

**Return of Organization Exempt From Income Tax**

**2010**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2010 calendar year, or tax year beginning **2010**, and ending **20**

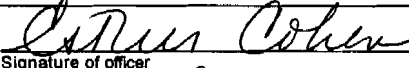
|   |  |            |   |
|---|--|------------|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>EPISCOPAL RELIEF AND DEVELOPMENT          |            | <b>D</b> Employer identification number<br>73-1635264   |
|   | Doing Business As  |            | <b>E</b> Telephone number<br>(800) 334-7626   |
|   | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | <b>G</b> Gross receipts \$ <b>33,702,144.</b>   |
|   | City or town, state or country, and ZIP + 4<br>NEW YORK, NY 10017          |            |   |
| <b>F</b> Name and address of principal officer: <b>ROBERT W RADTKE</b><br>815 SECOND AVENUE NEW YORK, NY 10017  |  |            | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |            |   |
| <b>J</b> Website: WWW.ER-D.ORG  |  |            | <b>H(c)</b> Group exemption number  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other   |  |            | <b>L</b> Year of formation: 2002 <b>M</b> State of legal domicile: NY   |


**Part I Summary**

|  |  |                           |              |
|--|--|---------------------------|--------------|
| <b>Activities &amp; Governance</b>                                       | <b>1</b> Briefly describe the organization's mission or most significant activities:<br>EPISCOPAL RELIEF & DEVELOPMENT CORP (ERD) IS A COMPASSIONATE RESPONSE OF THE EPISCOPAL CHURCH TO HUMAN SUFFERING IN THE WORLD. ERD'S MAJOR PROGRAMS FOCUS ON FOOD SECURITY, HEALTH CARE, AND EMERGENCY RELIEF. |                           |              |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                           |              |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | 20.          |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | 16.          |
|  | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)  | <b>5</b>                  | 39.          |
|  | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | 120.         |
|  | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | 0.           |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>  | 0.                        |              |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  | 16,993,111.               | 31,714,650.  |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 0.                        | 0.           |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | -894,147.                 | 1,160,210.   |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 16,134,462.               | 32,925,460.  |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 13,259,873.               | 17,551,085.  |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                        | 0.           |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 3,401,796.                | 3,837,842.   |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 297,537.                  | 236,749.     |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | 1,752,406.                |              |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   | 2,691,480.                | 3,168,691.   |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 19,650,686.               | 24,794,367.  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12           | -3,516,224.  | 8,131,093.                |              |
| <b>Net Assets or Fund Balances</b>                                       | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year  |
|  | <b>21</b> Total liabilities (Part X, line 26)  | 24,693,341.               | 32,410,817.  |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.  | 2,619,996.                | 1,255,309.   |
|  |  | 22,073,345.               | 31,155,508.  |

**Part II Signature Block**

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

|                  |   |                 |
|------------------|---|-----------------|
| <b>Sign Here</b> | Signature of officer<br> | Date<br>8-31-11 |
|                  | Type or print name and title<br>ESTHER COHEN, CHIEF OPERATING OFFICER                                       |                 |

|                               |  |   |                    |   |                   |
|-------------------------------|--|---|--------------------|---|-------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Scott Thompsett              | Preparer's signature<br> | Date<br>08/31/2011 | Check if self-employed <input type="checkbox"/> | PTIN<br>P00741490 |
|                               | Firm's name<br>GRANT THORNTON LLP                          |   |                    | Firm's EIN<br>36-6055558                        |                   |
|                               | Firm's address<br>666 THIRD AVENUE NEW YORK, NY 10017-4011 |   |                    | Phone no.<br>212-599-0100                       |                   |

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code: ) (Expenses \$ 10,949,153. including grants of \$ 6,979,629. ) (Revenue \$ 0. )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 7,711,040. including grants of \$ 6,061,622. ) (Revenue \$ 0. )

ATTACHMENT 3

4c (Code: ) (Expenses \$ 3,720,733. including grants of \$ 3,245,399. ) (Revenue \$ 0. )

ATTACHMENT 4

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

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

4e Total program service expenses 22,380,926.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (16), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 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
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ESTHER COHEN 815 SECOND AVENUE NEW YORK, NY 10017-4503 212 716 6122

