Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2012

A For the 2012 calendar year, or tax year beginning 12/31, 2012, and ending 01/02, 20 12 B Check if apdress C Name of organization EPISCOPAL RELIEF AND DEVELOPMENT D Employer identification number 73-1635264 73-1635264 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Interaction Perform R15 SECOND AVE. (855) 312-4325 City, town or post office, state, and ZIP code Number and address of principal officer: ROBERT W. RADTKE G Gross receipts \$ 22, 838, 312. Number and address of principal officer: ROBERT W. RADTKE H(i) is this a group num for efficiency Yes Number 1 Tax exampt status: X [501(c)(3) 501(c)(1) ◀ (insert no.) 4947(a)(1) or 527 H(i) is this a group num for efficiency Yes Number 1 Tax exampt status: X [501(c)(3) 501(c)(1) ◀ (insert no.) 4947(a)(1) or 527 H(i) is this a group number Yes Number 1 Tax exampt status: X [501(c)(3) 501(c)(1) ◀ (insert no.) 4947(a)(1) or 527 H(i) Group examption number Yes Number 2 Website: WWW. EPI SCOPAL			t of the Treasury	benefit trust or private foundation)		Open to Public
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■ Antificient F Nome and address of principula officer: ROBERT W. RADITEE H(0) Interactions Yes X No 1 Tate-segment interactions Yes X No Yes X No 2 Website: W(W) EP15 SECOND AVE. 10(1) Yes X No 3 Website: W(W) EP15 COPAL RELIEF. ORG H(1) H(1) <td>Γ</td> <td></td> <td></td> <td>YORK, NY 10017</td> <td>G Gross receipts \$</td> <td>22,838,312.</td>	Γ			YORK, NY 10017	G Gross receipts \$	22,838,312.
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14,835,819. 11,114,214. 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) 4,538,756. 4,602,116. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,538,756. 4,602,116. 16 Professional fundraising expenses (Part IX, column (A), line 11e) 172,654. 205,475. 17 Other expenses (Part IX, column (A), lines 11a-11d, 117.24e) 2,902,441. 3,405,229. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 22,449,670. 19,327,034. 19 Revenue less expenses. Subtract line 18 from line 12. -663,737. 241,350. 20 Total assets (Part X, line 26). 1,695,089. 2,9427,748. 21 Total assets or fund balances. Subtract line 21 from line 20. 29,186,398. 29,427,748. 21 Total machine of organy of prepare/ same Check machine of prepare/ same 10,-3,1-1.3 21 Total machine of officer Date 10,28/2013 Date 229,186,398. 29,427,748. <td></td> <td></td> <td>Other revenue</td> <td>(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td></td> <td>10.104PGC12931</td>			Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10.104PGC12931
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16a Professional fundraising fees (Part IX, column (A), line 11e) 172, 654. 205, 475. b Total fundraising expenses (Part IX, column (A), line 25) 1, 800, 409. 2, 902, 441. 3, 405, 229. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 22, 449, 670. 19, 327, 034. 19 Revenue less expenses. Subtract line 18 from line 12. 663, 737. 241, 350. 20 Total assets (Part X, line 16) 30, 881, 487. 32, 116, 948. 21 Total labilities (Part X, line 26) 1, 695, 089. 2, 689, 200. 22 Net assets or fund balances. Subtract line 21 from line 20. 29, 186, 398. 29, 427, 748. Part II Signature Block 1, 695, 089. 2, 689, 200. 29, 186, 398. 29, 427, 748. Part II Signature of officer Date 1, 0-31-/3. Date 10/-31-/3. Under penaties of perjury. Ideclaration of prepare/ signature Date 10/28/2013 Check if PTIN Signature of officer Signature of officer Date Date 10/28/2013 Check if PTIN Signature of officer Signature infin mame and title Printy preparer's signature Date <td></td> <td></td> <td>Benefits paid t</td> <td>o or for members (Part IX, column (A), line 4)</td> <td></td> <td>0</td>			Benefits paid t	o or for members (Part IX, column (A), line 4)		0
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19 Revenue less expenses. Subtract line 18 from line 12,		17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)		
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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 IO - 31 - 13 Signature of officer Date Signature of officer IO - 31 - 13 Date Date Print/Type or print name and title Preparer's signature Scott T THOMPSETT Preparer's signature Scott T THOMPSETT Satt Stamport Firm's name GRANT THORNTON LLP Firm's address 666 THIRD AVENUE NEW YORK, NY 10017-4057 May the IRS discuss this return with the preparer shown above? (see instructions) X	Pa	rt II	VN CONSTR		25,100,590.	29,427,740.
Sign Here Signature of officer IO - 3/ - /3 Signature of officer Date Firm's address 666 Firm's address 666 Third Formulation 10/28/2013 Firm's address 666 Third Formulation 10/27-4057 May the IRS discuss this return with the preparer shown above? (see instructions) X					and to the best of my kno	wledge and heliof it is
Signature of officer Date Preparer CHNEF OPERATING OFFICER Paid Print/Type preparer's name Preparer's signature Date Chneck if PTIN Scott Thompsetr Scott Thompsetr Date Check if PO0741490 Firm's name GRANT THORNTON LLP Firm's EIN 36-6055558 Firm's address 666 THIRD AVENUE NEW YORK, NY 10017-4057 Phone no. 212-599-0100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	true	e, corre	ect, and complete.	Declaration of prepare (other than officer) is based on all information of which preparer has any	knowledge.	wedge and bener, it is
Signature of officer Date Preparer CHNEF OPERATING OFFICER Paid Print/Type preparer's name Preparer's signature Date Chneck if PTIN Scott Thompsetr Scott Thompsetr Date Check if PO0741490 Firm's name GRANT THORNTON LLP Firm's EIN 36-6055558 Firm's address 666 THIRD AVENUE NEW YORK, NY 10017-4057 Phone no. 212-599-0100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			NO.	The Obland	10-3	1 12
Paid Print/Type preparer's name Preparer's signature Date Check if PTIN SCOTT THOMPSETT San Shampott 10/28/2013 check if P00741490 Firm's name GRANT THORNTON LLP Firm's EIN 36-6055558 Firm's address 666 THIRD AVENUE NEW YORK, NY 10017-4057 Phone no. 212-599-0100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			Signature		Date	-13
Print/Type or print name and title Paid Preparer's name SCOTT THOMPSETT Firm's name GRANT THORNTON LLP Firm's address 666 THIRD AVENUE New YORK, NY 10017-4057 Phone no. 212-599-0100 May the IRS discuss this return with the preparer shown above? (see instructions)	He	re	· Es	THEN CHIEF DEFRATING	DEGLEN	
Scott Thompsett Scott Sharpetto 10/28/2013 Check if self-employed P00741490 Firm's name GRANT THORNTON LLP Firm's ElN 36-6055558 Firm's address 666 THIRD AVENUE NEW YORK, NY 10017-4057 Phone no. 212-599-0100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			Type or p	int name and title	UTTICER	
Scott Thompsett Scott Streeping Scott Thompsett Scott Streeping Scott Streeping Scott Streeping	-		Print/Type prep		Check if PTIM	N
Preparer Jse Only Firm's name GRANT THORNTON LLP Firm's EIN 36-6055558 Firm's address 666 THIRD AVENUE NEW YORK, NY 10017-4057 Phone no. 212-599-0100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			SCOTT TH	MPSETT Stor Shompetty 10/28/20		P00741490
Jse Only Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4057 Phone no. 212-599-0100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			Firm's name			
May the IRS discuss this return with the preparer shown above? (see instructions)	USe	only			010 5	
	May	the II				
	For	Paper	work Reductio	n Act Notice, see the separate instructions.		

