

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

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

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization EPISCOPAL RELIEF AND DEVELOPMENT | | D Employer identification number 73-1635264 |
| | | Doing Business As | | E Telephone number (800) 334-7626 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 815 SECOND AVENUE | | G Gross receipts \$ 77,718,319. |
| | | City or town, state or country, and ZIP + 4 NEW YORK, NY 10017 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| F Name and address of principal officer: ROBERT W RADTKE 815 SECOND AVENUE NEW YORK, NY 10017 | | H(c) Group exemption number ▶ | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 | | J Website: WWW.ER-D.ORG | | |
| K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1940 M State of legal domicile: NY | | |

Part I Summary

| | | | | |
|------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: 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. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 21 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 17 | |
| Revenue | 5 | Total number of employees (Part V, line 2a) | 5 40 | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 NONE | |
| | 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |
| | 8 | Contribution and grants (Part VIII, line 1h) | Prior Year 17,288,697. Current Year 25,686,707. | |
| | 9 | Program service revenue (Part VIII, line 2g) | NONE | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,801,427. -1,602,469. | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | NONE | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 20,090,124. 24,084,238. | |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 22,319,234. 21,449,631. |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | NONE | |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,929,836. 3,526,901. | |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | 520,253. | |
| 16b | | Total fundraising expenses, Part IX, column (D), line 25 ▶ 2,509,720. | | |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 2,991,626. 3,340,177. | |
| 18 | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 28,240,696. 28,836,962. | |
| 19 | | Revenue less expenses. Subtract line 18 from line 12 | -8,150,572. -4,752,724. | |
| Net Assets or Fund Balances | | 20 | Total assets (Part X, line 16) | Beginning of Year 32,652,933. End of Year 24,424,900. |
| | | 21 | Total liabilities (Part X, line 26) | 1,350,068. 2,583,572. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20. | 31,302,865. 21,841,328. | |

Part II Signature Block

| | | | | |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------|------------------------------------------------------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer <i>Arthur Cohen</i> Date 10-22-09 | | Type or print name and title Vice President, Administration + Finance | |
| Paid Preparer's Use Only | Preparer's signature <i>Lynn Levi</i> | Date 10/20/09 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) P00903460 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 10017-4011 | EIN 36-6055558 | Phone no. 212-599-0100 | |

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA
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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

SEE STATEMENT 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 \$ 10,046,169. including grants of \$ 8,292,567.) (Revenue \$)

SEE STATEMENT 2

4b (Code:) (Expenses \$ 8,632,956. including grants of \$ 7,504,819.) (Revenue \$)

SEE STATEMENT 2

4c (Code:) (Expenses \$ 6,322,989. including grants of \$ 5,652,245.) (Revenue \$)

SEE STATEMENT 2

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

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

4e Total program service expenses ► \$ 25,002,114. (Must equal Part IX, Line 25, column (B).)

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> | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | 3 <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | 4 <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | 5 <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did the organization maintain any donor advised funds or any 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> | 6 <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | 7 <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | 8 <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | 9 <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | 11 <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | 12 <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> | 14b <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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, Part II</i> | 15 <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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, Part III</i> | 16 <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | 20 <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> | 23 <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> | 24a <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b <input type="checkbox"/> | <input type="checkbox"/> |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c <input type="checkbox"/> | <input type="checkbox"/> |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d <input type="checkbox"/> | <input type="checkbox"/> |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> | 25b <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35 | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | 1a 22 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b NONE | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . | 2a 40 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b | If "Yes," enter the name of the foreign country: <u>GHANA</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | 7a | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | X |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

Form **990** (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

| | | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.</i> | | | |
| 1a | Enter the number of voting members of the governing body | 1a | 21 |
| b | Enter the number of voting members that are independent | 1b | 17 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . | 3 | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | X |
| 6 | Does the organization have members or stockholders? | 6 | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | X |
| 8 | Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | 8a | X |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | X |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | X |

Section B. Policies

| | | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | X |
| 13 | Does the organization have a written whistleblower policy? | 13 | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | |
| a | The organization's CEO, Executive Director, or top management official? | 15a | X |
| b | Other officers or key employees of the organization? | 15b | X |
| | Describe the process in Schedule O. (see instructions) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► SEE STATEMENT 4

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.
☒ Own website ☒ Another's website ☒ 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
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ROBERT W RADTKE PRESIDENT | 40. | X | | | X | | | 219,000. | NONE | 35,789. |
| KATHARINE JEFFERTS SCHORI DIRECTOR | 1. | X | | | | | | NONE | 257,194. | 78,614. |
| LINDA E WATT DIRECTOR | 1. | X | | | | | | NONE | 204,500. | 40,085. |
| N KURT BARNES DIRECTOR | 1. | X | | | | | | NONE | 182,900. | 46,157. |
| ABAGAIL NELSON VP OF PROGRAMS | 40. | | | X | X | | | 134,807. | NONE | 13,503. |
| ESTHER COHEN VP OF ADMIN AND FIN | 40. | | | X | X | | | 104,434. | NONE | 8,945. |
| LORENZO MARTINEZ VP OF EXTERNAL AFFAIRS | 40. | | | X | X | | | 169,223. | NONE | 21,152. |
| BRIAN SELLERS-PETERSEN MAJOR GIFT OFFICER | 40. | | | | | X | | 115,563. | NONE | 34,098. |
| KIRSTEN LAURSEN-MUTH SR DIRECTOR ASIA PROGRAMS | 40. | | | | | X | | 107,768. | NONE | 12,180. |
| MALAIKA KAMUNANWIRE SR DIRECTOR MARKETING | 40. | | | | | X | | 107,768. | NONE | 12,135. |
| JANETTE ONEILL SR DIRECTOR AFRICA PROGRAMS | 40. | | | | | X | | 96,991. | NONE | 24,582. |
| RICHARD HOFF MAJOR GIFT OFFICER | 40. | | | | | X | | 90,000. | NONE | 29,765. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

73-1635264

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | 277,200. | | | |
| | e | Government grants (contributions) . . | 1e | 1,009,810. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 24,399,697. | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 25,686,707. | | | |
| Program Service Revenue | | | | Business Code | | | |
| | 2a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f ▶ | | NONE | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 198,070. | | | 198,070. |
| | 4 | Income from investment of tax-exempt bond proceeds . . . ▶ | | NONE | | | |
| | 5 | Royalties ▶ | | NONE | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross Rents | | | | | |
| | b | Less: rental expenses . . . | | | | | |
| | c | Rental income or (loss) . . | | | | | |
| | d | Net rental income or (loss) ▶ | | NONE | | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | 51,833,542. | | | |
| | b | Less: cost or other basis and sales expenses | | 53,634,081. | | | |
| | c | Gain or (loss) | | -1,800,539. | | | |
| | d | Net gain or (loss) ▶ | | -1,800,539. | | | -1,800,539. |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a | | | | | |
| | b | Less: direct expenses b | | | | | |
| | c | Net income or (loss) from fundraising events ▶ | | NONE | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19. a | | | | | |
| | b | Less: direct expenses b | | | | | |
| | c | Net income or (loss) from gaming activities ▶ | | NONE | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | | |
| b | Less: cost of goods sold b | | | | | | |
| c | Net income or (loss) from sales of inventory ▶ | | NONE | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d ▶ | | NONE | | | | |
| 12 | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶ | | 24,084,238. | | | -1,602,469. | |