**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)<br>Name and Title                         | (B)<br>Average hours per week<br>(describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) ROBERT W RADTKE<br>PRESIDENT              | 40.00   | X                                      | X                     |         |              |                              | 226,876. | 0.   | 53,872.   |   |
| (2) KATHARINE JEFFERTS SCHORI<br>BOARD MEMBER | 1.00  | X                                      |                       |         |              |                              | 0.       | 257,194.   | 91,062.   |   |
| (3) N KURT BARNES<br>BOARD MEMBER             | 1.00  | X                                      |                       |         |              |                              | 0.       | 186,838.   | 41,823.   |   |
| (4) LINDA E WATT<br>BOARD MEMBER              | 1.00  | X                                      |                       |         |              |                              | 0.       | 204,500.   | 34,153.   |   |
| (5) J. TUCKER MOODEY<br>BOARD MEMBER          | 1.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (6) SHARON HILPERT<br>BOARD MEMBER            | 1.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (7) PEARL CHIN<br>BOARD MEMBER                | 1.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (8) ROBERT J O'NEILL<br>CHAIRMAN              | 1.00  | X                                      | X                     |         |              |                              | 0.       | 0.   | 0.  |   |
| (9) STEVEN W. DUFF<br>VICE CHAIR              | 1.00  | X                                      | X                     |         |              |                              | 0.       | 0.   | 0.  |   |
| (10) REV KAREN BROWN MONTAGNO<br>SECRETARY    | 1.00  | X                                      | X                     |         |              |                              | 0.       | 0.   | 0.  |   |
| (11) WILLIAM S REESE<br>TREASURER             | 1.00  | X                                      | X                     |         |              |                              | 0.       | 0.   | 0.  |   |
| (12) C JILL OETTINGER<br>BOARD MEMBER         | 1.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (13) CATHERINE GEORGE<br>BOARD MEMBER         | 1.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (14) FLO MCAFEE<br>BOARD MEMBER               | 1.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (15) NELSON FAMADAS<br>BOARD MEMBER           | 1.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (16) JOHN SIDEBOTHAM<br>BOARD MEMBER          | 1.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| (17) LUTHER OTT<br>BOARD MEMBER                                | 1.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (18) ROBERT W JENKINS<br>BOARD MEMBER                          | 1.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (19) DENA A HARRISON<br>BOARD MEMBER                           | 1.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (20) TERRY LAWVER<br>BOARD MEMBER                              | 1.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (21) ABAGAIL NELSON<br>SENIOR VICE PRESIDENT, PROGRAM          | 40.00  |  |                       | X       |              |                              | 139,007.   | 0.   | 44,712.   |   |
| (22) ESTHER COHEN<br>CHIEF OPERATING OFFICER                   | 40.00  |  |                       | X       |              |                              | 153,220.   | 0.   | 27,438.   |   |
| (23) SHAUN WALSH<br>EXECUTIVE DIRECTOR-NETSFORLIFE             | 40.00  |  |                       |         |              | X                            | 138,147.   | 0.   | 27,427.   |   |
| (24) KIRSTEN LAURSEN MUTH<br>SENIOR PROGRAM DIRECTOR ASIA      | 40.00  |  |                       |         |              | X                            | 115,012.   | 0.   | 28,201.   |   |
| (25) BRIAN SELLERS-PETERSEN<br>DIRECTOR, CHURCH ENGAGEMENT     | 40.00  |  |                       |         |              | X                            | 113,804.   | 0.   | 41,919.   |   |
| (26) MEG DERONGHE<br>DIRECTOR BUS DEV NETS FOR LIFE            | 40.00  |  |                       |         |              | X                            | 102,169.   | 0.   | 38,570.   |   |
| (27) MALAIKA KAMUNANWIRE<br>SENIOR DIRECTOR MARKETING          | 40.00  |  |                       |         |              | X                            | 109,249.   | 0.   | 27,364.   |   |
| (28)   |  |  |                       |         |              |                              |            |  |   |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              | 1,097,484. | 648,532.   | 456,541.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |            |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              | 1,097,484. | 648,532.   | 456,541.  |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **8**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>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**



**Part VIII Statement of Revenue**

|  |   |                |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|--|---|----------------|----------------------|----------------------|--|---|---|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b>                | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>      |                      |                      |  |   |   |
|  | <b>b</b> Membership dues . . . . .  | <b>1b</b>      |                      |                      |  |   |   |
|  | <b>c</b> Fundraising events . . . . .   | <b>1c</b>      |                      |                      |  |   |   |
|  | <b>d</b> Related organizations . . . . .  | <b>1d</b>      | 284,153.             |                      |  |   |   |
|  | <b>e</b> Government grants (contributions) . .  | <b>1e</b>      | 1,525,131.           |                      |  |   |   |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .  | <b>1f</b>      | 29,905,366.          |                      |  |   |   |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ _____  |                |                      |                      |  |   |   |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .   |                |                      | 31,714,650.          |  |   |   |
| <b>Program Service Revenue</b>   |   |                | <b>Business Code</b> |                      |  |   |   |
|  | <b>2a</b> _____   |                |                      |                      |  |   |   |
|  | <b>b</b> _____  |                |                      |                      |  |   |   |
|  | <b>c</b> _____  |                |                      |                      |  |   |   |
|  | <b>d</b> _____  |                |                      |                      |  |   |   |
|  | <b>e</b> _____  |                |                      |                      |  |   |   |
|  | <b>f</b> All other program service revenue . . . . .  |                |                      |                      |  |   |   |
| <b>g Total.</b> Add lines 2a-2f . . . . .  |   |                | 0.                   |                      |  |   |   |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .  |                |                      | 285,905.             |  |   | 285,905.  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . .   |                |                      | 0.                   |  |   |   |
|  | <b>5</b> Royalties . . . . .  |                |                      | 0.                   |  |   |   |
|  |   | (i) Real       | (ii) Personal        |                      |  |   |   |
|  | <b>6a</b> Gross Rents . . . . .   |                |                      |                      |  |   |   |
|  | <b>b</b> Less: rental expenses . . . . .  |                |                      |                      |  |   |   |
|  | <b>c</b> Rental income or (loss) . . . . .  |                |                      |                      |  |   |   |
|  | <b>d</b> Net rental income or (loss) . . . . .  |                |                      | 0.                   |  |   |   |
|  |   | (i) Securities | (ii) Other           |                      |  |   |   |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory . . . . .   |                |                      | 1,650,989.           |  |   |   |
|  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .  |                |                      | 776,684.             |  |   |   |
|  | <b>c</b> Gain or (loss) . . . . .   |                |                      | 874,305.             |  |   |   |
|  | <b>d</b> Net gain or (loss) . . . . .   |                |                      | 874,305.             |  |   | 874,305.  |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>       |                      |                      |  |   |   |
|  | <b>b</b> Less: direct expenses . . . . .  | <b>b</b>       |                      |                      |  |   |   |
| <b>c</b> Net income or (loss) from fundraising events . . . . .                  |   |                | 0.                   |                      |  |   |   |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . | <b>a</b>  |                |                      |                      |  |   |   |
| <b>b</b> Less: direct expenses . . . . .   | <b>b</b>  |                |                      |                      |  |   |   |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                   |   |                | 0.                   |                      |  |   |   |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .    | <b>a</b>  |                |                      |                      |  |   |   |
| <b>b</b> Less: cost of goods sold . . . . .                                      | <b>b</b>  |                |                      |                      |  |   |   |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .                  |   |                | 0.                   |                      |  |   |   |
| Miscellaneous Revenue  |   |                | <b>Business Code</b> |                      |  |   |   |
| <b>11a</b> OTHER INCOME  |   | 900099         |                      | 50,600.              |  |   | 50,600.   |
| <b>b</b> _____   |   |                |                      |                      |  |   |   |
| <b>c</b> _____   |   |                |                      |                      |  |   |   |
| <b>d</b> All other revenue . . . . .   |   |                |                      |                      |  |   |   |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                      |   |                |                      | 50,600.              |  |   |   |
| <b>12 Total revenue.</b> See instructions . . . . .                              |   |                |                      | 32,925,460.          |  | 0.                                      | 1,210,810.  |

