

# Return of Organization Exempt From Income Tax

**2009**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

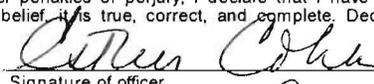
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> EPISCOPAL RELIEF AND DEVELOPMENT Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 815 SECOND AVENUE City or town, state or country, and ZIP + 4 NEW YORK, NY 10017	<b>D Employer identification number</b> 73-1635264	
	<b>F Name and address of principal officer:</b> ROBERT W RADTKE 815 SECOND AVENUE NEW YORK, NY 10017		<b>E Telephone number</b> (800) 334-7626	
	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G Gross receipts \$</b> 16,134,462.	
	<b>J Website:</b> ▶ WWW.ER-D.ORG		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 2002 <b>M State of legal domicile:</b> NY		

**Part I Summary**

<b>Activities &amp; Governance</b>	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 net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of employees (Part V, line 2a)	5	35
	6	Total number of volunteers (estimate if necessary)	6	119
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	25,686,707.	16,993,111.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,602,469.	-894,147.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	35,498.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,084,238.	16,134,462.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,449,631.	13,259,873.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,526,901.	3,401,796.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	520,253.	297,537.
		b Total fundraising expenses, Part IX, column (D), line 25 ▶ 1,935,983.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,340,177.	2,691,480.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,836,962.	19,650,686.
19	Revenue less expenses. Subtract line 18 from line 12	-4,752,724.	-3,516,224.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	24,424,900.	24,693,341.
	21	Total liabilities (Part X, line 26)	2,583,572.	2,619,996.
	22	Net assets or fund balances. Subtract line 21 from line 20	21,841,328.	22,073,345.

**Part II Signature Block**

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

**Sign Here** ▶  | **Date** Oct. 21, 2010

Signature of officer

▶ **ESTHER COHEN, CHIEF OPERATING OFFICER**

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ 	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) P00741490
	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. ▶ 212-542-9609

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.\*

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:

ATTACHMENT 3

**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 \$ 9,641,776. including grants of \$ 6,847,677. ) (Revenue \$ 0. )

ATTACHMENT 4

**4b** (Code: \_\_\_\_\_) (Expenses \$ 3,426,546. including grants of \$ 2,781,226. ) (Revenue \$ 0. )

ATTACHMENT 5

**4c** (Code: \_\_\_\_\_) (Expenses \$ 3,822,472. including grants of \$ 3,297,798. ) (Revenue \$ 0. )

ATTACHMENT 6

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4e Total program service expenses** ▶ 16,890,794.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	X	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>26</b> 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> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b> 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> . . . . .	X	
<b>35</b> 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> . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, foreign country (GHANA), and various tax shelter and contribution rules.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (20), 1b Enter the number of voting members that are independent (16), 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? (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? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X), b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b 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?, 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (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 (X), b Other officers or key employees of the organization (X), 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? (X), 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 7
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ESTHER COHEN 815 SECOND AVENUE NEW YORK, NY 10017-4503 212 716 6122

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(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	40.00	X		X				206,365.	0	51,588.
KATHARINE JEFFERTS SCHORI BOARD MEMBER	1.00	X						0.	257,194	83,479.
N KURT BARNES BOARD MEMBER	1.00	X						0.	182,890	42,336.
LINDA E WATT BOARD MEMBER	1.00	X						0.	204,500	34,989.
ROBERT J O'NEILL BOARD MEMBER	1.00	X						0.	0	0.
STEVEN W DUFF BOARD MEMBER	1.00	X						0.	0	0.
REV KAREN BROWN MONTAGNO BOARD MEMBER	1.00	X						0.	0	0.
WILLIAM S REESE BOARD MEMBER	1.00	X						0.	0	0.
C JILL OETTINGER BOARD MEMBER	1.00	X						0.	0	0.
CATHERINE GEORGE BOARD MEMBER	1.00	X						0.	0	0.
FLO MCAFEE BOARD MEMBER	1.00	X						0.	0	0.
CAROL ANNE BROWN BOARD MEMBER	1.00	X						0.	0	0.
NELSON FAMADAS BOARD MEMBER	1.00	X						0.	0	0.
KURT DELBENE BOARD MEMBER	1.00	X						0.	0	0.
JOHN SIDEBOTHAM BOARD MEMBER	1.00	X						0.	0	0.
LUTHER OTT BOARD MEMBER	1.00	X						0.	0	0.