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).**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------|------------------------------------------------|-------------------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . | 5,841,089. | 5,841,089. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | NONE | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 15,608,542. | 15,608,542. | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 626,464. | 277,157. | 126,334. | 222,973. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . | NONE | | | |
| 7 Other salaries and wages | 2,086,168. | 1,174,962. | 380,301. | 530,905. |
| 8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . | 184,419. | 93,753. | 34,680. | 55,986. |
| 9 Other employee benefits | 467,446. | 199,549. | 173,927. | 93,970. |
| 10 Payroll taxes | 162,404. | 93,650. | 30,301. | 38,453. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 53,850. | | 53,850. | |
| b Legal | 89,894. | 43,207. | 46,687. | |
| c Accounting | 44,655. | | 44,655. | |
| d Lobbying | NONE | | | |
| e Professional fundraising services. See Part IV, line 17 | 520,253. | | | 520,253. |
| f Investment management fees | 94,102. | | 94,102. | |
| g Other | 440,110. | 440,110. | | |
| 12 Advertising and promotion | 75,465. | 1,331. | 972. | 73,162. |
| 13 Office expenses | 126,263. | 75,431. | 38,706. | 12,126. |
| 14 Information technology | 88,801. | 45,331. | 19,370. | 24,100. |
| 15 Royalties | NONE | | | |
| 16 Occupancy | 28,589. | 28,589. | | |
| 17 Travel | 805,785. | 580,073. | 85,285. | 140,427. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 263,288. | 236,906. | 7,909. | 18,473. |
| 20 Interest | NONE | | | |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization . . . | 19,585. | | 19,585. | |
| 23 Insurance | 68,527. | | 68,527. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a MEMBERSHIP ----- | 56,168. | 39,474. | 5,319. | 11,375. |
| b PRINTING AND MAILING ----- | 940,065. | 146,460. | 26,088. | 767,517. |
| c BANK CHARGES AND FEES ----- | 145,030. | 76,500. | 68,530. | |
| d ----- | | | | |
| e ----- | | | | |
| f All other expenses ----- | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 28,836,962. | 25,002,114. | 1,325,128. | 2,509,720. |
| 26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. 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) Beginning of year | | (B) End of year |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 9,469,121. | 2 | 4,730,717. |
| | 3 Pledges and grants receivable, net | 4,930,886. | 3 | 7,611,169. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sales or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 30,346. | 9 | 13,650. |
| | 10a Land, buildings, and equipment: cost basis | 10a 168,513. | | |
| | b Less: accumulated depreciation. Complete Part VI of Schedule D. | 10b 106,535. | | |
| | 11 Investments - publicly traded securities | 17,762,724. | 11 | 11,709,254. |
| | 12 Investments - other securities. See Part IV, line 11 | 412,328. | 12 | 298,132. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 32,652,933. | 16 | 24,424,900. | |
| Liabilities | 17 Accounts payable and accrued expenses | 721,280. | 17 | 1,919,859. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 628,788. | 25 | 663,713. |
| | 26 Total liabilities. Add lines 17 through 25. | 1,350,068. | 26 | 2,583,572. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 18,089,415. | 27 | 8,036,261. |
| | 28 Temporarily restricted net assets | 12,374,913. | 28 | 13,080,725. |
| | 29 Permanently restricted net assets | 838,537. | 29 | 724,342. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 31,302,865. | 33 | 21,841,328. |
| | 34 Total liabilities and net assets/fund balances | 32,652,933. | 34 | 24,424,900. |

Part XI Financial Statements and Reporting

| | | Yes | No |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X |
| c | If "Yes" to lines 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? | 2c | X |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | X |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 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?

- | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| (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? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |

h Provide the following information about the organizations the organization supports.

| (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 | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9,842,123. | 37,055,700. | 13,354,355. | 17,288,697. | 25,686,707. | 103,227,582. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1-3 | 9,842,123. | 37,055,700. | 13,354,355. | 17,288,697. | 25,686,707. | 103,227,582. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 10,752,211. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 92,475,371. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-------------|-------------|-------------|--------------|
| 7 Amounts from line 4. | 9,842,123. | 37,055,700. | 13,354,355. | 17,288,697. | 25,686,707. | 103,227,582. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 684,336. | 840,769. | 2,586,088. | 939,726. | 198,070. | 5,248,989. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | -13,440. | | | | | -13,440. |
| 11 Total support. Add lines 7 through 10 | | | | | | 108,463,131. |
| 12 Gross receipts from related activities, etc. (See instructions.) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 85.26 % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 88.13 % |
| 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/> | | |

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|-----------------------------------------------------------------------------------------------------------|-----------|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|------------------------------------------------------------------------------------------------------------------------|-----------|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h. | 18 | % |

19a 33 1/3% support tests - 2008. 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 - 2007. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

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 organizations 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 Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically importantly land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Year |
|------------------------------------------------------------------------------------------------|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's 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 **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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 Trust, Escrow and Custodial Arrangements. Complete if 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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 | 18,175,051. | | | | |
| b Contributions | 1,191,601. | | | | |
| c Investment earnings or losses | -6,047,233. | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,872,140. | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 11,447,279. | | | | |

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

- a** Board designated or quasi-endowment ▶ 96.3000 %
b Permanent endowment ▶ 3.7000 %
c Term endowment ▶ _____ %

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 | | |

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 Investments - 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) Depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 8,450. | 2,394. | 6,056. |
| c Leasehold improvements | NONE | | | NONE |
| d Equipment | NONE | 160,063. | 104,141. | 55,922. |
| e Other | | | | |
| Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 61,978. |

Schedule D (Form 990) 2008

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
| Other _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Total. (Column (b) should 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: Cost or end-of-year market value |
|-------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
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| Total. (Column (b) should 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 |
|-----------------------------------------------------------------------------------------|----------------|
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶ | |

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

| (a) Description of liability | (b) Amount |
|-------------------------------------------------------------------------------|------------|
| Federal income taxes | |
| ACCRUED POSTRETIREMENT BENEFIT | 255,365. |
| DUE TO DFMS | 408,348. |
| | |
| | |
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| | |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶ | 663,713. |

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.

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

| | | | |
|-----------|----------------------------------------------------------------------------------|-----------|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 24,084,238. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 28,836,962. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -4,752,724. |
| 4 | Net unrealized gains (losses) on investments | 4 | -4,708,813. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net). Add lines 4-8 | 9 | -4,708,813. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -9,461,537. |

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

| | | | |
|----------|--------------------------------------------------------------------------------------------------|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 20,321,837. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | -4,708,813. |
| b | Donated services and use of facilities | 2b | 946,412. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | -3,762,401. |
| 3 | Subtract line 2e from line 1 | 3 | 24,084,238. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.) | 5 | 24,084,238. |

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

| | | | |
|----------|---------------------------------------------------------------------------------------------------|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 29,783,374. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 946,412. |
| b | Prior year adjustments | 2b | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 946,412. |
| 3 | Subtract line 2e from line 1 | 3 | 28,836,962. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.) | 5 | 28,836,962. |

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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 AN
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

IN JULY 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED
FASB INTERPRETATION NO. 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES -
AN INTERPRETATION OF FASB STATEMENT NO. 109" ("FIN 48"). FIN 48
PRESCRIBES A THRESHOLD FOR THE FINANCIAL STATEMENT RECOGNITION AND
MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX
RETURN. ONLY TAX POSITIONS MEETING THE MORE-LIKELY-THAN-NOT RECOGNITION
THRESHOLD AT THE EFFECTIVE DATE MAY BE RECOGNIZED OR CONTINUE TO BE
RECOGNIZED UPON ADOPTION OF THIS INTERPRETATION. FIN 48 ALSO PROVIDES
GUIDANCE ON ACCOUNTING FOR DERECOGNITION, INTEREST AND PENALTIES, AND
CLASSIFICATION AND DISCLOSURE OF MATTERS RELATED TO UNCERTAINTY IN INCOME
TAXES. PURSUANT TO FASB STAFF POSITION ("FSP") FIN 48-3, "EFFECTIVE DATE
OF FASB INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC ENTERPRISES," THE
ORGANIZATION HAS ELECTED TO DEFER THE EFFECTIVE DATE OF FIN 48 UNTIL
FISCAL 2010. THE ORGANIZATION IS PRESENTLY ASSESSING THE IMPACT, IF ANY,
THE ADOPTION OF FIN 48 WILL HAVE ON ITS FINANCIAL STATEMENTS.