**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).

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 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):  |                       |                                 |  |                             |
| a Management . . . . .   | 0.                    |                                 |  |                             |
| b Legal . . . . .  | 81,846.               | 81,846.                         |  |                             |
| c Accounting . . . . .   | 63,463.               | 42,482.                         | 20,981.                                |                             |
| d Lobbying . . . . .   | 0.                    |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  | 236,749.              |                                 |  | 236,749.                    |
| f Investment management fees . . . . .   | 106,483.              | 106,483.                        |  |                             |
| 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 . . . . .   | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .   | 54,264.               | 54,264.                         |  |                             |
| 17 Travel . . . . .  | 777,361.              | 692,007.                        | 42,998.                                | 42,356.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 214,236.              | 193,535.                        | 11,048.                                | 9,653.                      |
| 20 Interest . . . . .  | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 110,053.              | 65,626.                         | 25,442.                                | 18,985.                     |
| 23 Insurance . . . . .   | 41,036.               | 5,417.                          | 35,619.                                |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)   |                       |                                 |  |                             |
| a TELEPHONE -----  | 80,529.               | 68,799.                         | 3,553.                                 | 8,177.                      |
| b BANK CHARGES -----   | 41,820.               | 27,994.                         | 13,826.                                |                             |
| c RESOURCE AND REFERENCE -----   | 2,870.                | 291.                            | 323.                                   | 2,256.                      |
| d -----  |                       |                                 |  |                             |
| e -----  |                       |                                 |  |                             |
| f All other expenses -----   |                       |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f   | 24,794,367.           | 22,380,926.                     | 661,035.                               | 1,752,406.                  |
| 26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   |                          | <b>1</b>    |                    |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 4,504,061.               | <b>2</b>    | 12,320,525.        |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 6,033,133.               | <b>3</b>    | 4,629,308.         |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>    |                    |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                          | <b>5</b>    |                    |
|   | <b>6</b> 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) . . . . . |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 106,382.                 | <b>9</b>    | 2,793.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 216,580.      |             |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 154,030.      | 87,295.     | <b>10c</b> 62,550. |
|   | <b>11</b> Investments - publicly traded securities . . . . .   | 13,587,652.              | <b>11</b>   | 15,007,128.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | 374,818.                 | <b>12</b>   | 388,513.           |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                          | <b>15</b>   |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 24,693,341.  | <b>16</b>                | 32,410,817. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 2,163,335.               | <b>17</b>   | 635,803.           |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>   |                    |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>   |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>   |                    |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>   |                    |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .   | 456,661.                 | <b>25</b>   | 619,506.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 2,619,996.               | <b>26</b>   | 1,255,309.         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                    |
|   | <b>27</b> Unrestricted net assets . . . . .  | 11,538,856.              | <b>27</b>   | 12,656,936.        |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 9,734,461.               | <b>28</b>   | 17,684,849.        |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 800,028.                 | <b>29</b>   | 813,723.           |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |             |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b>   |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b>   |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b>   |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 22,073,345.  | <b>33</b>                | 31,155,508. |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 24,693,341.  | <b>34</b>                | 32,410,817. |                    |

**Part XI Reconciliation of Net Assets**

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

|          |  |          |             |
|----------|--|----------|-------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12) . . . . .  | <b>1</b> | 32,925,460. |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25) . . . . .   | <b>2</b> | 24,794,367. |
| <b>3</b> | Revenue less expenses. Subtract line 2 from line 1 . . . . .   | <b>3</b> | 8,131,093.  |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                      | <b>4</b> | 22,073,345. |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | <b>5</b> | 951,070.    |
| <b>6</b> | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | <b>6</b> | 31,155,508. |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .   |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant? . . . . .  | X   |    |
| <b>2c</b> | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| <b>2d</b> | 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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                            |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  | X   |    |
| <b>3b</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.   | X   |    |