EPISCOPAL	RELIEF	AND	DEVELOPMENT

Pa	rt III Statement of	Program Serv	ice Accomplishments			
				ion in this Part	III	X
	Briefly describe the or		ssion:			
	ATTACHMENT 1					
2	Did the organization	undertake any	significant program servic	es during the	year which were not listed on the	
						Yes X
	If "Yes," describe these					
					how it conducts, any program	
	If "Yes," describe these					
				ts for each o	f its three largest program servic	es, as measured
					eport the amount of grants and a	illocations to oth
	the total expenses, an	d revenue, if ar	ly, for each program servic	e reported.		
_	(Codo:	(Everence ¢		anto of ¢	5,142,718.) (Revenue \$	
a	ATTACHMENT				· · · ·)
	ATTACHMENT	۷				
h	(Code:	(Expenses \$	4 989 745 including gr	ants of \$	3,205,998.)(Revenue \$)
~	ATTACHMENT		inolading gro			/
		.				
с	(Code:)	(Expenses \$	3,410,775. including gra	ants of \$	2,765,498.) (Revenue \$)
	ATTACHMENT					
d	Other program servic	es (Describe in	Schedule O.)			
	(Expenses \$	includir	g grants of \$) (Revei	nue \$)	
е		e expenses 🕨	16,329,339.			
SA	000					Form 990 (2)
	31937H 700J	10/28/2013	3:49:10 PM V 12	2-7F	0163101-00017	PAC

	90 (2012)		F	Page 3
Part	V Checklist of Required Schedules			
	$\int dt dt = \frac{1}{2} \int dt = \frac{1}{2} \int$		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			v
		5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		х
7	"Yes," complete Schedule D, Part I	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
-	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
2	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	~	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
12 0	complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		v	
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15	х	
16	organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		<u> </u>
<u>a</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		

Form **990** (2012)

Form 9	990 (2012)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b		24b		
с				
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
		28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
U	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		х
	Schedule L, Part IV	200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		х
• •	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			х
	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34	X	
35 a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		_	000	

Form 990 (2012)

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V	<u> </u>		•
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	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 41			
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 <i>e-file</i> (see instructions)	•		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	х	
h	account)? If "Yes," enter the name of the foreign country: ► GHANA	4a		
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	•		
_	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	an		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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PAGE 6

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in			"No"
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			.,
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	•	х	
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	л	<u> </u>
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-)	<u> </u>
0000	on b. r oncles (This occurred requests information about policies not required by the internal Revenue	20000	./ Yes	No
10.0	Did the organization have lead aborters branches or effiliates?	10a		X
	Did the organization have local chapters, branches, or affiliates?	Tou		
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
N	rise to conflicts?	12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ū	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 5			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)	01(c)(3)s o	nly)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	est p	olicy,
00	and financial statements available to the public during the tax year.	_		
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 212-518-0514	IE		
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Part VII	Compensation of Officers, Directors,	Trustees, Key	/ Employees,	Highest	Compensated	Employees,	and	
	Independent Contractors							

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(0	C)					
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and Title	Average					e than c		Reportable	Reportable	Estimated
	hours per					is both		compensation	compensation from	amount of other
	week (list any hours for		r and		IIrect	or/trust	ee)	from the	related organizations	compensation
	related	Individual trustee or director	Inst	Officer	Key	High	Former	organization	(W-2/1099-MISC)	from the
	organizations	vidu irec	itutio	cer	emp	nest	ner	(W-2/1099-MISC)		organization and related
	below dotted	al tru tor	Institutional trustee		Key employee	e on				organizations
	line)	Jste	trus		e	Ipen				
		æ	tee			Highest compensated employee				
						<u>م</u>				
(1) DR. ROBERT W. RADTKE	40.00									
PRESIDENT		Х		Х				231,874.	0	47,774.
(2) MOST REV. KATH JEFFERTS SCHORI	1.00									
PRESIDING BISHOP & EX-OFFICIO	40.00	Х						0	272 , 551.	86,019.
(3) N. KURT BARNES	1.00									
EX-OFFICIO BOARD MEMBER	40.00	Х						0	211,942.	42,892.
(4) THE RT. REV. ROBERT J. O'NEILL	1.00									
CHAIRMAN		Х		Х				0	0	0
(5) CONSTANCE PERRY	1.00									
BOARD MEMBER		Х						0	0	0
(6) THE RT. REV. PRINCE G. SINGH	1.00									
BOARD MEMBER		Х						0	0	0
(7) DR. CATHERINE GEORGE	1.00									
BOARD MEMBER (THRU 12/31/12)		Х						0	0	0
(8) FLO MCAFEE	1.00									
BOARD MEMBER		Х						0	0	0
(9) DANIEL MCNEEL LANE	1.00									
BOARD MEMBER		Х						0	0	0
(10) THE REV. JOHN SIDEBOTHAM	1.00									
BOARD MEMBER		Х						0	0	0
(11) JOSEPHINE H. HICKS	1.00									
BOARD MEMBER		X						0	0	0
(12) THE RT. REV. STACY SAULS	1.00									
BOARD MEMBER	40.00	Х						0	217,086.	77,611.
(13) THE RT. REV DENA A. HARRISON	1.00									
BOARD MEMBER		Х						0	0	0
(14) ^{TERI} LAWVER	1.00									-
BOARD MEMBER		Х						0	0	0
JSA										Form 990 (2012)