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

EPISCOPAL RELIEF AND DEVELOPMENT

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 IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------|
| SUB-SAHARAN AFRICA | 1 | 3 | PROGRAM SERVICES | HEALTH, FOOD & EMERGENCY | 10,101,579. |
| CENTRAL AMERICA/CARIBBEAN | NONE | NONE | PROGRAM SERVICES | HEALTH, FOOD & EMERGENCY | 2,870,953. |
| EAST ASIA AND THE PACIFIC | NONE | NONE | PROGRAM SERVICES | HEALTH, FOOD & EMERGENCY | 1,064,936. |
| MIDDLE EAST AND NORTH AFRICA | NONE | NONE | PROGRAM SERVICES | HEALTH, FOOD & EMERGENCY | 221,000. |
| SOUTH AMERICA | NONE | NONE | PROGRAM SERVICES | HEALTH, FOOD & EMERGENCY | 255,364. |
| SOUTH ASIA | NONE | NONE | PROGRAM SERVICES | HEALTH, FOOD & EMERGENCY | 873,990. |
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| Totals ► | 1 | 3 | | | 15,387,822. |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) 2008**

[illegible]

| | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 2 | Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | 134 |
| 3 | Enter total number of other organizations or entities | 3 |

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. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Part IV**Supplemental Information**

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

SCHEDULE F, PART I, LINE 2

FINANCIAL REPORTING, INCLUDING BUDGET VS ACTUAL REPORTS; MONITORING OF

EXPENDITURES, INCLUDING REVIEW OF RECEIPTS, CONTRACTS, TITLES AND BANK

STATEMENTS; ON-SITE EVALUATIONS; RECONCILIATION OF BANK ACCOUNTS WITH

EXCHANGE RATES AT TIME OF EXCHANGE; EXAMINATIONS BY INDEPENDENT AUDITORS.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Employer identification number

73-1635264

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- | | |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

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 activities? ☒ **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. Form 990-EZ filers are not required to complete this table.

| (i) Name 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 | | | |
| AB DATA DIRECT MARKETING | GENERAL CONSULT. | | X | 3,730,591. | 150,323. | 3,580,268. |
| MUNROE CREATIVE PARTNERS | CREATIVE COMM. | | X | 2,081,622. | 135,791. | 1,945,831. |
| LARA TABAC | CONSULT & WRITER | | X | | 71,579. | |
| DAVIS FISHER | MAJOR GIFT OFFICER | | X | 25,210. | 23,512. | 1,698. |
| CHARLOTTE CUMMINGS | MAJOR GIFT OFFICER | | X | 158,601. | 37,612. | 120,989. |
| PATRICIA BARTLESON | MAJOR GIFT OFFICER | | X | 157,077. | 35,100. | 121,977. |
| MEREDITH LEE | CONSULT & WRITER | | X | | 32,470. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 6,153,101. | 486,387. | 5,770,763. |

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

AL, AK, AZ, 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, _____

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col. (a) through col. (c)) |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------|--------------|--------------|------------------|--------------------------------------------------|
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | | | | |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross revenue (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Other direct expenses | | | | |
| | 8 Direct expense summary. Add lines 4 through 7 in column (d) ▶ | | | | () |
| 9 Net income summary. Combine lines 3 and 8 in column (d) ▶ | | | | | |

Part III

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col. (a) through col. (c)) | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|-------------------------------------------------------------------------------------------------|--|--|---------------------------|--|--|--------------------------------------------------------------------------------------------------------------------|--|--|----------------------------|--|--|-------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Revenue | 1 Gross revenue | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 Cash prizes | | | | | | | | | | | | | | | | | | | | | | | | | |
| Direct Expenses | 3 Non-cash prizes | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 Rent/facility costs | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 Other direct expenses | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | () | | | | | | | | | | | | | | | | | | | | | |
| 8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Enter the state(s) in which the organization operates gaming activities: _____ | | | | | <table border="1"> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> <tr> <td>9a Is the organization licensed to operate gaming activities in each of these states?</td> <td></td> <td></td> </tr> <tr> <td>b If "No," Explain: _____</td> <td></td> <td></td> </tr> <tr> <td>10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</td> <td></td> <td></td> </tr> <tr> <td>b If "Yes," Explain: _____</td> <td></td> <td></td> </tr> <tr> <td>11 Does the organization operate gaming activities with nonmembers?</td> <td></td> <td></td> </tr> <tr> <td>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?</td> <td></td> <td></td> </tr> </table> | | Yes | No | 9a Is the organization licensed to operate gaming activities in each of these states? | | | b If "No," Explain: _____ | | | 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | | | b If "Yes," Explain: _____ | | | 11 Does the organization operate gaming activities with nonmembers? | | | 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | |
| 9a Is the organization licensed to operate gaming activities in each of these states? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b If "No," Explain: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b If "Yes," Explain: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Does the organization operate gaming activities with nonmembers? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | | | | | | | | | | | | | | | | | | | | | | | | | | |

Schedule G (Form 990 or 990-EZ) 2008

| | | Yes | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 13 | Indicate the percentage of gaming activity operated in: | | |
| a | The organization's facility 13a % | | |
| b | An outside facility 13b % | | |
| 14 | Provide the name and address of the person who prepares the organization's gaming/special event books and records: | | |
| | Name ► _____ | | |
| | Address ► _____ | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a | | |
| 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: | | |
| | Name ► _____ | | |
| | Address ► _____ | | |
| 16 | Gaming manager information: | | |
| | Name ► _____ | | |
| | Gaming manager compensation ► \$ _____ | | |
| | Description of services provided ► _____ | | |
| | <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? 17a | | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____ | | |

Schedule G (Form 990 or 990-EZ) 2008

Department of the Treasury
Internal Revenue Service
Name of the organization

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
 ► **Attach to Form 990.**

2008

Open to Public Inspection

73-1635264

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.

[illegible]

| | | | |
|----------|--------------------------------------------------------------------------------|---|------|
| 2 | Enter total number of section 501(c)(3) and government organizations | ▶ | 36 |
| 3 | Enter total number of other organizations | ▶ | NONE |

Schedule I (Form 990) 2008

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.
Use Schedule I-1 (Form 990) if additional space is needed.