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

|   |   |
|---|---|
| <b>Name of the organization</b><br>EPISCOPAL RELIEF AND DEVELOPMENT | <b>Employer identification number</b><br>73-1635264 |
|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

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

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (88.65%); 15 Public support percentage from 2009 Schedule A, Part II, line 14 (89.31%); 16a 33 1/3% support test - 2010; 16b 33 1/3% support test - 2009; 17a 10%-facts-and-circumstances test - 2010; 17b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION   | 2006      | 2007      | 2008      | 2009           | 2010           | TOTAL          |
|---------------|-----------|-----------|-----------|----------------|----------------|----------------|
| OTHER INCOME  | 0.        | 0.        | 0.        | 35,498.        | 50,600.        | 86,098.        |
| <b>TOTALS</b> | <u>0.</u> | <u>0.</u> | <u>0.</u> | <u>35,498.</u> | <u>50,600.</u> | <u>86,098.</u> |



**Schedule of Contributors**

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

**2010**

|   |   |
|---|---|
| <b>Name of the organization</b><br>EPISCOPAL RELIEF AND DEVELOPMENT | <b>Employer identification number</b><br>73-1635264 |
|---|---|

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for Yes/No questions.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Rows 1-9 for various questions and a summary table.

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

Table with 3 columns: Question number, Description, and Amount. Rows 1a, 1b, 2, 2a, 2b for art and historical treasures.

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

Schedule D (Form 990) 2010

JSA 0E1268 1.000

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

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

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

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

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

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

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

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

|   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |

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

b If "Yes," explain the arrangement in Part XIV.

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     | 13,587,652.      | 11,060,765.    | 18,175,051.        |                      |                     |
| b Contributions . . . . .                                  | 295,513.         | 494,088.       | 1,191,601.         |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     | 2,087,478.       | 2,912,448.     | -6,047,233.        |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . | 857,032.         | 879,649.       | 1,872,140.         |                      |                     |
| f Administrative expenses . . . . .                        | 106,483.         |                |                    |                      |                     |
| g End of year balance . . . . .                            | 15,007,128.      | 13,587,652.    | 11,447,279.        |                      |                     |

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

- a Board designated or quasi-endowment ▶ 95.0000 %
- b Permanent endowment ▶ 3.0000 %
- c Term endowment ▶ 2.0000 %

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

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

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

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

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

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

| Description of investment   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .   |                                      | 0.                              |                              | 0.             |
| b Buildings . . . . .   |                                      | 8,450.                          | 2,958.                       | 5,492.         |
| c Leasehold improvements . . . . .  |                                      | 0.                              | 0.                           | 0.             |
| d Equipment . . . . .   |                                      | 208,130.                        | 151,072.                     | 57,058.        |
| e Other . . . . .   |                                      | 0.                              | 0.                           | 0.             |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c). . . . . |                                      |                                 |                              | 62,550.        |

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

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

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

| 1. (a) Description of liability   | (b) Amount |  |
|---|------------|--|
| (1) Federal income taxes  |            |  |
| (2) ACCRUED POSTRETIREMENT BENEFIT  | 498,193.   |  |
| (3) DUE TO DFMS   | 121,313.   |  |
| (4)   |            |  |
| (5)   |            |  |
| (6)   |            |  |
| (7)   |            |  |
| (8)   |            |  |
| (9)   |            |  |
| (10)  |            |  |
| (11)  |            |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 619,506.   |  |

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows and 3 columns: Description, Line Number, and Amount. Includes items like Total revenue, Total expenses, Excess or (deficit) for the year, Net unrealized gains, etc.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) and 3 columns: Description, Line Number, and Amount. Includes items like Total revenue, Amounts included on line 1 but not on Form 990, etc.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) and 3 columns: Description, Line Number, and Amount. Includes items like Total expenses and losses, Amounts included on line 1 but not on Form 990, etc.

Part XIV Supplemental Information

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

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

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**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

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

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

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

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) 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.   |
| (3) CENTRAL AMERICA/CARIBBEAN                               | 0.                                  | 0.   | PROGRAM SERVICES  | HEALTH, FOOD & EMERGENCY   | 4,806,641.   |
| (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)  |                                     |  |   |  |  |
| (12)  |                                     |  |   |  |  |
| (13)  |                                     |  |   |  |  |
| (14)  |                                     |  |   |  |  |
| (15)  |                                     |  |   |  |  |
| (16)  |                                     |  |   |  |  |
| (17)  |                                     |  |   |  |  |
| <b>3a</b> Sub-total . . . . .                               | 1.                                  | 10.  |   |  | 14,928,842.  |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |   |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 1.                                  | 10.  |   |  | 14,928,842.  |

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

Schedule F (Form 990) 2010

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .   
 Part II can be duplicated if additional space is needed.