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	(A) Name and title		(C) Position (do not check more than box, unless person is both officer and a director/trus						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	R. PEARL CHIN	1.00							_	_	
	REASURER	1 00	X		Х				0	0	
	HARON HILPERT OARD MEMBER	1.00	v						0	0	
	. TUCKER MOODEY	1.00	X						0	0	
	OARD MEMBER		x						o	0	
	EREDITH BROWN	1.00									
В	OARD MEMBER		х						0	0	
9) L	INDSAY COATES	1.00									
	OARD MEMBER		Х						0	0	
· _ ·	UDITH MORRISON	1.00									
	OARD MEMBER	1	X						0	0	
· _ ·	HE REV. CANON E. MARK STEVENS OARD MEMBER	1.00	v						0	0	
	BAGAIL NELSON	40.00	Х						0	0	
	ENIOR VICE PRESIDENT	40.00			х				179,660.	0	38,37
	STHER COHEN	40.00							1/3/0001		
· _ ·	HIEF OPERATING OFFICER				x				159,574.	0	15,06
4) S	HAUN WALSH	40.00									
S	ENIOR DIRECTOR						Х		142,028.	0	16,273
	RIAN SELLERS-PETERSEN	40.00									
S	ENIOR ADVISOR TO THE PRESIDEN						Х		116,407.	0	32,272
	b-total								231,874.	701,579.	254,296
	tal from continuation sheets to Part VII, Se tal (add lines 1b and 1c)					• • •			952,956. 1,184,830.	701,579.	174,539
2 To rep	tal number of individuals (including but not l portable compensation from the organization	imited to tl n ►	nose {	listeo 3	d at		,		ceived more than	\$100,000 of	Yes N
en	d the organization list any former office aployee on line 1a? <i>If "Yes," complete Schedu</i> r any individual listed on line 1a, is the s	ile J for suc	ch ind	ividu	ıal	• • •		• •			3 2
org ind	ganization and related organizations gre	eater than	\$15	50,00	20?	lf	"Yes	;," (• •	complete Schedu	le J for such	4 X
for	d any person listed on line 1a receive or services rendered to the organization? <i>If "Ye</i> on B. Independent Contractors										5 2
1 Co	mplete this table for your five highest com mpensation from the organization. Report c										
	(A) Name and business add	ress							(B) Description of se	ervices C	(C) Compensation
ATT	ACHMENT 6										
								+			

Part VII	Section A. Officers, Directors, Tru (A)	(B)	j) (C			<u> </u>	(D)	(E)		(F)
	Name and title	Average hours per week (list any hours for	verage Position urs per (do not check more tha c (list any box, unless person is b					an ee)	Reportable compensation from	Reportable compensation from related organizations	n from	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-N		from the organization and related organizations
	RSTEN MUTH	40.00	-						100 005			00.46
	NIOR DIRECTOR	40.00					X		122,697.		0	20,463
	JAIKA KAMUNANWIRE	40.00					x		125,341.		0	26,688
	SHIGAKI	40.00			_		<u> </u>		125,541.			20,000
<u>-</u>	IIOR DIRECTOR		-				x		107,249.		0	25,398
			-									
			-									
		+	-									
1b Sub-	total							►				
c Tota	from continuation sheets to Part VII, S (add lines 1b and 1c)	-	•••	· · · · · ·	• •	· · · · · ·	•••					
2 Total	number of individuals (including but not table compensation from the organizatio	limited to t		listec				re	ceived more than	\$100,000 o		
•	· · · · · · · · · · · · · · · · · · ·			4	- 4 - 1	- 1			lava a biakaa		4 - J	Yes N
	the organization list any former offic oyee on line 1a? If "Yes," complete Sched											3 2
4 For a	any individual listed on line 1a, is the	sum of rep	ortab	le co	omi	pens	sation	n ar	nd other compens	sation from	the	
orga	nization and related organizations group	eater than	\$15	50,00)0?	lf	"Yes,	," (complete Schedu	le J for s	ıch	
	idual											4 X
	any person listed on line 1a receive or ervices rendered to the organization? If "Ye											5 2
	B. Independent Contractors	<i>cc, comple</i>								<u></u>		· • · · · ·
	plete this table for your five highest com pensation from the organization. Report o											
	(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompensation
										1		

Par	t VII		as to any quest	ion in this Dort VIII			
		Check if Schedule O contains a respor	ise to any quest	(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					
บียี	b	Membership dues 1b					
ifts, ar A	С	Fundraising events 1c	260,400				
s, G milã	d	Related organizations 1d Government grants (contributions) 1e	260,480. 900,315.				
tion r Si	e f	Government grants (contributions) 1e All other contributions, gifts, grants,	50070101				
the	•	and similar amounts not included above . 1f	17,095,623.				
onti od ti	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	<u></u> ▶	18,256,418.			
anue			Business Code				
Program Service Revenue	2a						
се F	b						
ervi	C						
a s	d						
gra	e f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		0			
	3	Investment income (including dividends, intere					
		other similar amounts)		899,587.			899,587.
	4	Income from investment of tax-exempt bond p	roceeds	0			
	5	Royalties	(ii) Personal	0			
	6a	Gross rents					
	b	Less: rental expenses Rental income or (loss)					
	c d	Net rental income or (loss)		0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	/ a	assets other than inventory 3,637,003.					
	b	Less: cost or other basis					
		and sales expenses 3,269,928.					
	C d	Gain or (loss)		267.075			267.075
~	d	Net gain or (loss)		367,075.			367,075.
nu	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c).					
Ř		See Part IV, line 18					
her	b	Less: direct expenses b					
đ	с	Net income or (loss) from fundraising events	<u></u> ▶	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19a					
	b c	Less: direct expenses b Net income or (loss) from gaming activities		0			
	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		0			
		Miscellaneous Revenue	Business Code				
	11a	BISHOP BLEND INCOME (COFFEE SALES)	900099	19,543.			19,543.
	b	PROGRAM PILGRIMAGE TOUR	900099	25,761.			25,761.
	с с	All other revenue					
	d e	All other revenue		45,304.			
	12	Total revenue. See instructions		19,568,384.			1,311,966.