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

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

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

SCHEDULE I, PART I, LINE 2

FINANCIAL REPORTING, INCLUDING BUDGET VS ACTUAL REPORTS; MONITORING OF

EXPENDITURES, INCLUDING REVIEW OF RECEIPTS, CONTRACTS, TITLES AND BANK

STATEMENTS; ON-SITE EVALUATIONS; RECONCILIATION OF BANK ACCOUNTS WITH

EXCHANGE RATES AT TIME OF EXCHANGE, EXAMINATIONS BY INDEPENDENT AUDITORS.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Employer identification number

EPISCOPAL RELIEF AND DEVELOPMENT

73-1635264

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CHURCH OF THE HOLY TRINITY 325 GOLD STREET JUNEAU, AK 99801 | 13-5562208 | 501(C)(3) | 20,000. | | | | EMERGENCY ASSISTANCE |
| DIOCESE OF ATLANTA 2744 PEACHTREE ROAD NW ATLANTA, GA 30363 | 58-0572411 | 501(C)(3) | 25,000. | | | | EMERGENCY ASSISTANCE |
| DIOCESE OF CENTRAL FLORIDA 1017 E ROBINSON ORLANDO, FL 32801 | 59-6168979 | 501(C)(3) | 25,000. | | | | SUPPORT POST TORNADOES |
| DIOCESE OF CHICAGO 65 E HURON ST CHICAGO, IL 60611 | 36-2170847 | 501(C)(3) | 20,000. | | | | EMERGENCY ASSISTANCE |
| DIOCESE OF INDIANAPOLIS 1100 WEST 42ND ST INDIANAPOLIS, IN 46208 | 35-0915468 | 501(C)(3) | 50,000. | | | | EMERGENCY ASSISTANCE |
| DIOCESE OF IOWA 225 37TH STREET DES MOINES, IA 50312 | 42-0703277 | 501(C)(3) | 25,000. | | | | EMERGENCY ASSISTANCE |
| DIOCESE OF IOWA 225 37TH STREET DES MOINES, IA 50312 | 42-0703277 | 501(C)(3) | 35,942. | | | | MIDWEST FLOODS RECOVERY |
| DIOCESE OF KANSAS BETHANY PLACE 835 SW POLK TOPEKA, KS 66612 | 48-0543746 | 501(C)(3) | 25,000. | | | | EMERGENCY ASSISTANCE |
| DIOCESE OF LOUISIANA - OFFICE OF DISASTER 1623 SEVENTH STREET NEW ORLEANS, LA 70115 | 72-0475542 | 501(C)(3) | 25,000. | | | | EMERGENCY ASSISTANCE |
| DIOCESE OF LOUISIANA - OFFICE OF DISASTER 1623 SEVENTH STREET NEW ORLEANS, LA 70115 | 72-0475542 | 501(C)(3) | 2,027,373. | | | | DISASTER RECOVERY ASSISTANCE |
| DIOCESE OF MISSISSIPPI 118 NORTH CONGRESS STREET JACKSON, MS 39255 | 64-0303076 | 501(C)(3) | 264,300. | | | | KATRINA RESPONSE -MS |
| DIOCESE OF MISSISSIPPI 118 NORTH CONGRESS STREET JACKSON, MS 39255 | 64-0303076 | 501(C)(3) | 335,000. | | | | HALLELUJAH HOUSING P |
| DIOCESE OF SAN DIEGO 2728 6TH AVE SAN DIEGO, CA 92103 | 95-2861286 | 501(C)(3) | 70,000. | | | | EMERGENCY ASSISTANCE |
| DIOCESE OF SOUTHERN VIRGINIA 600 TALBOT HALL ROAD NORFOLK, VA 23505 | 54-0505891 | 501(C)(3) | 25,000. | | | | EMERGENCY ASSISTANCE |
| DIOCESE OF TEXAS 1225 TEXAS AVENUE HOUSTON, TX 77002 | 74-1143081 | 501(C)(3) | 25,000. | | | | EMERGENCY ASSISTANCE |

2 Enter total number of Section 501(c)(3) and government organizations **36**

3 Enter total number of other organizations **NONE**

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| DIOCESE OF WEST TEXAS | | | | | | | |
| 111 TORDICO STREET SAN ANTONIO, TX 78209 | 74-1143118 | 501(C)(3) | 25,000. | | | | EMERGENCY ASSISTANCE |
| EPISCOPAL METROPOLITAN MINISTRY | | | | | | | |
| 1112 MCCALLIE AVENUE CHATTANOOGA, TN 37404 | 62-0680157 | 501(C)(3) | 20,000. | | | | EMERGENCY ASSISTANCE |
| GRACE COMMUNITY SERVICES | | | | | | | |
| 2626 SOUTH LOOP WEST HOUSTON, TX 77054 | 20-2135046 | 501(C)(3) | 171,654. | | | | DISASTER RECOVERY ASSISTANCE |
| INTERFAITH MINISTRIES INC | | | | | | | |
| 1110 11TH STREET WICHITA FALLS, TX 76301 | 75-1780886 | 501(C)(3) | 10,000. | | | | DISASTER RECOVERY ASSISTANCE |
| JERICO ROAD EPISCOPAL HOUSING INITIATIVE | | | | | | | |
| 1623 SEVENTH STREET NEW ORLEANS, LA 70115 | 20-8419678 | 501(C)(3) | 750,000. | | | | NEW HOME CONSTRUCTION |
| LUTHERAN EPISCOPAL SERVICES IN MISSISSIPPI | | | | | | | |
| PO BOX 23815 JACKSON, MS 39225 | 64-0806866 | 501(C)(3) | 10,000. | | | | EMERGENCY ASSISTANCE |
| LUTHERAN EPISCOPAL SERVICES IN MISSISSIPPI | | | | | | | |
| PO BOX 23815 JACKSON, MS 39225 | 64-0806866 | 501(C)(3) | 15,000. | | | | EMERGENCY ASSISTANCE |
| LUTHERAN EPISCOPAL SERVICES IN MISSISSIPPI | | | | | | | |
| PO BOX 23815 JACKSON, MS 39225 | 64-0806866 | 501(C)(3) | 20,000. | | | | EMERGENCY ASSISTANCE |
| LUTHERAN EPISCOPAL SERVICES IN MISSISSIPPI | | | | | | | |
| PO BOX 23815 JACKSON, MS 39225 | 64-0806866 | 501(C)(3) | 25,000. | | | | DISASTER PREPAREDNESS |
| LUTHERAN EPISCOPAL SERVICES IN MISSISSIPPI | | | | | | | |
| PO BOX 23815 JACKSON, MS 39225 | 64-0806866 | 501(C)(3) | 972,500. | | | | DISASTER RECOVERY ASSISTANCE |
| THE DIOCESE OF WEST MISSOURI | | | | | | | |
| 420 W 14TH STREET NEOSHO, MO 64141 | 44-0545908 | 501(C)(3) | 23,250. | | | | EMERGENCY ASSISTANCE |
| EPISCOPAL MIGRATION MINISTRIES | | | | | | | |
| 815 SECOND AVENUE NEW YORK, NY 10017 | 13-5562208 | 501(C)(3) | 640,951. | | | | CASE MANAGEMENT SVCS |
| DIOCESE OF OREGON | | | | | | | |
| 11800 SW MILITARY LANE PORTLAND, OR 97219 | 93-0386824 | 501(C)(3) | 25,000. | | | | EMERGENCY ASSISTANCE |
| CATHEDRAL OF ST PAUL THE APOSTLE | | | | | | | |
| 51 W DIVISION ST FOND DU LAC, WI 54935 | 39-6000098 | 501(C)(3) | 25,000. | | | | EMERGENCY ASSISTANCE |
| DIOCESE OF MILWAUKEE | | | | | | | |
| 804 E JUNEAU AVENUE MILWAUKEE, WI 52303 | 39-0806327 | 501(C)(3) | 25,000. | | | | EMERGENCY ASSISTANCE |

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

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

Schedule I-1 (Form 990) 2008

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► **Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

2008

**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.

- ☐ First-class or charter travel
☐ Travel for companions
☐ Tax indemnification and gross-up payments
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use
☐ Payments for business use of personal residence
☐ Health or social club dues or initiation fees
☐ Personal services (e.g., maid, chauffeur, chef)

b If line 1a is 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.