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region               | (d) Purpose of grant         | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)  |                          |  | EUROPE/ICELAND/GREENLAND | TSUNAMI MICR                 | 216,600.                 |                                 |                                   |  |   |
| (2)  |                          |  | EUROPE/ICELAND/GREENLAND | MOSAIC CREAT                 | 38,991.                  |                                 |                                   |  |   |
| (3)  |                          |  | MIDDLE EAST/NORTH AFRICA | JOFEH CENTER                 | 60,563.                  |                                 |                                   |  |   |
| (4)  |                          |  | SUB-SAHARAN AFRICA       | BOGA PARTNER                 | 44,578.                  |                                 |                                   |  |   |
| (5)  |                          |  | SUB-SAHARAN AFRICA       | DIOCESE OF A                 | 46,046.                  |                                 |                                   |  |   |
| (6)  |                          |  | SUB-SAHARAN AFRICA       | DIOCESE OF M<br>PREPAREDNESS | 17,875.                  |                                 |                                   |  |   |
| (7)  |                          |  | SUB-SAHARAN AFRICA       | FOOD SECURIT                 | 61,500.                  |                                 |                                   |  |   |
| (8)  |                          |  | SUB-SAHARAN AFRICA       | DIOCESE OF N                 | 22,420.                  |                                 |                                   |  |   |
| (9)  |                          |  | SUB-SAHARAN AFRICA       | HOPE AFRICA                  | 272,859.                 |                                 |                                   |  |   |
| (10) |                          |  | SUB-SAHARAN AFRICA       | BO ANGLICAN                  | 43,900.                  |                                 |                                   |  |   |
| (11) |                          |  | EAST ASIA/PACIFIC        | RURUAL TRAIN                 | 118,801.                 |                                 |                                   |  |   |
| (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 . . . . .

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



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .   
 Part II can be duplicated if additional space is needed.

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region              | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|-------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)  |                          |  | SOUTH ASIA              | AFGHANISTAN          | 21,060.                  |                                 |                                   |  |   |
| (2)  |                          |  | CENT. AMERICA/CARIBBEAN | AGRICULTURAL         | 135,185.                 |                                 |                                   |  |   |
| (3)  |                          |  | SUB-SAHARAN AFRICA      | AJULA PO RWO         | 325,000.                 |                                 |                                   |  |   |
| (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.                 |                                 |                                   |  |   |

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| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region              | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|-------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)  |                          |  | CENT. AMERICA/CARIBBEAN | DAIRY COOPER         | 12,500.                  |                                 |                                   |  |   |
| (2)  |                          |  | SUB-SAHARAN AFRICA      | DCT FOOD SEC         | 54,263.                  |                                 |                                   |  |   |
| (3)  |                          |  | CENT. AMERICA/CARIBBEAN | DEVELOPMENT          | 33,958.                  |                                 |                                   |  |   |
| (4)  |                          |  | EAST ASIA/PACIFIC       | DEVELOPMENT          | 79,974.                  |                                 |                                   |  |   |
| (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)  |                          |  | EAST ASIA/PACIFIC       | EDS INTER-CO         | 24,787.                  |                                 |                                   |  |   |
| (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) |                          |  | SUB-SAHARAN AFRICA      | EMERGENCY FU         | 10,000.                  |                                 |                                   |  |   |

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|------|--------------------------|--|-------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)  |                          |  | CENT. AMERICA/CARIBBEAN | EMERGENCY RE         | 8,000.                   |                                 |                                   |  |   |
| (2)  |                          |  | SOUTH ASIA              | EMERGENCY RE         | 9,070.                   |                                 |                                   |  |   |
| (3)  |                          |  | SUB-SAHARAN AFRICA      | EMERGENCY RE         | 10,000.                  |                                 |                                   |  |   |
| (4)  |                          |  | SOUTH ASIA              | ENVIRONMENTA         | 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.                  |                                 |                                   |  |   |
| (8)  |                          |  | CENT. AMERICA/CARIBBEAN | GESTION AMBI         | 50,000.                  |                                 |                                   |  |   |
| (9)  |                          |  | CENT. AMERICA/CARIBBEAN | HIV/AIDS AND         | 57,500.                  |                                 |                                   |  |   |
| (10) |                          |  | CENT. AMERICA/CARIBBEAN | HURRICANE RI         | 10,000.                  |                                 |                                   |  |   |
| (11) |                          |  | CENT. AMERICA/CARIBBEAN | INCOME GENER         | 14,474.                  |                                 |                                   |  |   |
| (12) |                          |  | SOUTH AMERICA           | INCOME GENER         | 83,461.                  |                                 |                                   |  |   |
| (13) |                          |  | SUB-SAHARAN AFRICA      | INTEGRATED C         | 229,083.                 |                                 |                                   |  |   |
| (14) |                          |  | CENT. AMERICA/CARIBBEAN | INTEGRATED A         | 48,764.                  |                                 |                                   |  |   |
| (15) |                          |  | CENT. AMERICA/CARIBBEAN | INTEGRATED C         | 42,768.                  |                                 |                                   |  |   |
| (16) |                          |  | SUB-SAHARAN AFRICA      | INTEGRATED C         | 207,429.                 |                                 |                                   |  |   |

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|------|--------------------------|--|-------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)  |                          |  | SUB-SAHARAN AFRICA      | INTEGRATED D         | 249,410.                 |                                 |                                   |  |   |
| (2)  |                          |  | SOUTH ASIA              | KALIAGUNG CY         | 7,022.                   |                                 |                                   |  |   |
| (3)  |                          |  | SUB-SAHARAN AFRICA      | LEBOMBO DEVE         | 47,695.                  |                                 |                                   |  |   |
| (4)  |                          |  | SUB-SAHARAN AFRICA      | LLITNS               | 1,211,650.               |                                 |                                   |  |   |
| (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)  |                          |  | CENT. AMERICA/CARIBBEAN | MICRO CREDIT         | 32,656.                  |                                 |                                   |  |   |
| (9)  |                          |  | EAST ASIA/PACIFIC       | MOTHER'S UNI         | 51,328.                  |                                 |                                   |  |   |
| (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) |                          |  | SUB-SAHARAN AFRICA      | ONE-VILLAGE-         | 23,500.                  |                                 |                                   |  |   |