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

(A) Name and title	(B) Average hours per week	(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 JENKINS BOARD MEMBER	1.00	X					0.	0.	0.	
DENA A HARRISON BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM D PERSELL BOARD MEMBER	1.00	X					0.	0.	0.	
TERI LAWVER BOARD MEMBER	1.00	X					0.	0.	0.	
ABAGAIL NELSON SENIOR VICE PRESIDENT, PROGRAM	40.00			X			133,942.	0.	36,183.	
LORENZO MARTINEZ VICE PRESIDENT, EXTERNAL AFFAI	40.00			X			159,369.	0.	37,964.	
ESTHER COHEN VICE PRESIDENT, ADMINISTRATION	40.00			X			115,006.	0.	23,692.	
SHAUN WALSH EXECUTIVE DIRECTOR-NETSFORLIFE	40.00					X	124,847.	0.	29,476.	
MALAIKA KAMUNANWIRE SENIOR DIRECTOR, MARKETING	40.00					X	108,742.	0.	26,382.	
KIRSTEN LAURSEN SENIOR PROGRAM DIRECTOR ASIA	40.00					X	111,267.	0.	33,153.	
BRIAN SELLERS-PETERSEN SENIOR MAJOR GIFTS OFFICER	40.00					X	116,699.	0.	50,701.	
JANETTE O'NEILL SENIOR PROGRAM DIRECTOR AFRICA	40.00					X	97,868.	0.	38,341.	
<b>1b Total</b>							1,174,105.	644,584.	488,284.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 8		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	274,428.			
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	549,057.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	16,169,626.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		0.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		16,993,111.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶			0.		
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			131,847.		131,847.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶			0.		
	<b>5</b>	Royalties . . . . . ▶			0.		
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross Rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . . ▶			0.		
			(i) Securities	(ii) Other			
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .			-1,025,994.		
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .			-1,025,994.		
	<b>d</b>	Net gain or (loss) . . . . . ▶			-1,025,994.		-1,025,994.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶			0.			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less: direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶			0.			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶			0.			
Miscellaneous Revenue				<b>Business Code</b>			
<b>11a</b>	OTHER INCOME		900099	35,498.		35,498.	
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			35,498.			
<b>12</b>	<b>Total Revenue.</b> See instructions . . . . . ▶			16,134,462.		0.	
						-858,649.	

**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).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	1,927,431.	1,927,431.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	11,332,442.	11,332,442.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,076,238.	642,448.	145,961.	287,829.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . .	0.			
7 Other salaries and wages . . . . .	1,546,678.	1,096,605.	154,144.	295,929.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . .	204,263.	111,317.	40,699.	52,247.
9 Other employee benefits . . . . .	378,094.	238,124.	54,091.	85,879.
10 Payroll taxes . . . . .	196,523.	114,038.	40,938.	41,547.
11 Fees for services (non-employees):				
a Management . . . . .	15,924.		15,924.	
b Legal . . . . .	84,276.	19,069.	65,207.	
c Accounting . . . . .	36,939.	6,210.	30,729.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	297,537.			297,537.
f Investment management fees . . . . .	42,885.		42,885.	
g Other . . . . .	434,981.	434,981.		
12 Advertising and promotion . . . . .	109,795.	13,871.	56,223.	39,701.
13 Office expenses . . . . .	90,826.	75,129.	6,078.	9,619.
14 Information technology . . . . .	74,612.	21,680.	52,855.	77.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	5,882.	5,882.		
17 Travel . . . . .	577,021.	517,707.	33,679.	25,635.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	163,686.	139,421.	14,585.	9,680.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . .	22,750.		22,750.	
23 Insurance . . . . .	32,070.		32,070.	
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 <u>INSTITUTIONAL MEMBERSHIPS</u> . . . . .	64,652.	53,839.	5,423.	5,390.
b <u>PRINTING &amp; MAILING COSTS</u> . . . . .	935,181.	140,600.	9,668.	784,913.
c -----				
d -----				
e -----				
f All other expenses -----				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	19,650,686.	16,890,794.	823,909.	1,935,983.
<b>26 Joint Costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	4,730,717.	<b>2</b>	4,504,061.
	<b>3</b> Pledges and grants receivable, net . . . . .	7,611,169.	<b>3</b>	6,033,133.
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	13,650.	<b>9</b>	106,382.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 216,580.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 129,285.	61,978.	<b>10c</b> 87,295.
	<b>11</b> Investments - publicly traded securities . . . . .	11,709,254.	<b>11</b>	13,587,652.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	298,132.	<b>12</b>	374,818.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	24,424,900.	<b>16</b>	24,693,341.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,919,859.	<b>17</b>	2,163,335.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	663,713.	<b>25</b>	456,661.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,583,572.	<b>26</b>	2,619,996.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	8,036,261.	<b>27</b>	11,538,856.
	<b>28</b> Temporarily restricted net assets . . . . .	13,080,725.	<b>28</b>	9,734,461.
	<b>29</b> Permanently restricted net assets . . . . .	724,342.	<b>29</b>	800,028.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	21,841,328.	<b>33</b>	22,073,345.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	24,424,900.	<b>34</b>	24,693,341.