- ☐ Compensation committee
☐ Independent compensation consultant
☐ Form 990 of other organizations
☐ Written employment contract
☒ Compensation survey or study
☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

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.

[illegible]

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.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|------------------------------------------------------------------------------|-------------------------------|--------------------------------|-------------------------------------------------------------|------------------------------------------|
| 1 Art-Works of art | | | | |
| 2 Art-Historical treasures | | | | |
| 3 Art-Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities-Publicly traded | | | | |
| 10 Securities-Closely held stock | | | | |
| 11 Securities-Partnership, LLC, or trust interests | | | | |
| 12 Securities-Miscellaneous | | | | |
| 13 Qualified conservation contribution (historic structures) | | | | |
| 14 Qualified conservation contribution (other) | | | | |
| 15 Real estate-Residential | | | | |
| 16 Real estate-Commercial | | | | |
| 17 Real estate-Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (<u>STMT 6</u>) | | 2. | 946,412. | |
| 26 Other ► () | | | | |
| 27 Other ► () | | | | |
| 28 Other ► () | | | | |

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

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

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

Schedule M (Form 990) 2008

JSA

8E1298 1.000

31937H 700J 10/15/2009 08:00:54 V08-8.1 0163101

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

GOVERNANCE AND MANAGEMENT

PART VI, SECTION A

LINE 10: INITIALLY, THE FORM 990 IS REVIEWED BY THE VP FOR ADMINISTRATION
AND FINANCE, THEN PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW
AND COMMENT. THE 990 IS THEN PROVIDED ELECTRONICALLY TO ALL MEMBERS OF
BOARD PRIOR TO FILING WITH THE IRS.

PART VI, SECTION B

LINE 12: ALL EMPLOYEES ARE REQUIRED TO REVIEW AND COMPLETE A "CONFLICT OF
INTEREST" DECLARATION UPON HIRING. ALL BOARD MEMBER AND EMPLOYEES ARE
REQUIRED TO UPDATE THEIR INFORMATION ON AN ANNUAL BASIS.

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.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

PART VI, SECTION C

LINE 19: ANNUAL AUDIT, FORM 990 AND ANNUAL SUMMARY ARE AVAILABLE ON THE
ORGANIZATION WEB SITE, AS WELL AS ON OTHER WEB SITES SUCH AS GUIDESTAR.
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON
REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
► **See separate instructions.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

Part I Identification of Disregarded Entities

| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F) Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| ----- | | | | | |
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Part II Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
|--------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|
| DOMESTIC AND FOREIGN MISSIONARY SOCIETY 13-5562208 815 SECOND AVENUE NEW YORK, NY 10017 | RELIGIOUS | NY | 501(C) (3) | CHURCH | N/ A |
| ----- | | | | | |
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income (related, investment, unrelated) | (F) Share of total income | (G) Share of end-of-year assets | (H) Disproportionate allocations? | | (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (J) General or managing partner? | |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------|------------------------------|---------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|
| | | | | | | | Yes | No | | Yes | No |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
|-------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------------|--------------------------------------------------------|------------------------------|---------------------------------------|--------------------------------|
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Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | 1a | X |
| b Gift, grant, or capital contribution to other organization(s) | 1b | X |
| c Gift, grant, or capital contribution from other organization(s) | 1c | X |
| d Loans or loan guarantees to or for other organization(s) | 1d | X |
| e Loans or loan guarantees by other organization(s) | 1e | X |
| f Sale of assets to other organization(s) | 1f | X |
| g Purchase of assets from other organization(s) | 1g | X |
| h Exchange of assets | 1h | X |
| i Lease of facilities, equipment, or other assets to other organization(s) | 1i | X |
| j Lease of facilities, equipment, or other assets from other organization(s) | 1j | X |
| k Performance of services or membership or fundraising solicitations for other organization(s) | 1k | X |
| l Performance of services or membership or fundraising solicitations by other organization(s) | 1l | X |
| m Sharing of facilities, equipment, mailing lists, or other assets | 1m | X |
| n Sharing of paid employees | 1n | X |
| o Reimbursement paid to other organization for expenses | 1o | X |
| p Reimbursement paid by other organization for expenses | 1p | X |
| q Other transfer of cash or property to other organization(s) | 1q | X |
| r Other transfer of cash or property from other organization(s) | 1r | X |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | |

| (A) Name of other organization(s) | (B) Transaction type (a–r) | (C) Amount involved |
|---------------------------------------------|----------------------------------|------------------------|
| (1) DOMESTIC AND FOREIGN MISSIONARY SOCIETY | 1C | 277,200. |
| (2) DOMESTIC AND FOREIGN MISSIONARY SOCIETY | 1M | 877,493. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

Part VI Unrelated Organizations Taxable as a Partnership

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.

[illegible]

Schedule R (Form 990) 2008

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

=====

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

FORM 990, PART III - PROGRAM SERVICES
=====4A PROGRAM SERVICE

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 VULNARABLE COMMUNITIES.

4B PROGRAM SERVICE

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.

4C PROGRAM SERVICE

1. 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

FORM 990, PART III - PROGRAM SERVICES
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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.

FORM 990, PART VI, LINE 17 - STATES
=====

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

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

| NAME AND ADDRESS ----- | DESCRIPTION OF SERVICES ----- | COMPENSATION ----- |
|-------------------------------------------------------------------------------------|----------------------------------|-----------------------|
| AB DATA DIRECT MARKETING SERVICES PO BOX 170062 MILWAUKEE, WI 53217 | GENERAL CONSULTANT | 150,323. |
| MUNROE CREATIVE PARTNERS 1435 WALNUT STREET, SUITE 600 PHILADELPHIA, PA 19102 | DIRECT MAIL CONS | 135,791. |
| THE FINMERE GROUP 34 SALTER STREET PORTSMOUTH, NH 03801 | MAJOR GIFT CONS | 132,000. |
| | | ----- |
| | TOTAL COMPENSATION | 418,114. |
| | | ===== |

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

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| DESCRIPTION ----- | (A) CHECK ----- | (B) NUMBER OF CONTRIBUTIONS ----- | (C) REVENUES REPORTED ----- | (D) METHOD OF DETERMINING ----- |
|----------------------------------------------------|----------------------|-------------------------------------------|-------------------------------------|--------------------------------------|
| CONTRIBUTED SERVICES-DOMESTIC & FOREIGN MISSIONARY | X | 1 | 877,493. | OTHER |
| PRO BONO LEGAL SERVICES - DEBEVOISE & PLIMPTON | X | 1 | 68,919. | OTHER |
| TOTALS | | ----- 2. | ----- 946,412. | |
| | | ===== | ===== | |

