS SETTINGS.

ATTACHMENT 3

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

EMERGENCY RELIEF AND REBUILDING:

THIS PROGRAM PROVIDES CRITICAL DISASTER RELIEF ASSISTANCE

IMMEDIATELY AFTER HUMAN-MADE AND NATURAL DISASTERS SUCH AS

HURRICANES, EARTHQUAKES, FLOODS AND WAR AROUND THE WORLD AND HELPS

COMMUNITIES REBUILD. IN THE UNITED STATES, THE ORGANIZATION

RESPONDS TO DEVASTATED COMMUNITIES AFTER THE IMMEDIATE CRISIS IS

OVER. EMERGENCY RELIEF AND REBUILDING PROGRAMS CONSISTED OF THE

FOLLOWING:

- DELIVER LIFE-SAVING SUPPLIES, SUCH AS MEDICINE, BLANKETS AND FOOD SUPPLIES, AND PROVIDE SHELTER TO CHILDREN, WOMEN AND OTHER VULNERABLE PEOPLE.
- REBUILD DEVASTATED AREAS AND WORK WITH LOCAL COMMUNITIES TO

 ASSESS LONG TERM DEVELOPMENT NEEDS AND IMPLEMENT THESE RECOVERY

 PLANS INCLUDING PROVIDING ASSISTANCE IN REBUILDING HOMES, SCHOOLS,

 HEALTH CLINICS, WATER SYSTEMS, AND TRAINING PEOPLE TO START SMALL

 BUSINESSES.

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

73-1635264

ATTACHMENT 3 (CONT'D)

- SUPPORT DOMESTIC DISASTER RESPONSE PROGRAMS IN COLLABORATION
WITH LOCAL EPISCOPAL DIOCESES TO HELP MARGINALIZED, IMPOVERISHED
AND DISTRESSED PEOPLE RECOVER.

ATTACHMENT 4

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

FOOD SECURITY:

THIS PROGRAM WORKS TO ALLEVIATE HUNGER AND IMPROVE THE FOOD SUPPLY
BY ENSURING THAT PEOPLE HAVE THE TOOLS TO ACCESS AND SECURE
HEALTHY FOOD SOURCES. OUR PROGRAMS MAKE SURE FAMILIES HAVE ENOUGH
FOOD TO EAT ON A DAILY BASIS AND THAT FOOD SUPPLIES ARE AVAILABLE,
AFFORDABLE AND ACCESSIBLE. FOOD SECURITY PROGRAMS CONSISTED OF
THE FOLLOWING:

- EQUIP PEOPLE WITH KNOWLEDGE, SKILLS, TOOLS, ANIMALS AND IMPROVED SEEDS TO ENSURE THEIR FAMILIES HAVE ENOUGH FOOD TO EAT YEAR ROUND.
- PROVIDE VOCATIONAL TRAINING AND MICRO-FINANCE OPPORTUNITIES FOR PEOPLE TO CREATE SMALL BUSINESSES AND EXPAND SOURCES OF INCOME.
- GIVE FAMILIES HEALTHY ANIMALS WHICH PRODUCE FOOD AND INCOME. THE ORGANIZATION RECEIVED DONATED SERVICES OF \$155,519 FROM OUTSIDE THIRD PARTY ORGANIZATIONS. THIS AMOUNT HAS BEEN REMOVED FROM

Name of the organization Employer identification number

EPISCOPAL RELIEF AND DEVELOPMENT 73-1635264

ATTACHMENT 4 (CONT'D)

PROGRAM SERVICE EXPENSES AS REQUIRED BY THE FORM 990.