**Part XI Financial Statements and Reporting**

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2009)



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

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2009 (89.31%); 15 Public support percentage from 2008 Schedule A (85.26%); 16a 33 1/3% support test - 2009 (checked); 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 15 Public support percentage for 2009; 16 Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 17 Investment income percentage for 2009; 18 Investment income percentage from 2008 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2009. 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.

b 33 1/3% support tests - 2008. 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.

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	0.	0.	0.	0.	35,498.	35,498.
TOTALS	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>35,498.</u>	<u>35,498.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

EPISCOPAL RELIEF AND DEVELOPMENT

73-1635264

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Form with multiple sections: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 8/17/06, Number of conservation easements modified, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 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)?, 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.

Form with sections: 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

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

- a Board designated or quasi-endowment 96.8100%
b Permanent endowment 3.1900%
c Term endowment %

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

Table with 3 columns: Question, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b.

- (i) unrelated organizations
(ii) related organizations

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 87,295.



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b> 16,134,462.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b> 19,650,686.
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b> -3,516,224.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b> 3,748,241.
<b>5</b>	Donated services and use of facilities	<b>5</b>
<b>6</b>	Investment expenses	<b>6</b>
<b>7</b>	Prior period adjustments	<b>7</b>
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b> 3,748,241.
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b> 232,017.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b> 21,187,139.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
<b>a</b>	Net unrealized gains on investments	<b>2a</b> 3,748,241.
<b>b</b>	Donated services and use of facilities	<b>2b</b> 1,304,436.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b> 5,052,677.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b> 16,134,462.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b> 16,134,462.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b> 20,955,122.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
<b>a</b>	Donated services and use of facilities	<b>2a</b> 1,304,436.
<b>b</b>	Prior year adjustments	<b>2b</b>
<b>c</b>	Other losses	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b> 1,304,436.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b> 19,650,686.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b> 19,650,686.

**Part XIV Supplemental Information**

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

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

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

SCHEDULE D, PART X

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

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

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

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

**2 For grantmakers.** Describe in Part 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	7	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	6,840,773.
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	1,509,340.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	953,450.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	264,000.
SOUTH AMERICA	0	0	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	213,666.
SOUTH ASIA	0	0	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	293,701.
EUROPE	0	0	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	253,136.
NORTH AMERICA	0	0	PROGRAM SERVICES	HEALTH, FOOD & EMERGENCY	52,500.
<b>Totals</b> . . . . . ▶	1	7			10,380,566.