Schedule F, Part II - Grants and Other Assistance to Organizations or Entities Outside of the US

| Name of Organization (Recipient) | IRC Section and EIN (if applicable) | Region | Purpose | Amount of Cash Grant | Manner of Cash Disbursement | Amount of Non-Cash Assistance | Description of non-cash assistance | Method of Valuation (book, FMV, appraisal, other) |
|------------------------------------------------|-------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------|----------------------|-----------------------------|-------------------------------|------------------------------------|---------------------------------------------------|
| Asociacion Mangle | | Central America and the Caribbean | Family gardens, Sanitation, and Sustainable Management of the Mangrove, El Salvador | \$135,812.00 | EFT or Wire | | | |
| Diocese of Belize | | Central America and the Caribbean | Youth and Parent Reproductive Health and STD Education in the Anglican Schools of Belize | \$100,832.00 | EFT or Wire | | | |
| Diocese of Belize | | Central America and the Caribbean | Caye Caulker Housing | \$25,000.00 | EFT or Wire | | | |
| Diocese of Belize | | Central America and the Caribbean | Tropical Storm Alma Relief | \$15,000.00 | EFT or Wire | | | |
| Bishop Tharp Business and Technology Institute | | Central America and the Caribbean | 2008 BTI Operating Expenses | \$150,000.00 | EFT or Wire | | | |
| Clinica Esperanza y Caridad | | Central America and the Caribbean | Multi - Community Health PromotionProject, Dominican Republic | \$51,407.00 | EFT or Wire | | | |
| CREDHO | | Central America and the Caribbean | Improved Agricultural Production and Youth Reproductive Health Education in El Salvador | \$119,100.30 | EFT or Wire | | | |
| Diocese of Haiti | | Central America and the Caribbean | Haitian Development Initiative | \$506,366.00 | EFT or Wire | | | |
| Diocese of Haiti | | Central America and the Caribbean | Emergency Assistance following Hurricane Gustav | \$25,000.00 | EFT or Wire | | | |
| Diocese of Haiti | | Central America and the Caribbean | Emergency Assistance following Hurricanes Hanna and Ike | \$25,000.00 | EFT or Wire | | | |
| Diocese of the Dominican Republic | | Central America and the Caribbean | Tropical Storm Relief to Development Program | \$100,000.00 | EFT or Wire | | | |
| Diocese of the Dominican Republic | | Central America and the Caribbean | Emergency Relief following Hurricanes Hanna and Ike | \$12,336.00 | EFT or Wire | | | |
| El Hogar Projects | | Central America and the Caribbean | Enhancement of Agricultural School, Honduras | \$98,422.00 | EFT or Wire | | | |
| El Hogar Projects | | Central America and the Caribbean | Enhancement of Agricultural School, Honduras | \$183,402.00 | EFT or Wire | | | |
| El Porvenir | | Central America and the Caribbean | Water and Sanitation in Nicaragua | \$120,698.00 | EFT or Wire | | | |
| Diocese of El Salvador | | Central America and the Caribbean | Diocese of El Salvador Integrated Community Development Program | \$81,000.00 | EFT or Wire | | | |
| Diocese of Guatemala | | Central America and the Caribbean | Diocese of Guatemala Development Office | \$60,000.00 | EFT or Wire | | | |
| Haiti Fund Inc. | | Central America and the Caribbean | Integrated Agriculture and Reforestation in Cormier Watershed and Expansion | \$40,000.00 | EFT or Wire | | | |
| Haiti Fund Inc. | | Central America and the Caribbean | Integrated Agriculture and Reforestation in Cormier Watershed and Expansion | \$157,500.00 | EFT or Wire | | | |
| Healthy Mothers Healthy Babies Foundation | | Central America and the Caribbean | Malaria Surveillance, Extended Phase I, Haiti | \$10,596.00 | EFT or Wire | | | |
| Diocese of Honduras | | Central America and the Caribbean | Bloquera San Andres | \$10,965.00 | EFT or Wire | | | |
| Diocese of Honduras | | Central America and the Caribbean | Agencia Anglicana de Desarrollo en Honduras | \$196,000.00 | EFT or Wire | | | |
| Diocese of Honduras | | Central America and the Caribbean | Panaderia y Reposteria Barauda | \$6,500.00 | EFT or Wire | | | |
| Diocese of Honduras | | Central America and the Caribbean | Amarateca Housing | \$150,384.20 | EFT or Wire | | | |
| Diocese of Honduras | | Central America and the Caribbean | Infraestructura de Salud en Miravalle | \$133,049.37 | EFT or Wire | | | |
| Diocese of Honduras | | Central America and the Caribbean | Episcotours | \$58,587.71 | EFT or Wire | | | |
| Diocese of Honduras | | Central America and the Caribbean | Infraestructura de Salud en Copan | \$131,335.79 | EFT or Wire | | | |
| Diocese of Honduras | | Central America and the Caribbean | Emergency Assistance in the Aftermath of Flood | \$12,300.00 | EFT or Wire | | | |
| MAP International | | Central America and the Caribbean | Latin American Community Reproductive Health Education Curriculum Development | \$40,000.00 | EFT or Wire | | | |
| Ministerio Episcopal Siempre Unidos | | Central America and the Caribbean | Proyecto Siloe, Honduras | \$82,360.00 | EFT or Wire | | | |
| Siempre Unidos | | Central America and the Caribbean | Food Security Through Employment of HIV Positive in Honduras | \$32,000.00 | EFT or Wire | | | |
| Action by Churches Together (ACT) | | East Asia and the Pacific | Java Landslides and Floods | \$5,000.00 | EFT or Wire | | | |
| Action by Churches Together (ACT) | | East Asia and the Pacific | Emergency Assistance in the Aftermath of Typhoon Fengshen | \$5,000.00 | EFT or Wire | | | |
| The Amity Foundation | | East Asia and the Pacific | Zhangfeng Community Development and HIV/AIDS Prevention Project | \$97,429.00 | EFT or Wire | | | |
| The Amity Foundation | | East Asia and the Pacific | Snowstorms in China Emergency Relief | \$30,000.00 | EFT or Wire | | | |
| The Amity Foundation | | East Asia and the Pacific | Emergency Assistance following May 12th Earthquake | \$51,000.00 | EFT or Wire | | | |
| Anglican Church of Papua New Guinea | | East Asia and the Pacific | Emergency Assistance following Cyclone Guba | \$20,000.00 | EFT or Wire | | | |
| Church of the Province of Myanmar | | East Asia and the Pacific | Diocesan Development Partnership | \$77,921.27 | EFT or Wire | | | |
| Church of the Province of Myanmar | | East Asia and the Pacific | Emergency Assistance following rice crop destruction | \$23,192.41 | EFT or Wire | | | |
| Church of the Province of Myanmar | | East Asia and the Pacific | Emergency Assistance following Cyclone Nargis | \$106,150.13 | EFT or Wire | | | |
| Church World Service - USA | | East Asia and the Pacific | Emergency Assistance following Cyclone Nargis in Burma | \$10,000.00 | EFT or Wire | | | |
| Anglican Church of Korea | | East Asia and the Pacific | TOPIK Nutrition Support | \$70,400.00 | EFT or Wire | | | |
| Church of Melanesia - Vanuatu Division | | East Asia and the Pacific | Fisher Young Teleradio Project | \$5,565.00 | EFT or Wire | | | |
| Church of the Province of Melanesia | | East Asia and the Pacific | Tsunami Rehabilitation Project | \$127,068.64 | EFT or Wire | | | |
| Church of the Province of Melanesia | | East Asia and the Pacific | Renbel Missionary Area Sea Transport | \$7,760.00 | EFT or Wire | | | |
| Episcopal Church in the Philippines | | East Asia and the Pacific | 2008 Agricultural Projects Impact Study | \$7,500.00 | EFT or Wire | | | |
| Episcopal Church in the Philippines | | East Asia and the Pacific | Micro-Enterprise Economic Rehabilitation Project | \$15,000.00 | EFT or Wire | | | |
| Episcopal Church in the Philippines | | East Asia and the Pacific | ERD - ECP Food Security Partnership | \$66,250.00 | EFT or Wire | | | |
| Thailand Burma Border Consortium | | East Asia and the Pacific | ERD/Thailand Burma Border Consortium Partnership for Supplemental and Therapeutic Feeding | \$332,200.00 | EFT or Wire | | | |
| Thailand Burma Border Consortium | | East Asia and the Pacific | Emergency Food Rations | \$7,500.00 | EFT or Wire | | | |
| Convocation of American Churches in Europe | | Middle East and North Africa | Emergency Assistance for Christian Refugees from Mosul, Iraq to France | \$5,000.00 | EFT or Wire | | | |
| Diocese of Jerusalem | | Middle East and North Africa | St. Luke's Hospital Emergency Room and Medical Director Funds | \$91,000.00 | EFT or Wire | | | |
| Episcopal Diocese of Jerusalem / Ahli Arab | | Middle East and North Africa | Ahli Arab Hospital Emergency Funds | \$25,000.00 | EFT or Wire | | | |
| Episcopal Diocese of Jerusalem / Ahli Arab | | Middle East and North Africa | Al Ahli Arab Hospital Partnership Grant | \$50,000.00 | EFT or Wire | | | |
| The Holy Land Institute of the Deaf | | Middle East and North Africa | Holy Land Institute of the Deaf, Jordan | \$50,000.00 | EFT or Wire | | | |
| Centro Parroquial Ecumenico Rosa Blanca | | South America | Youth Reproductive Health and STD Education, Peru | \$30,000.00 | EFT or Wire | | | |
| Diocese of Colombia | | South America | Emergency Assistance following flooding and recent violence | \$10,000.00 | EFT or Wire | | | |
| Diocese of Ecuador Central | | South America | Emergency Assistance following flooding | \$25,000.00 | EFT or Wire | | | |
| Litoral Diocese of Ecuador | | South America | Emergency Assistance post flooding | \$25,000.00 | EFT or Wire | | | |
| Diocese of Rio de Janeiro | | South America | Health Promotion for City of God | \$16,000.00 | EFT or Wire | | | |
| Ecumenical Church Loan Fund - Peru | | South America | Financial and non-financial services for impoverished small business owners in Puno region of Peru | \$50,000.00 | EFT or Wire | | | |
| Anglican Province of Brazil | | South America | Provincial Regional Workshops | \$40,063.00 | EFT or Wire | | | |
| Anglican Province of Brazil | | South America | Emergency Assistance following flooding | \$8,547.70 | EFT or Wire | | | |
| Equipos Solidarios Del Sur (ESUR) | | South America | Integrated health, prevention, formation and vocation workshops, Argentina | \$23,458.00 | EFT or Wire | | | |
| Igreja Episcopal Anglicana do Brazil | | South America | Income Generation: Women and Formerly Landless | \$12,720.00 | EFT or Wire | | | |
| Diocese of Uruguay | | South America | El Sembrador | \$14,575.00 | EFT or Wire | | | |
| IMA World Health | | South Asia | Membership | \$1,500.00 | EFT or Wire | | | |