ATTACHMENT 5

FORM 990, PART VI, LINE 17 - STATES

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

FL, GA, IL, KS, KY, MD,

MN, MS, NH, NM, NY, ND, OK, OR, PA,

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

ATTACHMENT 6

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION AB DATA DIRECT MARKETING SERVICES 116,950. FUNDRAISING CONSULT PO BOX 170062 MILWAUKEE, WI 53217 THE KONTERRA GROUP CONSULTING 193,462. 700 12TH STREET NW WASHINGTON, DC 20005 **GMMB** FUNDRAISING CONSULT 102,749. 100 WISCONSIN AVENUE NW WASHINGTON, DC 20007

TOTAL COMPENSATION

413,161.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number 73-1635264

Part I Identification of Disregarded Entities (Complete if t	the organization ans	swered "Yes" on	Form 990, Part	IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	F	(b) Primary activity	(c) egal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor enti	ntrolling
_(2)							
_(3)							
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the second	(Complete if the o	organization answ	rered "Yes" on F	Form 990, Part I\	/, line 34 because	e it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	olled
						Yes	No
(1) DOMESTIC AND FOREIGN MISSIONARY SOCIETY 13-5562208 815 SECOND AVENUE NEW YORK, NY 10017	1	NY	501 (C) (3)	1	N/A		Х
_(2)							

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

Schedule R (Form 990) 2010

Schedule	e R (Form 990) 2010					73-	1635264							Page
Part III	Identification of Relat because it had one or i	ed Organizations more related orga	Taxable anizations	as a Partnersh treated as a pa	nip (Complete if the artnership during the	he organization the tax year.)	answered "Yes	" on I	Form	990,	Part IV,	line 3	34	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	ar Dispre	(h) oportionate ocations?	Code amoun Sche	(i) e V-UBI t in box 20 of dule K-1 m 1065)	Gene mana parti	ral or aging	(k) Percentage ownership
			oodinity)					Yes	No	(, 0,,		Yes	No	
_(1)		-												
(2)		-												
(3)														
(4)														
(5)														
<u>(6)</u>														
<u>(7)</u>														
Part IV	Identification of Relat line 34 because it had	ed Organizations one or more rela	Taxable ated orga	as a Corporati	i on or Trust (Com d as a corporatior	nplete if the organical or trust during	 anization answe the tax year.)	red "	Yes"	on Fo	rm 990	, Part	t IV,	
	(a) Name, address, and EIN of	related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share	(f) of total	income		g) are of ear ass	ets	(h) Percentage ownership
<u>(1)</u>														
(2)														

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
<u>(1)</u>							
<u>(2)</u>							
<u>(3)</u>							
(4)							
(5)							
<u>(6)</u>							

Schedule R (Form 990) 2010 73-1635264 Page **3**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?				
а			1a		Х
b	Gift, grant, or capital contribution to other organization(s)		1b		Х
~	Gift, grant, or capital contribution from other organization(s)		1 c	Х	
٦	Loans or loan guarantees to or for other organization(s)				Х
u	Loans or loan guarantees by other organization(s)		1e		Х
e	Loans of loan guarantees by other organization(s)		. •		
			1f		х
T	Sale of assets to other organization(s)		1g		Х
g	Purchase of assets from other organization(s)				X
h	Exchange of assets		1i		X
i	Lease of facilities, equipment, or other assets to other organization(s)		11		^
					37
j	Lease of facilities, equipment, or other assets from other organization(s)		1j		Х
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		Х
ı	Performance of services or membership or fundraising solicitations by other organization(s)		11	Х	
m	Sharing of facilities, equipment, mailing lists, or other assets		1 m	Х	
	Sharing of paid employees		1n	X	
0	Reimbursement paid to other organization for expenses		10		Х
p			1p		Х
Р	Trenibulsement paid by other organization of expenses 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				
~	Other transfer of cash or property to other organization(s)		1q		Х
ч r	Other transfer of cash or property from other organization(s)		1r		х
<u>.</u>	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transactions.	tion three		•	
_	(6)		(d)	·.	
	Name of other organization Transaction Amount involved	Method	of dete		ng
	type (a–r)	amo	unt invo	olved	

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1) DOMESTIC AND FOREIGN MISSIONARY SOCIETY	С	284,153.	BOOK VALUE
(2) DOMESTIC AND FOREIGN MISSIONARY SOCIETY	L, N	938,825.	COST
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
(6)			

73-1635264 Schedule R (Form 990) 2010 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	Disprop	ortionate ations?	tionate Code V-UBI		(h) neral or anaging artner?
			Yes	No		Yes	No	(1 01111 1003)	Yes	s No
_(1)										
(2)										
<u>(3)</u>										
<u>(4)</u>										
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										+
(16)										+

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010 Page 5

Part VII

Supplemental Information

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