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Part IX Statement of Functional Expenses

EPISCOPAL RELIEF AND DEVELOPMENT

	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 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 United States. See Part IV, line 21 .	1,163,951.	1,163,951.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	9,950,263.	9,950,263.		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	571,110.	323,898.	102,975.	144,237
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	3,030,555.	2,363,936.	196,152.	470,467
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	336,920.	137,630.	149,315.	49 , 975
9	Other employee benefits	410,572.	297,646.	39.	112,887
10	Payroll taxes	252,959.	157,499.	51,641.	43,819
11 а	Fees for services (non-employees): Management	111,228.		111,228.	
	Legal	74,518.	55 , 722.	18,796.	
	Accounting	172,108.	38,329.	133,779.	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	205,475.			205,475
f	Investment management fees	94,433.		94,433.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	1 000 015	620 600	CO 005	F00 101
	(A) amount, list line 11g expenses on Schedule O.)	1,298,015.	639,689.	69,225. 327.	589,101
12	Advertising and promotion	115,635. 109,751.	3,023.	20,200.	112,285
13	Office expenses	109,751.	/4,42/.	20,200.	15,124
14 15	Information technology	0			
16	Royalties	52,776.	52,776.		
17		864,741.	740,285.	84,506.	39,950
18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	0			.
19	Conferences, conventions, and meetings	376,582.	286,433.	75,246.	14,903
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	90,645.	41,635.	46,824.	2,186
23	Insurance	44,797.	2,197.	42,600.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d	h				
	All other expenses	19,327,034.	16,329,339.	1,197,286.	1,800,409
2 <u>5</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	19,327,034.	10,323,333.	1,197,280.	1,000,409
JSA	following SOP 98-2 (ASC 958-720)	0			Form 990 (2

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Page	11	
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art X				
	Check if Schedule O contains a response to any question in this Part	Χ		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0	1	(
2	Savings and temporary cash investments	13,189,374.	2	14,040,730
3	Pledges and grants receivable, net	2,715,957.	3	970 , 244
4	Accounts receivable, net	0	4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L	0	6	
7 8	Notes and loans receivable, net	0	7	
8	Inventories for sale or use	0	8	
9	Prepaid expenses and deferred charges	275,820.	9	67,316
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 328, 594.	41 000		105 104
	Less: accumulated depreciation 10b 203,460.	41,282.		125,134
11	Investments - publicly traded securities	14,278,593. 380,461.		16,525,724 387,800
12	Investments - other securities. See Part IV, line 11			307,000
13	Investments - program-related. See Part IV, line 11	0	13	
14	Intangible assets		14 15	
15 16	Other assets. See Part IV, line 11	30,881,487.	15	32,116,948
17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	996,482.	17	1,399,074
18		0		1,333,071
19	Grants payable Deferred revenue	0	10	
20	Tax-exempt bond liabilities	0		
	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
21 22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0	22	
23	Secured mortgages and notes payable to unrelated third parties	0	23	
24	Unsecured notes and loans payable to unrelated third parties	0	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	698 , 607.	25	1,290,126
26	Total liabilities. Add lines 17 through 25	1,695,089.	26	2,689,200
	Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
27 28 29	Unrestricted net assets	12,476,799.	27	13,060,176
28	Temporarily restricted net assets	15,853,928.	28	15,504,562
29	Permanently restricted net assets	855,671.	29	863,010
	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
30 31 32 33	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	29,186,398.	33	29,427,748
34	Total liabilities and net assets/fund balances	30,881,487.	34	32,116,948

Form 99	90 (2012)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				384.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1			034.
3	Revenue less expenses. Subtract line 2 from line 1	3				350.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	9,1	86,3	398.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		~			
	33, column (B))	10	2	9,42	21,	748.
Part						
	Check if Schedule O contains a response to any question in this Part XII		• • • •			
	Accounting method used to prepare the Form 990: Cash X Accrual Other				Yes	No
1		<i>m</i> lain	in			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	cpiain	In			
20	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
24	If "Yes," check a box below to indicate whether the financial statements for the year were com	nilod		za		<u></u>
	reviewed on a separate basis, consolidated basis, or both:	plieu				
				2b	х	
b	Were the organization's financial statements audited by an independent accountant?		•• ⊢	20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on	a			
	Separate basis, consolidated basis, or both.					
-		abt				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent account	-		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	vhiain	III			
20	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
Ja	the Single Audit Act and OMB Circular A-133?	TOTUL		3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		•• ⊢			
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	0		3b	Х	
			I			

SCHE	DU	LE	Α
(Form	990	or	990-EZ)