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|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)  |                          |  | SOUTH AMERICA            | PERMANANTE C         | 15,200.                  |                                 |                                   |  |   |
| (2)  |                          |  | SOUTH AMERICA            | PROGRAMA ANG         | 33,999.                  |                                 |                                   |  |   |
| (3)  |                          |  | CENT. AMERICA/CARIBBEAN  | PROYECTO SIL         | 81,550.                  |                                 |                                   |  |   |
| (4)  |                          |  | EAST ASIA/PACIFIC        | QINGHAI RENE         | 137,985.                 |                                 |                                   |  |   |
| (5)  |                          |  | SOUTH ASIA               | SAMADI COMMU         | 26,255.                  |                                 |                                   |  |   |
| (6)  |                          |  | EAST ASIA/PACIFIC        | SAN VICENTE          | 24,032.                  |                                 |                                   |  |   |
| (7)  |                          |  | SOUTH AMERICA            | SERVICIO ANG         | 55,963.                  |                                 |                                   |  |   |
| (8)  |                          |  | SOUTH AMERICA            | SERVICO ANGL         | 28,667.                  |                                 |                                   |  |   |
| (9)  |                          |  | SOUTH ASIA               | SHEIKH YASSI         | 29,120.                  |                                 |                                   |  |   |
| (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) |                          |  | MIDDLE EAST/NORTH AFRICA | ST. LUKE'S H         | 47,750.                  |                                 |                                   |  |   |
| (14) |                          |  | SOUTH ASIA               | SRI LANKAN R         | 15,000.                  |                                 |                                   |  |   |
| (15) |                          |  | SUB-SAHARAN AFRICA       | SUDAN DEVELO         | 209,500.                 |                                 |                                   |  |   |
| (16) |                          |  | SOUTH ASIA               | THANARBAID L         | 56,050.                  |                                 |                                   |  |   |

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|------|--------------------------|--|-------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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)  |                          |  |                         |                      |                          |                                 |                                   |  |   |
| (10) |                          |  |                         |                      |                          |                                 |                                   |  |   |
| (11) |                          |  |                         |                      |                          |                                 |                                   |  |   |
| (12) |                          |  |                         |                      |                          |                                 |                                   |  |   |
| (13) |                          |  |                         |                      |                          |                                 |                                   |  |   |
| (14) |                          |  |                         |                      |                          |                                 |                                   |  |   |
| (15) |                          |  |                         |                      |                          |                                 |                                   |  |   |
| (16) |                          |  |                         |                      |                          |                                 |                                   |  |   |

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 3 Enter total number of other organizations or entities . . . . .  0.

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

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

**Part IV Foreign Forms**

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



**Part V Supplemental Information**

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

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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

**Part I**

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

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

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

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

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity    | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|------------------|--|----|-----------------------------------|---|---|
|   |                  | Yes  | No |                                   |   |   |
| 1<br>AB DATA DIRECT MARKETING SVC                         | GENERAL CONSULT. |  | X  | 4,038,221.                        | 116,950.  | 3,921,271.  |
| 2<br>MUNROE CREATIVE PARTNERS                             | CREATIVE COMM.   |  | X  | 0.                                | 17,050.   | 0.  |
| 3<br>GMMB   | CAMPAIGN CONSULT |  | X  | 0.                                | 102,749.  | 0.  |
| 4   |                  |  |    |                                   |   |   |
| 5   |                  |  |    |                                   |   |   |
| 6   |                  |  |    |                                   |   |   |
| 7   |                  |  |    |                                   |   |   |
| 8   |                  |  |    |                                   |   |   |
| 9   |                  |  |    |                                   |   |   |
| 10  |                  |  |    |                                   |   |   |
| <b>Total</b>  |                  |  |    | <b>4,038,221.</b>                 | <b>236,749.</b>   | <b>3,921,271.</b>                                 |

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL,  
KS, KY, MD, MN, MS, NH, NM, NY, ND, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

**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                |
|-----------------|---|--------------|--------------|------------------|---------------------------------|
|                 |   | (event type) | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .   |              |              |                  |                                 |
|                 | <b>2</b> Less: Charitable contributions . . . . .                                 |              |              |                  |                                 |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             |              |              |                  |                                 |
| Direct Expenses | <b>4</b> Cash prizes . . . . .  |              |              |                  |                                 |
|                 | <b>5</b> Noncash prizes . . . . .   |              |              |                  |                                 |
|                 | <b>6</b> Rent/facility costs . . . . .  |              |              |                  |                                 |
|                 | <b>7</b> Food and beverages . . . . .   |              |              |                  |                                 |
|                 | <b>8</b> Entertainment . . . . .  |              |              |                  |                                 |
|                 | <b>9</b> Other direct expenses . . . . .  |              |              |                  |                                 |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |              |              |                  | ( )                             |
|                 | <b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶ |              |              |                  |                                 |

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

PART I

THE ORGANIZATIONS AND INDIVIDUALS LISTED IN SCHEDULE G AS FUNDRAISERS  
 PROVIDE A VARIETY OF SERVICES RELATED TO THE ORGANIZATION'S FUNDRAISING  
 EFFORTS.

1. A.B. DATA DIRECT MARKETING PROVIDES GENERAL CONSULTATION IN ALL  
 ASPECTS OF THE DIRECT RESPONSE FUNDRAISING PROGRAM.