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

Schedule F (Form 990) 2009

JSA  
9E1274 2.000

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .   
 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAN	TSUNAMI MICR	196,111.				
			EUROPE (INCLUDING ICELAN	MOSAIC CREAT	54,525.				
			EUROPE (INCLUDING ICELAN	JOFEH CENTER	71,250.				
			MIDDLE EAST/NORTH AFRICA	ST. LUKE'S H	47,750.				
			MIDDLE EAST/NORTH AFRICA	EMERGENCY ME	135,000.				
			MIDDLE EAST/NORTH AFRICA	EMERGENCY RE	10,000.				
			MIDDLE EAST/NORTH AFRICA	NETS FOR LIF	339,631.				
			SUB-SAHARAN AFRICA	CAPA PEACE P	33,250.				
			SUB-SAHARAN AFRICA	NETS FOR LIF ASSISTANCE	42,130.				
			SUB-SAHARAN AFRICA	IGLISE ANGLI ASSISTANCE	245,471.				
			SUB-SAHARAN AFRICA	EMERGENCY AS CONSTRUCTION	10,000.				
			SUB-SAHARAN AFRICA	BOGA PARTNER	87,578.				
			SUB-SAHARAN AFRICA	EMERGENCY AS	10,000.				
			SUB-SAHARAN AFRICA	DIOCESE OF A	46,046.				
			SUB-SAHARAN AFRICA	NETS FOR LIF PREPAREDNESS	168,411.				
			SUB-SAHARAN AFRICA	NETS FOR SOU ASSISTANCE	57,232.				

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

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



**Part IV Supplemental Information**

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

SCHEDULE F, PART I, LINE 2

EPISCOPAL RELIEF AND DEVELOPMENT CORPORATION TAKES ITS GRANT MONITORING

RESPONSIBILITIES SERIOUSLY AS IT UNDERSTANDS THAT THE CHARITABLE EFFORTS

IT FUNDS REFLECTS ON THE ORGANIZATION. TO THAT END, EPISCOPAL RELIEF AND

DEVELOPMENT MAY REQUIRE THE GRANTEE TO PROVIDE THE ORGANIZATION WITH A

NUMBER OF DIFFERENT REPORTS, INCLUDING:

FINANCIAL REPORTS, (E.G. ACTUAL VS. BUDGET REPORTS); EXPENSE MONITORING

REPORTS ( INCLUDING A REVIEW OF RECEIPTS, CONTRACTS, TITLES AND BANK

STATEMENTS), ON-SITE EVALUATIONS, BANK RECONCILIATIONS (WITH EXCHANGE

RATE CHECKS) AS WELL AS EXAMINATIONS BY INDEPENDENT AUDITORS.



**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	NETS FOR LIF	101,489.				
			SUB-SAHARAN AFRICA	NETS FOR LIF	72,950.				
			SUB-SAHARAN AFRICA	USAID CHILD	402,458.				
			SUB-SAHARAN AFRICA	DIOCESE OF K	156,084.				
			SUB-SAHARAN AFRICA	NETS FOR LIF	785,352.				
			SUB-SAHARAN AFRICA	DIOCESE OF M	248,840.				
			SUB-SAHARAN AFRICA	IDCCS PARTNE SANITATION	475,429.				
			SUB-SAHARAN AFRICA	NETS FOR LIF	126,604.				
			SUB-SAHARAN AFRICA	CARPENTERS K	220,989.				
			SUB-SAHARAN AFRICA	DIOCESE OF D	31,810.				
			SUB-SAHARAN AFRICA	EMERGENCY FU	10,000.				
			SUB-SAHARAN AFRICA	DIOCESE OF A	682,773.				
			SUB-SAHARAN AFRICA	DIOCESE OF N	44,841.				
			SUB-SAHARAN AFRICA	DIOCESE OF N	211,154.				
			SUB-SAHARAN AFRICA	HOPE AFRICA	695,230.				
			SUB-SAHARAN AFRICA	EMERGENCY FO	1,165,450.				
			SUB-SAHARAN AFRICA	NETS FOR LIF	75,804.				
			SUB-SAHARAN AFRICA	NETS FOR LIF	143,467.				
			SUB-SAHARAN AFRICA	BO ANGLICAN	148,900.				