Public Charity Status and Public Support

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

	t of the Treasury venue Service	► Attac	h to Form 990 or Form 990	-EZ. 🕨	► See s	eparate	instruct	ions.			n to Pub pection	
Name of t	he organization							Emplo	yer iden	tification n	umber	
EPISCO	PAL RELIER	AND DEVELOPMEN	ΤT						73-	-163526	54	
Part I	Reason for	Public Charity Statu	s (All organizations mι	ust cor	nplete	this pa	art.) Se	e instr	uctions			
		· · · · · · · · · · · · · · · · · · ·	cause it is: (For lines 1 th									
1	A church, con	vention of churches, or	association of churches	describ	ed in s	ection	170(b)((1)(A)(i)).			
2	A school desc	ribed in section 170(b)	(1)(A)(ii). (Attach Schedu	le E.)								
3	A hospital or a	a cooperative hospital	service organization descr	ribed in	sectio	n 170(b)(1)(A)	(iii).				
4	A medical res	search organization op	perated in conjunction w	ith a h	nospita	l descr	ibed in	sectio	n 170(b	o)(1)(A)(iii	i). Ente	er the
	hospital's nam	e, city, and state:										
5	An organization	on operated for the be	enefit of a college or univ	versity	owned	l or ope	erated I	by a go	vernme	ntal unit	describ	ed in
	section 170(b)(1)(A)(iv). (Complete I	Part II.)									
6	A federal, stat	e, or local government	t or governmental unit des	scribed	in sect	tion 170)(b)(1)(A)(v).				
7 X	An organization	on that normally receiv	es a substantial part of it	ts supp	ort fro	om a go	vernme	ental ur	nit or fro	om the ge	eneral p	oublic
		ection 170(b)(1)(A)(vi)										
8	-		ion 170(b)(1)(A)(vi). (Con									
9	-	-	es: (1) more than 331/39							-		-
	-		s exempt functions - sub	-								
		-	ome and unrelated bus						n 511	tax) from	busin	esses
40		•	ne 30, 1975. See section	•		•		,	,			
10	-	•	ated exclusively to test for	•					•	or to o		ut tha
11	•	•	erated exclusively for the								•	
			upported organizations de bes the type of supporting					-			366 56	CLION
	a Type		c Type III-Functio	-			-			unctionally	, intear	bate
e			t the organization is not	-	-					-	-	
			agers and other than one			-		-	-		-	
	-	ection 509(a)(2).			ne put	Jilling 30	ppontet	a organ	120110113	acount	<i>,</i> u iii 30	2011011
f			en determination from th	ne IRS	that it	is a T	vpe I. T	Type II.	or Type	e III supr	ortina	
-		check this box					, y y y y y y y y y y y y y y y y y y y	. , po,	e jp	o ili oupp	o.u.g	
g	-		nization accepted any gif	t or co	ntributi	ion from	any of	f the				
5	following pers	-					.,					
			ectly controls, either alo	ne or t	ogethe	er with	persor	ns desc	ribed in	(ii)	Yes	S No
	and (iii) b	elow, the governing bo	dy of the supported organ	nization	?					11	g(i)	—
	(ii) A family r	nember of a person de	scribed in (i) above?							11	g(ii)	
	(iii) A 35% co	ontrolled entity of a per-	son described in (i) or (ii) a	above?						11ç	g(iii)	
h	Provide the fo	llowing information abo	out the supported organiz	ation(s).			_				
	ame of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		Is the		ou notify		Is the	(vii) Amou		netary
	organization		above or IRC section	col. (i)	organization in the org		. (i) of		zation in organized	SU	upport	
			(see instructions))		overning ment?		upport?		Ŭ.S.?			
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
Total												

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

Schedule A (Form 990 or 990-EZ) 2012



Schedule A (Form 990 or 990-EZ) 2012

Part II

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,686,707.	17,119,110.	31,714,650.	20,648,378.	18,256,418.	113,425,263.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	25,686,707.	17,119,110.	31,714,650.	20,648,378.	18,256,418.	113,425,263.
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)						6,576,421.
$\frac{6}{200}$	Public support. Subtract line 5 from line 4.						106,848,842.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_		25,686,707.	17,119,110.	31,714,650.	20,648,378.	18,256,418.	113,425,263.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	198,070.	131,847.	285,905.	289,883.	889,587.	1,795,292.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		35,498.	50,600.	41,033.	45,304.	172,435.
11	Total support. Add lines 7 through 10						115,392,990.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
	tion C. Computation of Public Sup	•	•				00 60
14	Public support percentage for 2012 (li	• •	· •			14	92.60% 90.98%
15	Public support percentage from 2011					15	
16a	331/3% support test - 2012. If the o this box and stop here. The organization						
b	331/3% support test - 2011. If the c						
-	check this box and stop here . The orga	•					
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part IV how the organization meets t	he "facts-and-c	ircumstances" te	est. The organi	zation qualifies	as a publicly s	upported
	organization						▶
b	10%-facts-and-circumstances test - 2	•	•				
	15 is 10% or more, and if the orga						•
	Explain in Part IV how the organizati				-	-	
18	supported organization Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	•
	instructions						<u>▶∟</u>

Schedule A (Form 990 or 990-EZ) 2012

Page 3

Schedule A	(Form	990 or	990-EZ	2012

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	tion A. Public Support ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disgualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
	line 6.)						
ec	tion B. Total Support					1	1
	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
1	Net income from unrelated business						
•	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
2	Other income. Do not include gain or						
	loss from the sale of capital assets						
•	(Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
4	First five years. If the Form 990 is for	•			-		····
	organization, check this box and stop here			<u></u>			•••••
	tion C. Computation of Public Sup		<u> </u>	(0)			
5	Public support percentage for 2012 (line 8,					15	
6	Public support percentage from 2011 Sche			<u></u>		16	
	tion D. Computation of Investmen					1 1	
7	Investment income percentage for 2012 (lin					17	
8	Investment income percentage from 2011					18	
9 a	331/3% support tests - 2012. If the org						
	17 is not more than 331/3%, check thi		-				
b	331/3% support tests - 2011. If the orga	nization did not	check a box on	line 14 or line 1	9a, and line 16 i	s more than 331	/3 %, and
	line 18 is not more than 331/3%, check	this box and \boldsymbol{s}	top here. The or	ganization qualif	ies as a publicly	supported organ	ization 🕨
	Private foundation. If the organization	did not check	a hox on line	14 19a or 19	h check this h	ox and see inst	ructions
0 SA	Filvale Ioundation. If the organization of					Schedule A (Form	

Page 4

Schedule A (Form 990 or 990-EZ) 2012

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

73-1635264

Employer identification number

C	rganization	type	(check	one	۱
-	gamzation	Lype !		ULIC,	ŀ

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Page 3

 Part II
 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

 (a) No.
 (c)

 from
 (b)

 Description of noncash property given
 FMV (or estimate)

 Date rec

from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	·	 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

JSA

	ization EPISCOPAL RELIEF AND DE		Employer identification number 73-1635264
tha	t total more than \$1,000 for the yea	Ir. Complete columns (a)	to section 501(c)(7), (8), or (10) organization) through (e) and the following line entry.
cor	organizations completing Part III, ent ntributions of \$1,000 or less for the y	ear. (Enter this information	religious, charitable, etc., on once. See instructions.) ►\$
Use	e duplicate copies of Part III if addition	al space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h
-		(e) Transfer of gift	
	Transferee's name, address, and		Relationship of transferor to transferee
-			
(a) No.	·		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h
_			
		(e) Transfer of gift	t l
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
-			
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h
		(e) Transfer of gift	i
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h
Part I _			
· _	·		
		t	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
-			·
-			