Schedule F, Part II - Grants and Other Assistance to Organizations Or Entities Outside of the US

| Name of Organization (Recipient) | IRC Section and EIN (if applicable) | Region | Purpose | Amount of Cash Grant | Manner of Cash Disbursement | Amount of Non-Cash Assistance | Description of non-cash assistance | Method of Valuation (book, FMV, appraisal, other) |
|------------------------------------------------------------------------------------------|-------------------------------------|--------------------|----------------------------------------------------------------------|----------------------|-----------------------------|-------------------------------|------------------------------------|---------------------------------------------------|
| Action by Churches Together (ACT) | | South Asia | Assistance to Conflict Affected, Sri Lanka | \$100,000.00 | EFT or Wire | | | |
| Organization for Eelam Refugee Rehabilitation (OFERR) | | South Asia | Sri Lanka Refugees Rehabilitation Programme | \$25,000.00 | EFT or Wire | | | |
| Action by Churches Together (ACT) | | South Asia | Severe Winter Conditions in Afghanistan | \$7,500.00 | EFT or Wire | | | |
| Action by Churches Together (ACT) | | South Asia | Floods in India | \$3,000.00 | EFT or Wire | | | |
| Action by Churches Together (ACT) | | South Asia | Assistance - Cyclone Sidr, Bangladesh | \$11,200.00 | EFT or Wire | | | |
| Afghans4Tomorrow | | South Asia | Afghanistan Community Rehabilitation Partnership | \$75,541.00 | EFT or Wire | | | |
| Centre for Environmental Justice | | South Asia | Environmental Restoration in the Tsunami affected areas in Sri Lanka | \$12,897.00 | EFT or Wire | | | |
| Church of Bangladesh Social Development | | South Asia | Post Cyclone Sidr Housing Repair | \$10,000.00 | EFT or Wire | | | |
| Church of Bangladesh Social Development | | South Asia | Christian Health Centre, Moheswarpasha | \$14,008.00 | EFT or Wire | | | |
| Church of Bangladesh Social Development | | South Asia | Thanarbaid Health Care Project | \$33,419.00 | EFT or Wire | | | |
| Church of North India Synod | | South Asia | Church of North India South Asia Tsunami Response (Phase II-III) | \$200,000.00 | EFT or Wire | | | |
| Diocese of Durgapur - Church of North India | | South Asia | Diocesan Development Program | \$52,715.00 | EFT or Wire | | | |
| Diocese of Peshawar, Church of Pakistan | | South Asia | Post Earthquake Pateka Rehabilitation | \$165,145.00 | EFT or Wire | | | |
| Diocese of Peshawar, Church of Pakistan | | South Asia | Diocese of Peshawar Community Development Program | \$32,931.00 | EFT or Wire | | | |
| ECLOF International | | South Asia | Tsunami Micro - Credit Programme | \$129,134.00 | EFT or Wire | | | |
| Anglican Church of Burundi | | Sub-Saharan Africa | Iglise Anglicane du Burundi's Provincial Development Office (PDO) | \$289,168.00 | EFT or Wire | | | |
| Anglican Church of Burundi | | Sub-Saharan Africa | Nets for Life Program Burundi | \$81,916.00 | EFT or Wire | | | |
| Anglican Church of Kenya | | Sub-Saharan Africa | Emergency relief for internally displaced families | \$10,000.00 | EFT or Wire | | | |
| Anglican Church of Guinea | | Sub-Saharan Africa | HIV/AIDS Project | \$55,328.00 | EFT or Wire | | | |
| Anglican Diocese of Bukavu | | Sub-Saharan Africa | Emergency Assistance for displaced people following rebel fighting | \$10,000.00 | EFT or Wire | | | |
| Anglican Diocese of Masvingo | | Sub-Saharan Africa | NetsforLife Program Masvingo | \$98,002.00 | EFT or Wire | | | |
| Anglican Diocese of Masvingo | | Sub-Saharan Africa | Diocese of Masvingo Partnership 2008 | \$110,000.00 | EFT or Wire | | | |
| Anglican Diocese of Namibia | | Sub-Saharan Africa | Emergency Funds for Flooding | \$10,000.00 | EFT or Wire | | | |
| Anglican Diocese of Namibia | | Sub-Saharan Africa | NetsforLife Program Namibia | \$133,645.00 | EFT or Wire | | | |
| Anglican Diocese of Namibia | | Sub-Saharan Africa | Diocese of Namibia Anglican AIDS Programme | \$164,512.00 | EFT or Wire | | | |
| The Anglican Diocese of Northern Malawi | | Sub-Saharan Africa | Diocese of Northern Malawi Partnership Development Program | \$65,000.00 | EFT or Wire | | | |
| The Anglican Diocese of Northern Malawi | | Sub-Saharan Africa | NetsforLife Program | \$100,000.00 | EFT or Wire | | | |
| The Anglican Diocese of Northern Malawi | | Sub-Saharan Africa | Emergency funds for food shortage | \$5,000.00 | EFT or Wire | | | |
| Anglican Diocese of Southern Malawi | | Sub-Saharan Africa | Emergency Funds for Flooding in Zambezi Basin | \$15,000.00 | EFT or Wire | | | |
| Anglican Diocese of Southern Malawi | | Sub-Saharan Africa | NetsforLife Program | \$140,797.00 | EFT or Wire | | | |
| Christian Aid - Nigeria | | Sub-Saharan Africa | Nets for Life Program Nigeria | \$212,011.50 | EFT or Wire | | | |
| The Anglican Church of Congo | | Sub-Saharan Africa | Emergency assistance to Boga due to Rebel Fighting | \$12,000.00 | EFT or Wire | | | |
| Diocese of Angola, Church of the Province of Southern Africa (CPSA) | | Sub-Saharan Africa | Diocese of Angola Partnership and NetsforLife | \$16,461.55 | EFT or Wire | | | |
| Diocese of Angola, Church of the Province of Southern Africa (CPSA) | | Sub-Saharan Africa | Diocese of Angola Partnership - Development Program | \$121,101.54 | EFT or Wire | | | |
| Diocese of Angola, Church of the Province of Southern Africa (CPSA) | | Sub-Saharan Africa | NetsforLife Cunene | \$210,445.80 | EFT or Wire | | | |
| Diocese of Aru | | Sub-Saharan Africa | 2008 Health Development Program | \$48,470.00 | EFT or Wire | | | |
| Diocese of Bo | | Sub-Saharan Africa | Bo Anglican Diocesan Development Program Partnership, Sierra Leone | \$49,483.00 | EFT or Wire | | | |
| Diocese of Boga - Zaire | | Sub-Saharan Africa | Diocese of Boga Partnership | \$46,925.00 | EFT or Wire | | | |
| Diocese of Botswana, Gaborone | | Sub-Saharan Africa | NetsforLife Program | \$53,679.00 | EFT or Wire | | | |
| Diocese of Central Tanganyika [of the Anglican Church of Tanzania] | | Sub-Saharan Africa | The Carpenters Kids Program | \$50,000.00 | EFT or Wire | | | |
| Diocese of Central Tanganyika [of the Anglican Church of Tanzania] | | Sub-Saharan Africa | Food Security Program | \$16,063.00 | EFT or Wire | | | |
| Diocese of Dar Es Salaam | | Sub-Saharan Africa | Development Program | \$63,619.00 | EFT or Wire | | | |
| Diocese of Liberia | | Sub-Saharan Africa | NetsforLife Program | \$144,619.67 | EFT or Wire | | | |
| Diocese of Niassa | | Sub-Saharan Africa | Development Program-Health | \$35,000.00 | EFT or Wire | | | |
| Diocese of Northern Uganda | | Sub-Saharan Africa | Diocese of Northern Uganda Partnership | \$120,000.00 | EFT or Wire | | | |
| Diocese of Tamale, Province of West Africa | | | | | | | | |
| Anglican Diocesan Development & Relief Office (ADDRO) | | Sub-Saharan Africa | NetsforLife Program | \$208,549.58 | EFT or Wire | | | |
| Diocese of Tamale, Province of West Africa | | | | | | | | |
| Anglican Diocesan Development & Relief Office (ADDRO) | | Sub-Saharan Africa | Integrated Community Based Food Security and Health Program | \$374,675.00 | EFT or Wire | | | |
| Diocese of Upper Shire | | Sub-Saharan Africa | NetsforLife Program | \$40,000.00 | EFT or Wire | | | |
| Episcopal Church of the Sudan | | Sub-Saharan Africa | Emergency funds for Abyei, Sudan | \$25,000.00 | EFT or Wire | | | |
| Episcopal Church of the Sudan | | Sub-Saharan Africa | Training | \$5,400.00 | EFT or Wire | | | |
| Hope Africa | | Sub-Saharan Africa | Hope Africa Partnership | \$600,706.14 | EFT or Wire | | | |
| Hope Africa | | Sub-Saharan Africa | Nets For Life Mozambique | \$110,000.00 | EFT or Wire | | | |
| Hope Africa | | Sub-Saharan Africa | Emergency Funds For Flooding in Cape Town | \$8,000.00 | EFT or Wire | | | |
| Integrated Community Development Office of the Anglican Church in the Diocese of Katanga | | Sub-Saharan Africa | Diocese of Katanga Partnership | \$154,453.00 | EFT or Wire | | | |
| Integrated Community Development Office of the Anglican Church in the Diocese of Katanga | | Sub-Saharan Africa | Nets For Life Program DR Congo | \$181,880.00 | EFT or Wire | | | |