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	MULTI - COMM	38,971.				
			CENT. AMERICA/CARIBBEAN	EMERGENCY AS	10,000.				
			CENT. AMERICA/CARIBBEAN	2008 BTI OPE	101,250.				
			CENT. AMERICA/CARIBBEAN	THE HAITIAN	348,232.				
			CENT. AMERICA/CARIBBEAN	INTEGRATED A	100,000.				
			CENT. AMERICA/CARIBBEAN	BEST MICROLE	25,000.				
			CENT. AMERICA/CARIBBEAN	FAMILY GARDE	122,812.				
			CENT. AMERICA/CARIBBEAN	EMERGENCY AS	62,500.				
			CENT. AMERICA/CARIBBEAN	DIOCESE OF E	167,789.				
			CENT. AMERICA/CARIBBEAN	DIOCESE OF G	50,603.				
			CENT. AMERICA/CARIBBEAN	AMARATECA HO	127,364.				
			CENT. AMERICA/CARIBBEAN	ENHANCEMENT	151,251.				
			CENT. AMERICA/CARIBBEAN	PROYECTO SIL	49,870.				
			CENT. AMERICA/CARIBBEAN	FOOD SECURIT	10,000.				
			CENT. AMERICA/CARIBBEAN	GESTION AMBI	35,000.				
			CENT. AMERICA/CARIBBEAN	WATER AND SA	108,698.				
			CENT. AMERICA/CARIBBEAN	CATTLE COOPE	52,500.				
			NORTH AMERICA	PERMANANTE C	18,764.				
			SOUTH AMERICA	SERVICO ANGL	50,167.				

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	HEALTH PROMO	30,500.				
			SOUTH AMERICA	EMERGENCY IN	8,000.				
			SOUTH AMERICA	INCOME GENER	86,735.				
			SOUTH AMERICA	EL SEMBRADOR	19,500.				
			EAST ASIA/PACIFIC	ZHANGFENG CO	145,103.				
			EAST ASIA/PACIFIC	TOPIK HUMANI	35,200.				
			EAST ASIA/PACIFIC	EMERGENCY AS	10,000.				
			EAST ASIA/PACIFIC	MYANMAR DEVE	282,689.				
			EAST ASIA/PACIFIC	RELIEF FOR C	227,564.				
			EAST ASIA/PACIFIC	IFI EMERGENC	12,000.				
			EAST ASIA/PACIFIC	ERD/THAILAND	168,000.				
			EAST ASIA/PACIFIC	CLIMATE CHAN	65,394.				
			EAST ASIA/PACIFIC	ERD / A4T AF	91,687.				
			SOUTH ASIA	CHRISTIAN HE	40,171.				
			SOUTH ASIA	CYCLONE AILA	46,966.				
			SOUTH ASIA	SRI LANKA RE	35,000.				
			SOUTH ASIA	SRI LANKA ID	20,000.				
			SOUTH ASIA	EMERGENCY RE	9,877.				
			SOUTH ASIA	ENVIRONMENTA	30,000.				





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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

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

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

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

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

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

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

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

(i) Name 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 SVC	GENERAL CONSULT.		X	3,061,994.	113,090.	2,948,904.
MUNROE CREATIVE PARTNERS	CREATIVE COMM.		X	0.	43,600.	0.
LARA TABAC	CONSULT & WRITER		X	0.	20,006.	0.
DAVIS FISHER	MAJOR GIFT OFFICER		X	0.	6,375.	0.
MEREDITH LEE	CONSULT & WRITER		X	0.	8,100.	0.
PRIMAL MEDIA	WEBSITE COMMUN.		X	0.	13,937.	0.
<b>Total</b>				3,061,994.	205,108.	2,948,904.

**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, 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,

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

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
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? . . . . .	12	