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

0163101-00017

SCHEDULE D Supplemental Financial Statements						OMB No. 1545-0047
•	rm 990) artment of the Treasury	► Complete if the	organization answered , 9, 10, 11a, 11b, 11c, 11	"Yes," to Form 99	90,	20 12 Open to Public
	nal Revenue Service	► Attach to	Form 990. ► See separa	ate instructions.		Inspection
	e of the organization				Employer identifica	
		F AND DEVELOPMENT			73-16352	
Par	rt I Organizat organizat	tions Maintaining Donor Adv	ised Funds or Other S 990, Part IV, line 6.	imilar Funds or	Accounts. Com	plete if the
			(a) Donor advise	d funds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2		utions to (during year)				
3		from (during year)				
4		it end of year				
5	funds are the orga	on inform all donors and donor nization's property, subject to the	e organization's exclusive	e legal control?		Yes No
6	-	on inform all grantees, donors, a				
		purposes and not for the benefi				
	conferring imperm	issible private benefit?				
Par		tion Easements. Complete if servation easements held by the			orm 990, Part IV	, line 7.
1		-	таран (пре 1916) и пре 1916 и пре		f an historiaally in	nortent land area
		of land for public use (e.g., recr f natural habitat	eation or education)		f a certified histor	portant land area
		of open space	L			
2		through 2d if the organization h	eld a qualified conservati	ion contribution in	the form of a cor	servation
		ast day of the tax year.		_		
					Held at the	End of the Tax Year
а	Total number of co	onservation easements			2a	
b	Total acreage rest	tricted by conservation easement	s		2b	
С	Number of conser	vation easements on a certified	historic structure included	l in (a)	2c	
d		vation easements included in (c				
	historic structure li	isted in the National Register			2d	
3		vation easements modified, trar	nsferred, released, exting	uished, or termina	ated by the organiz	ation during the
1		where property subject to conse				
5		tion have a written policy regard				
_		orcement of the conservation ea				Yes No
6		r hours devoted to monitoring, in	nspecting, and enforcing	conservation ease	ements during the	year
-	•		ation and antioning and			
7	•	es incurred in monitoring, inspec	cung, and enforcing cons	ervation easemen	its during the year	
3	►\$	 vation easement reported on lin	a 2(d) above esticity the	requirements of co	tion $170(h)(4)(P)$	
•)(h)(4)(B)(ii)?		•	()()()	Yes No
•	In Part XIII. descri	be how the organization reports	conservation easements	in its revenue and	expense stateme	
		d include, if applicable, the text of			•	
		ounting for conservation easeme				
Pai	rt III Organiza	tions Maintaining Collections	s of Art, Historical Trea	asures, or Other	Similar Assets	
	Complete	e if the organization answered	"Yes" to Form 990, Pa	art IV, line 8.		
a	If the organization works of art, hist	n elected, as permitted under S orical treasures, or other simili vide, in Part XIII, the text of the f	FAS 116 (ASC 958), not ar assets held for public potnote to its financial sta	t to report in its ro c exhibition, educ	evenue statemer ation, or researd	t and balance shee ch in furtherance o
b		n elected, as permitted under				
-	works of art, hist	orical treasures, or other simila	ar assets held for public	c exhibition, educ	cation, or research	ch in furtherance o
	public service, pro	vide the following amounts relat	ing to these items:			
		uded in Form 990, Part VIII, line				
	· · /	d in Form 990, Part X				
2	•	n received or held works of a				al gain, provide the
		required to be reported under S				
a h		d in Form 990, Part VIII, line 1				
b		Form 990, Part X				edule D (Form 990) 201
JSA		Act Notice, see the instructions to	- i Jilli 330.		5CN	EGUIE D (FOIII 990) 201.
68 1.0	000					

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SCHEDULE D

OMB No. 1545-0047

-	dule D (Form 990) 2012											Page 2
Par	t III Organizations Maintainir	ng Colle	ctions of A	Art, H	Historical	Freasure	s, or Ot	her Simila	r Asse	ets (col	ntinu	ed)
3	Using the organization's acquisition collection items (check all that apply		ion, and oth	ier red	cords, checł	any of t	he follow	ving that are	a sign	iificant u	use c	of its
а	Public exhibition			d	Loan d	or exchang	ge prograi	ms				
b	Scholarly research			е	Other							
с	Preservation for future generation	ations										
4	Provide a description of the organi	zation's d	collections a	ind ex	plain how t	hey furthe	er the org	ganization's	exempt	t purpos	e in	Part
	XIII.					-		-				
5	During the year, did the organization assets to be sold to raise funds rather									Yes		No
Par	t IV Escrow and Custodial A line 9, or reported an amo					janizatior	n answei	red "Yes" to	o Form	n 990,	Part	IV,
1a	Is the organization an agent, trustee								_	_		-
	included on Form 990, Part X?								• • L	Yes		No
b	If "Yes," explain the arrangement in	Part XIII a	and complete	e the f	following tab	le:						
								Am	ount			
	Beginning balance						C					
	Additions during the year						d					
	Distributions during the year						e					
	Ending balance					•••• 11	F					
	Did the organization include an amo									Yes		No
	If "Yes," explain the arrangement in											
Par	t V Endowment Funds. Com											
		(a) Curr			Prior year	(c) Two ye		(d) Three year		(e) Four		
1a	Beginning of year balance		78,593.		007,128.		7,652.			-		051
b	Contributions	1,01	.3,058.		531,262.	29	5,513.	494,	088.	1,	191,	601
С	Net investment earnings, gains,									-		
-	and losses	2,23	32,151.	-2	289,480.	2,08	7,478.	2,912,	448.	-6,)47,	233
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs)3,745.		868,693.		7,032.	879,	649.	1,8	372,	140
f	Administrative expenses		94,333.		101,624.		6,483.					
g	End of year balance		25,724.		278,593.		7,128.		652.	11,	447,	279
2	Provide the estimated percentage of		•		nce (line 1g,	column (a)) held as	:				
a	Board designated or quasi-endowm		95.2500%	0								
b		800 %										
С	Temporarily restricted endowment		8700 %									
	The percentages in lines 2a, 2b, and											
3a	Are there endowment funds not in t	he posse	ssion of the	organ	ization that	are held a	ind admir	nistered for th	е			
	organization by:										Yes	No
	(i) unrelated organizations									3a(i)	X	
	(ii) related organizations									3a(ii)	X	
D	If "Yes" to 3a(ii), are the related orga			•			• • • • •			3b	Х	
4	Describe in Part XIII the intended us											
Par	t VI Land, Buildings, and Equi	pment.	See Form	990, I	Part X, line	10.	1					
	Description of property		(a) Cost or oth (investme			r other basis ther)		cumulated eciation	(d	I) Book va	ue	
1a	Land											
b	Buildings					8,450	•	3,521.			4,9	929.
С	Leasehold improvements	-										
d	Equipment					320 , 144	. 1	99,939.		12	20,2	205.
e	Other											
Tota	I. Add lines 1a through 1e. (Column	(d) must e	equal Form 9	90, Pa	art X, columr	n (B), line 1	10(c).)	<u></u> ▶		12	25,1	134.
									Sched	ule D (For	m 990) 2012