Schedule F, Part II - Grants and Other Assistance to Organizations Or Entities Outside of the US

| Name of Organization (Recipient) | IRC Section and EIN (If applicable) | Region | Purpose | Amount of Cash Grant | Manner of Cash Disbursement | Amount of Non-Cash Assistance | Description of non-cash assistance | Method of Valuation |
|---------------------------------------------|-------------------------------------|--------------------|-----------------------------------------------------------------------------------------|----------------------|-----------------------------|-------------------------------|------------------------------------|-------------------------------|
| | | | | | | | | (book, FMV, appraisal, other) |
| Inter Diocesan Christian Community Services | | Sub-Saharan Africa | Emergency Assistance post election violence in Kenya | \$20,000.00 | EFT or Wire | | | |
| Inter Diocesan Christian Community Services | | Sub-Saharan Africa | Nets for Life Program Kenya | \$173,216.00 | EFT or Wire | | | |
| Inter Diocesan Christian Community Services | | Sub-Saharan Africa | IDCCS Partnership | \$458,143.20 | EFT or Wire | | | |
| Anglican Church of Tanzania/MEA Foundation | | Sub-Saharan Africa | NetsforLife Program Tanzania | \$251,645.33 | EFT or Wire | | | |
| Mosaic Creative UK | | Sub-Saharan Africa | Church Community Reconciliation and Transformation, DRC Province Eglise Anglicane Congo | \$97,500.00 | EFT or Wire | | | |
| NetsForLife Mucaba | | Sub-Saharan Africa | Nets For Life PMI / ERD | \$187,262.00 | EFT or Wire | | | |
| Sudanese Development and Relief Agency | | Sub-Saharan Africa | SUDAN partnership for development | \$429,524.56 | EFT or Wire | | | |
| Sudanese Development and Relief Agency | | Sub-Saharan Africa | Emergency Assistance following violence in the Diocese of Ezo - crop seed and tool | \$11,000.00 | EFT or Wire | | | |
| Vestergaard Frandsen Group SA | | Sub-Saharan Africa | purchase of long lasting insecticide treated bednets (LLITNs) | \$3,051,119.50 | EFT or Wire | | | |
| Sumitomo Chemical Company | | Sub-Saharan Africa | purchase of long lasting insecticide treated bednets (LLITNs) | \$15,285.00 | EFT or Wire | | | |
| A to Z Textile Mills | | Sub-Saharan Africa | purchase of long lasting insecticide treated bednets (LLITNs) | \$210,800.00 | EFT or Wire | | | |
| Zambia Anglican Council | | Sub-Saharan Africa | NetsforLife Program | \$569,839.34 | EFT or Wire | | | |
| Zambia Anglican Council | | Sub-Saharan Africa | Emergency Response to Flooding | \$16,000.00 | EFT or Wire | | | |
| Zambia Anglican Council | | Sub-Saharan Africa | Zambia Anglican Council Partnership | \$413,333.36 | EFT or Wire | | | |