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	DIOCESE OF ALASKA DIOCESAN OFFICE FAIRBANKS, AK 99701-4178	13-5562208	501(C)(3)	10,000.				EMERGENCY ASSISTANCE
	DIOCESE OF ATLANTA DIOCESAN OFFICE ATLANTA, GA 30363-0701	58-0572411	501(C)(3)	15,000.				EMERGENCY ASSISTANCE
	DIOCESE OF INDIANAPOLIS 110 WEST 42ND STREET INDIANAPOLIS, IN 46208	35-0915468	501(C)(3)	25,000.				INDIANA FLOOD AND TO MIDWEST FOODS RECOVER
	DIOCESE OF IOWA 225 27TH STREET DES MOINES, IA 50312-4305	42-0703277	501(C)(3)	10,000.				TORNADOES
	DIOCESE OF KENTUCKY 425 EAST SECOND STREET, SUITE 200	36-2170847	501(C)(3)	10,000.				EMERGENCY ASSISTANCE PREPAREDNESS
	DIOCESE OF LOUISIANA - OFFICE OF DISASTER R EPISCOPAL DIOCESE OF LOUISIANA	35-0915468	501(C)(3)	888,140.				LOUISIANA KATRINA RE
	JERICO ROAD EPISCOPAL HOUSING INITIATIVE 1623 SEVENTH STREET NEW ORLEANS, LA 70115	72-0475542	501(C)(3)	442,855.				JERICO ROAD EPISCOP
	DIOCESE OF MISSISSIPPI 118 NORTH CONGRESS STREET	20-8419678	501(C)(3)	336,791.				KATRINA RESPONSE - M
	DIOCESE OF NORTH DAKOTA 3600 SOUTH 25TH STREET FARGO, ND 58104-6861	72-0475542	501(C)(3)	72,500.				EMERGENCY ASSISTANCE
	DIOCESE OF TEXAS 1225 TEXAS AVENUE HOUSTON, TX 77002-3504	45-0232404	501(C)(3)	95,000.				THE DIOCESE OF TEXAS
	G.R.A.C.E. COMMUNITY SERVICES 2626 SOUTH LOOP WEST, SUITE 350	74-1143081	501(C)(3)	185,000.				KATRINA RECOVERY LA ASSISTANCE

- Enter total number of section 501(c)(3) and government organizations ▶ 11
- Enter total number of other organizations ▶

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

Schedule I (Form 990) 2009

JSA

9E1288 2.000

**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 Part IV and 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

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

GRANTS AND ASSISTANCE TO ORGANIZATIONS, INDIVIDUALS, AND GOVERNMENTS IN US  
 -----  
 SCHEDULE I, PART I, LINE 2  
 -----  
 EPISCOPAL RELIEF AND DEVELOPMENT CORPORATION TAKES ITS GRANT MONITORING  
 -----  
 RESPONSIBILITIES SERIOUSLY AS IT UNDERSTANDS THAT THE CHARITABLE EFFORTS  
 -----  
 IT FUNDS REFLECTS ON THE ORGANIZATION. TO THAT END, EPISCOPAL RELIEF AND  
 -----  
 DEVELOPMENT MAY REQUIRE THE GRANTEE TO PROVIDE THE ORGANIZATION WITH A  
 -----  
 NUMBER OF DIFFERENT REPORTS, INCLUDING:  
 -----  
 -----  
 -----  
 FINANCIAL REPORTS, (E.G. ACTUAL VS. BUDGET REPORTS); EXPENSE MONITORING  
 -----  
 REPORTS ( INCLUDING A REVIEW OF RECEIPTS, CONTRACTS, TITLES AND BANK  
 -----

**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 Part IV and 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

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

-----

-----

STATEMENTS), ON-SITE EVALUATIONS, BANK RECONCILIATIONS (WITH EXCHANGE

-----

RATE CHECKS) AS WELL AS EXAMINATIONS BY INDEPENDENT AUDITORS.

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a 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.

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

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

- a** Receive a severance payment or change-of-control payment? . . . . . **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c**  Yes  No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? . . . . . **5a**  Yes  No
- b** Any related organization? . . . . . **5b**  Yes  No
- 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? . . . . . **6a**  Yes  No
- b** Any related organization? . . . . . **6b**  Yes  No
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . **7**  Yes  No

**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 . . . . . **8**  Yes  No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . . **9**  Yes  No

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT W RADTKE	(i)	206,365.	0.	0.	18,573.	33,015.	257,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHARINE JEFFERTS SCHORL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	257,194.	0.	0.	62,668.	20,811.	340,673.	0.
N KURT BARNES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	182,890.	0.	0.	16,460.	25,876.	225,226.	0.
LINDA E WATT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	204,500.	0.	0.	18,405.	16,584.	239,489.	0.
ABAGAIL NELSON	(i)	133,942.	0.	0.	12,055.	24,128.	170,125.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LORENZO MARTINEZ	(i)	159,369.	0.	0.	14,343.	23,621.	197,333.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHAUN WALSH	(i)	124,847.	0.	0.	0.	29,476.	154,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BRIAN SELLERS-PETERSEN	(i)	116,699.	0.	0.	10,503.	40,198.	167,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