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Schedule D (F	Form 990) 2012		Page 3
Part VII	Investments - Other Securities. See Fe	orm 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
(1) Financia	al derivatives		
	-held equity interests		
(A)			
<u>(B)</u>			
<u>(C)</u>			
(D)			
<u>(E)</u>			
(F)			
<u>(G)</u> (H)			
(l)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		orm 990. Part X. line	13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			
(7)			
(8)			
(9)			
(10)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Part X, lin	Description	(b) Book value
(1)	(a)	Description	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	umn (b) must equal Form 990, Part X, col. (B) li		<u></u>
Part X	Other Liabilities. See Form 990, Part X	, line 25.	
1.	(a) Description of liability	(b) Book value	
	ral income taxes	701.01	
	UED POST RETIREMENT BENEFIT	781,8	
	TO DFMS	508,2	<u>/0.</u>
(4)			
(5)			_
(6)			-
(7)			-
<u>(8)</u> (9)			
(10)			
(10)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 1,290,12	26.
			anization's financial statements that reports the organization's
			otnote has been provided in Part XIII

Schedule	e D (Form 990) 2012	-	Page 4
Part X	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	n	
	Total revenue, gains, and other support per audited financial statements	1	20,818,076.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b 1,249,692.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
	Add lines 2a through 2d	2e	1,249,692.
3	Subtract line 2e from line 1	3	19,568,384.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,568,384.
Part 2	KII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn	
1	Total expenses and losses per audited financial statements	1	20,576,726.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 1,249,692.		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	1,249,692.
3	Subtract line 2e from line 1	3	19,327,034.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	19,327,034.
	KIII Supplemental Information		
Comple	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, line	s 1b and 2b;
Part V, informa	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide a	iny additional
monna			
SE	E PAGE 5		

SCHEDULE D, PART V, LINE 4

THE ORGANIZATION'S ENDOWMENT CONSISTS 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 ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE AND HAD NO IMPACT ON THE ACCOMPANYING FINANCIAL STATEMENTS. THE TAX YEARS 2009, 2010, 2011, AND 2012 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

SCH	IEDULE F	Stater	nent of A	ctivities	Outside the Uni	ted St	ates 📙	OMB No. 1545-0047
(For	m 990)	otaton		the organizatio	n answered "Yes" to Form 9 14b, 15, or 16.			2012
	tment of the Treasury al Revenue Service		Attach t		See separate instructions.			Open to Public Inspection
	of the organization							fication number
_	SCOPAL RELIEF						73-16352	-
Part		Part IV, line 14		Outside the l	Jnited States. Complete	if the org	ganization ans	swered "Yes" to
		ntees' eligibili	ty for the grant	s or assistance	substantiate the amount of e, and the selection criteri			X Yes No
2	For grantmakers. assistance outside			ganization's pi	rocedures for monitoring	the use	e of its grant	s and other
3	Activities per Regio	on. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	oace is ne	eded.)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	a pr describ	tivity listed in (d) is ogram service, be specific type of ice(s) in region	s (f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA/CA	ARIBBEAN			GRANTMAKING	HEALTH,	FOOD & EMERG	. 2,767,531.
(2)	EAST ASIA AND THE	PACIFIC			GRANTMAKING	HEALTH,	FOOD & EMERG	. 601,855.
(3)	MIDDLE EAST AND NO	ORTH AFRICA			GRANTMAKING	HEALTH,	FOOD & EMERG	. 87,007.
(4)	NORTH AMERICA				GRANTMAKING	HEALTH,	FOOD & EMERG	. 13,044.
(5)	SOUTH AMERICA				GRANTMAKING	HEALTH,	FOOD & EMERG	. 224,111.
_(6)	SOUTH ASIA				GRANTMAKING	HEALTH,	FOOD & EMERG	. 370,969.
(7)	SUB-SAHARAN AFRICA	A	1.	10.	GRANTMAKING	HEALTH,	FOOD & EMERG	. 5,885,746.
(8)								
(9)								
<u>(10)</u>								
<u>(11)</u>								
(12)								
<u>(13)</u>								
<u>(14)</u>								
<u>(15)</u>								
<u>(16)</u>								
(17)								
3a b	Sub-total Total from o sheets to Part I	continuation	1.	10.				9,950,263.
с	Totals (add lines		1.	10.				9,950,263.
	aperwork Reduction						Schee	dule F (Form 990) 2012

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 2E1274 1.000 31937H 700J 10/28/2013 3:49:10 PM V 12-7F