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

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

2. MUNROE CREATIVE PARTNERS IS A CREATIVE COMMUNICATIONS CONSULTING FIRM THAT HELPED DEVELOP THE WEB SITE, ADS, GENERAL PUBLICATIONS AND SPECIAL MARKETING PROJECTS FOR THE ORGANIZATION.

3. GMMB PROVIDES GENERAL CONSULTATION ON FUNDRAISING CAMPAIGN DEVELOPMENT.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

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?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1    | (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | DIocese of Louisiana - Office of Disaster Relief<br>Episcopal Diocese of Louisiana     | 35-0915468 | 501 (C) (3)                   | 299,969.                 |                                   |   |  | REBUILDING THE BELOV               |
| (2)  | JERICHO ROAD EPISCOPAL HOUSING INITIATIVE<br>1623 SEVENTH STREET NEW ORLEANS, LA 70115 | 72-0475542 | 501 (C) (3)                   | 250,000.                 |                                   |   |  | JERICHO ROAD EPISCO                |
| (3)  | DIocese of Mississippi<br>118 NORTH CONGRESS STREET                                    | 20-8419678 | 501 (C) (3)                   | 523,066.                 |                                   |   |  | HALLELUJAH HOUSING,                |
| (4)  | DIocese of North Dakota<br>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<br>2626 SOUTH LOOP WEST, SUITE 350                       | 74-1143081 | 501 (C) (3)                   | 101,730.                 |                                   |   |  | G.R.A.C.E. AFTERSCHO<br>ASSISTANCE |
| (6)  | DIocese of Central Gulf Coast<br>201 N BAYLEN, BOX 13330                               | 63-0590872 | 501 (C) (3)                   | 16,000.                  |                                   |   |  | OIL SPIL RESPONSE BP               |
| (7)  | EPISCOPAL COMMUNITY SERVICES OF LOUISIANA<br>1623 SEVENTH STREET NEW ORLEANS, LA 70115 | 74-0475542 | 501 (C) (3)                   | 14,750.                  |                                   |   |  | OIL SPILL RESPONSE                 |
| (8)  | LUTHERAN EPISCOPAL SERVICES IN MISSISSIPPI<br>P.O. BOX 23815 JACKSON, MS 39225-3815    | 64-0806866 | 501 (C) (3)                   | 10,000.                  |                                   |   |  | YAZOO TORNADO RELIEF               |
| (9)  | DIocese of Montana<br>515 NORTH PARK HELENA, MT 59601                                  | 81-0231779 | 501 (C) (3)                   | 55,254.                  |                                   |   |  | CAMP MARSHALL                      |
| (10) | ST. ANNA'S EPISCOPAL CHURCH<br>1313 ESPLANDE AVENUE NEW ORLEANS, LA 70116              | 72-0631881 | 501 (C) (3)                   | 5,200.                   |                                   |   |  | ST. ANNA'S OIL SPILL               |
| (11) | DIocese of Georgia<br>611 EAST BAY STREET SAVANNA, GA 31401                            | 58-0566215 | 501 (C) (3)                   | 30,000.                  |                                   |   |  | COASTAL MEDICAL ACCE               |
| (12) | DIocese of Milwaukee<br>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
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

**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.

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

**Part I General Information on Grants and Assistance**

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

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

| 1    | (a) Name and address of organization or government           | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | DIOCESE OF SOUTH DAKOTA<br>500 SOUTH MAIN STREET             | 45-0224597 | 501 (C) (3)                   | 10,000.                  |                                   |   |  | EMERGENCY RELIEF FOL               |
| (2)  | DIOCESE OF TENNESSEE<br>50 VANTAGE WAY NASHVILLE, TN 37228   | 62-6075442 | 501 (C) (3)                   | 25,000.                  |                                   |   |  | EMERGENCY ASSISTANCE               |
| (3)  | DIOCESE OF TEXAS<br>1225 TEXAS AVENUE HOUSTON, TX 77002-3504 | 74-1143081 | 501 (C) (3)                   | 133,512.                 |                                   |   |  | PREPARDNESS TRAINING               |
| (4)  |  |            |                               |                          |                                   |   |  |                                    |
| (5)  |  |            |                               |                          |                                   |   |  |                                    |
| (6)  |  |            |                               |                          |                                   |   |  |                                    |
| (7)  |  |            |                               |                          |                                   |   |  |                                    |
| (8)  |  |            |                               |                          |                                   |   |  |                                    |
| (9)  |  |            |                               |                          |                                   |   |  |                                    |
| (10) |  |            |                               |                          |                                   |   |  |                                    |
| (11) |  |            |                               |                          |                                   |   |  |                                    |
| (12) |  |            |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations 15.

3 Enter total number of other organizations 0.

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

Schedule I (Form 990) (2010)

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

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

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

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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

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

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

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

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

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- 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 . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

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

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2010

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

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

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

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

**Part III Supplemental Information**

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

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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.

**2010**

**Open to Public  
Inspection**

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

GOVERNANCE AND MANAGEMENT

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 1FORM 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<br>EPISCOPAL RELIEF AND DEVELOPMENT | Employer identification number<br>73-1635264 |
|--|--|

ATTACHMENT 2FORM 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

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73-1635264

ATTACHMENT 2 (CONT'D)

ILLNESSES.

- SUPPORT CLINICS AND HOSPITALS IN CRISIS SETTINGS.