ATTACHMENT 2

GOVERNANCE AND MANAGEMENT

PART VI, SECTION B

LINE 11: THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED ELECTRONICALLY TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

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

FORM 990, PART VI, LINE 15

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

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73-1635264
--	--

ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, LINE 19

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

FORM 990, SCHEDULE G, PART 1

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

1. A.B. DATA DIRECT MARKETING PROVIDES GENERAL CONSULTATION IN ALL ASPECTS OF THE DIRECT RESPONSE FUNDRAISING PROGRAM.
2. MUNROE CREATIVE PARTNERS IS A CREATIVE COMMUNICATIONS CONSULTING FIRM THAT HELPED DEVELOP WEB SITE, ADS, GENERAL PUBLICATIONS AND SPECIAL MARKETING PROJECTS.
3. PRIMAL MEDIA IS A WEBSITE COMMUNICATIONS CONSULTING FIRM.
4. MEREDITH LEE AND LARA TABAC ARE INDEPENDENT CONSULTANTS/WRITERS THAT DRAFT PRESS RELEASES, PREPARE FOUNDATION PROPOSALS/GRANTS AND PROVIDE GENERAL COMMUNICATIONS SUPPORT.
5. DAVIS FISHER IS THE MAJOR GIFT OFFICER - FUND RAISER FOR MIDWEST.

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

ATTACHMENT 3FORM 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.

ATTACHMENT 44A 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.

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73-1635264
--	--

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

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

ATTACHMENT 54B 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.

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73-1635264
--	--

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 5 (CONT'D)

- REBUILD DEVASTATED AREAS AND WORK WITH LOCAL COMMUNITIES TO ASSESS LONG TERM DEVELOPMENT NEEDS AND IMPLEMENT THESE RECOVERY PLANS INCLUDING PROVIDING ASSISTANCE IN REBUILDING HOMES, SCHOOLS, HEALTH CLINICS, WATER SYSTEMS, AND TRAINING PEOPLE TO START SMALL BUSINESSES.

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

ATTACHMENT 64C PROGRAM SERVICE

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

- EQUIP PEOPLE WITH KNOWLEDGE, SKILLS, TOOLS, ANIMALS AND IMPROVED SEEDS TO ENSURE THEIR FAMILIES HAVE ENOUGH FOOD TO EAT YEAR ROUND.
- PROVIDE VOCATIONAL TRAINING AND MICRO-FINANCE OPPORTUNITIES FOR PEOPLE TO CREATE SMALL BUSINESSES AND EXPAND SOURCES OF INCOME.
- GIVE FAMILIES HEALTHY ANIMALS WHICH PRODUCE FOOD AND INCOME.

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 6 (CONT'D)

THE ORGANIZATION RECEIVED DONATED SERVICES OF \$125,999 FROM  
 OUTSIDE THIRD PARTY ORGANIZATIONS. THIS AMOUNT HAS BEEN REMOVED  
 FROM PROGRAM SERVICE EXPENSES AS REQUIRED BY THE FORM 990.

ATTACHMENT 7FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 8990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AB DATA DIRECT MARKETING SERVICES PO BOX 170062 MILWAUKEE, WI 53217	GENERAL CONSULTANT	120,090.
TOTAL COMPENSATION		<u>120,090.</u>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

**Name of the organization**

EPISCOPAL RELIEF AND DEVELOPMENT

**Employer identification number**

73-1635264

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

(a) 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
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
DOMESTIC AND FOREIGN MISSIONARY SOCIETY 13-5562208 815 SECOND AVENUE NEW YORK, NY 10017	CHURCH	NY	501 (C) (3)	CHURCH	N/A
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					

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

Schedule R (Form 990) 2009

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
-----							
-----							
-----							
-----							
-----							
-----							
-----							
-----							
-----							
-----							

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) DOMESTIC AND FOREIGN MISSIONARY SOCIETY	C	274,428.
(2) DOMESTIC AND FOREIGN MISSIONARY SOCIETY	M	1,178,437.
(3)		
(4)		
(5)		
(6)		