ATTACHMENT 3FORM 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<br>EPISCOPAL RELIEF AND DEVELOPMENT | Employer identification number<br>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

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ATTACHMENT 4 (CONT'D)

PROGRAM SERVICE EXPENSES AS REQUIRED BY THE FORM 990.

ATTACHMENT 5FORM 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 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>   | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| AB DATA DIRECT MARKETING SERVICES<br>PO BOX 170062<br>MILWAUKEE, WI 53217 | FUNDRAISING CONSULT            | 116,950.            |
| THE KONTERRA GROUP<br>700 12TH STREET NW<br>WASHINGTON, DC 20005          | CONSULTING                     | 193,462.            |
| GMMB<br>100 WISCONSIN AVENUE NW<br>WASHINGTON, DC 20007                   | FUNDRAISING CONSULT            | 102,749.            |
|   | TOTAL COMPENSATION             | <u>413,161.</u>     |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

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

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) -----   |                         |  |                     |                           |                                  |
| (2) -----   |                         |  |                     |                           |                                  |
| (3) -----   |                         |  |                     |                           |                                  |
| (4) -----   |                         |  |                     |                           |                                  |
| (5) -----   |                         |  |                     |                           |                                  |
| (6) -----   |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) DOMESTIC AND FOREIGN MISSIONARY SOCIETY 13-5562208<br>815 SECOND AVENUE NEW YORK, NY 10017 | 1                       | NY   | 501 (C) (3)                | 1   | N/A                              |  | X  |
| (2) -----  |                         |  |                            |   |                                  |  |    |
| (3) -----  |                         |  |                            |   |                                  |  |    |
| (4) -----  |                         |  |                            |   |                                  |  |    |
| (5) -----  |                         |  |                            |   |                                  |  |    |
| (6) -----  |                         |  |                            |   |                                  |  |    |
| (7) -----  |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2010

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

| (a)<br>Name, address, and EIN<br>of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|-------------------------------------|---|---------------------------------|---------------------------------------|---|----|--|---|----|--------------------------------|
|   |                         |  |                                     |   |                                 |                                       | Yes                                     | No |  | Yes                                       | No |                                |
| (1) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (2) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (3) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (4) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (5) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (6) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (7) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership |
|---|-------------------------|--|-------------------------------------|--|------------------------------|---------------------------------------|--------------------------------|
| (1) -----   |                         |  |                                     |  |                              |                                       |                                |
| (2) -----   |                         |  |                                     |  |                              |                                       |                                |
| (3) -----   |                         |  |                                     |  |                              |                                       |                                |
| (4) -----   |                         |  |                                     |  |                              |                                       |                                |
| (5) -----   |                         |  |                                     |  |                              |                                       |                                |
| (6) -----   |                         |  |                                     |  |                              |                                       |                                |
| (7) -----   |                         |  |                                     |  |                              |                                       |                                |

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

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .  |     | X  |
| <b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .   | X   |    |
| <b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .  |     | X  |
| <b>e</b> Loans or loan guarantees by other organization(s) . . . . .   |     | X  |
| <b>f</b> Sale of assets to other organization(s) . . . . .   |     | X  |
| <b>g</b> Purchase of assets from other organization(s) . . . . .   |     | X  |
| <b>h</b> Exchange of assets . . . . .  |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .  |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .  |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .   | X   |    |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .  | X   |    |
| <b>n</b> Sharing of paid employees . . . . .   | X   |    |
| <b>o</b> Reimbursement paid to other organization for expenses . . . . .   |     | X  |
| <b>p</b> Reimbursement paid by other organization for expenses . . . . .   |     | X  |
| <b>q</b> Other transfer of cash or property to other organization(s) . . . . .   |     | X  |
| <b>r</b> Other transfer of cash or property from other organization(s) . . . . .   |     | X  |

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

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

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (e)<br>Share of<br>end-of-year<br>assets | (f)<br>Disproportionate<br>allocations? |    | (g)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (h)<br>General or<br>managing<br>partner? |    |
|---|-------------------------|--|---|----|--|---|----|---|---|----|
|   |                         |  | Yes   | No |  | Yes                                     | No |   | Yes                                       | No |
| (1) -----                               |                         |  |   |    |  |   |    |   |   |    |
| (2) -----                               |                         |  |   |    |  |   |    |   |   |    |
| (3) -----                               |                         |  |   |    |  |   |    |   |   |    |
| (4) -----                               |                         |  |   |    |  |   |    |   |   |    |
| (5) -----                               |                         |  |   |    |  |   |    |   |   |    |
| (6) -----                               |                         |  |   |    |  |   |    |   |   |    |
| (7) -----                               |                         |  |   |    |  |   |    |   |   |    |
| (8) -----                               |                         |  |   |    |  |   |    |   |   |    |
| (9) -----                               |                         |  |   |    |  |   |    |   |   |    |
| (10) -----                              |                         |  |   |    |  |   |    |   |   |    |
| (11) -----                              |                         |  |   |    |  |   |    |   |   |    |
| (12) -----                              |                         |  |   |    |  |   |    |   |   |    |
| (13) -----                              |                         |  |   |    |  |   |    |   |   |    |
| (14) -----                              |                         |  |   |    |  |   |    |   |   |    |
| (15) -----                              |                         |  |   |    |  |   |    |   |   |    |
| (16) -----                              |                         |  |   |    |  |   |    |   |   |    |

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**Part VII** **Supplemental Information**

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

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