73-1635264

Page 2

Schedule F (Form 990) 2012

Part II	Grants and Other Assist Part IV, line 15, for any re							ed "Yes" to F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	PRIMARY HEAL	289,569.	WIRE			
(2)			SUB-SAHARAN AFRICA	NETS FOR LIF	23,880.	WIRE			
(3)			SOUTH AMERICA	PRIMARY HEAL	29,520.	WIRE			
(4)			SOUTH AMERICA	EDUCATION AN	46,961.	WIRE			
(5)			SUB-SAHARAN AFRICA	PRIMARY HEAL	5,500.	WIRE			
(6)			SUB-SAHARAN AFRICA	DISASTER/EME	305,000.	WIRE			
(7)			EAST ASIA/PACIFIC	COMMUNITY DE	200,206.	WIRE			
(8)			SOUTH AMERICA	FOOD SECURIT	46,500.	WIRE			
(9)			SUB-SAHARAN AFRICA	COMMUNITY DE	69,400.	WIRE			
(10)			SUB-SAHARAN AFRICA	COMMUNITY DE	166,466.	WIRE			
(11)			SUB-SAHARAN AFRICA	DISASTER/EME	20,937.	WIRE			
(12)			CENT. AMERICA/CARIBBEAN	DISASTER/EME	25,000.	WIRE			
(13)			CENT. AMERICA/CARIBBEAN	PRIMARY HEAL	42,712.	WIRE			
(14)			SUB-SAHARAN AFRICA	NETS FOR LIF	136,000.	WIRE			
(15)			SOUTH AMERICA	DISASTER/EME	20,000.	WIRE			
(16)			CENT. AMERICA/CARIBBEAN	PRIMARY HEAL	25,000.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3 Enter total number of other organizations or entities

73-1635264

Page 2

Schedule F (Form 990) 2012

Part II	Grants and Other Assist Part IV, line 15, for any re							ed "Yes" to Fo	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	PRIMARY HEAL	100,000.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	FOOD SECURIT	101,166.	WIRE			
(3)			SUB-SAHARAN AFRICA	NETS FOR LIF	951,019.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	DISASTER/EME	69,413.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	NON PROGRAM	23,653.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	EDUCATION AN	205,600.	WIRE			
(7)			CENT. AMERICA/CARIBBEAN	CAPACITY BUI	1,698,548.	WIRE			
(8)			CENT. AMERICA/CARIBBEAN	PRIMARY HEAL	50,000.	WIRE			
(9)			CENT. AMERICA/CARIBBEAN	FOOD SECURIT	293,400.	WIRE			
(10)			SOUTH ASIA	CAPACITY BUI	96,802.	WIRE			
(11)			SOUTH ASIA	PRIMARY HEAL	116,359.	WIRE			
(12)			SOUTH ASIA	DISASTER/EME	5,300.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	NON PROGRAM	27,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	PRIMARY HEAL	60,007.	WIRE			
(15)			SUB-SAHARAN AFRICA	NETS FOR LIF	125,000.	WIRE			
(16)			SUB-SAHARAN AFRICA	PRIMARY HEAL	200,000.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3 Enter total number of other organizations or entities

73-1635264

Page 2

Schedule F (Form 990) 2012

Part II	Grants and Other Assist							ed "Yes" to F	orm 990,
1	Part IV, line 15, for any re (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	CUPIICATED IF ADDIT (e) Amount of cash grant	(f) Manner of cash disbursement	S NEEGEG. (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	CAPACITY BUI	232,850.	WIRE			
(2)			SUB-SAHARAN AFRICA	DISASTER/EME	20,100.	WIRE			
(3)			SUB-SAHARAN AFRICA	DISASTER/EME	10,000.	WIRE			
(4)			SUB-SAHARAN AFRICA	FOOD SECURIT	10,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	CAPACITY BUI	13,600.	WIRE			
(6)			SUB-SAHARAN AFRICA	PRIMARY HEAL	20,000.	WIRE			
(7)			SUB-SAHARAN AFRICA	NETS FOR LIF	90,000.	WIRE			
(8)			NORTH AMERICA	EDUCATION AN	10,000.	WIRE			
(9)			SUB-SAHARAN AFRICA	PRIMARY HEAL	44,840.	WIRE			
(10)			SUB-SAHARAN AFRICA	NETS FOR LIF	193,679.	WIRE			
(11)			EAST ASIA/PACIFIC	EDUCATION AN	85,220.	WIRE			
(12)			SUB-SAHARAN AFRICA	COMMUNITY DE	210,582.	WIRE			
(13)			CENT. AMERICA/CARIBBEAN	FOOD SECURIT	133,039.	WIRE			
(14)			SUB-SAHARAN AFRICA	NETS FOR LIF	121,989.	WIRE			
(15)			SOUTH AMERICA	REHABILITATI	59,505.	WIRE			
(16)			EAST ASIA/PACIFIC	DISASTER/EME	11,167.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3 Enter total number of other organizations or entities

73-1635264

Page 2

Schedule F (Form 990) 2012

Part II	Grants and Other Assist							ed "Yes" to F	orm 990,
	Part IV, line 15, for any re	cipient who receiv	ed more than \$5,000. I	Part II can be	duplicated if addit	ional space i	s needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CAPACITY BUI	157,375.	WIRE			
					`				
(2)			SUB-SAHARAN AFRICA	CAPACITY BUI	127,378.	WIRE			
(3)			EAST ASIA/PACIFIC	AGRICULTURE	132,888.	WIRE			
(4)			SOUTH ASIA	CAPACITY BUI	20,000.	WIRE			
(5)			SOUTH ASIA	COMMUNITY DE	132,508.	WIRE			
(6)			SUB-SAHARAN AFRICA	CAPACITY BUI	173,858.	WIRE			
(7)			SUB-SAHARAN AFRICA	PRIMARY HEAL	185,361.	WIRE			
(8)			SUB-SAHARAN AFRICA	NETS FOR LIF	10,008.	WIRE			
(9)			SUB-SAHARAN AFRICA	NETS FOR LIF	70,000.	WIRE			
(10)			SUB-SAHARAN AFRICA	FOOD SECURIT	174,579.	WIRE			
(11)			EAST ASIA/PACIFIC	DISASTER/EME	10,000.	WIRE			
(12)			SUB-SAHARAN AFRICA	PRIMARY HEAL	25,000.	WIRE			
(13)			SUB-SAHARAN AFRICA	FOOD SECURIT	25,000.	WIRE			
(14)			SUB-SAHARAN AFRICA	PRIMARY HEAL	759,882.	WIRE			
(15)			SOUTH AMERICA	FOOD SECURIT	21,625.	WIRE			
(16)			SUB-SAHARAN AFRICA	NETS FOR LIF	15,000.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3 Enter total number of other organizations or entities

73-1635264

Schedule F (Form 990) 2012

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 o valuation (book, FMV appraisal, other)
1)			SUB-SAHARAN AFRICA	COMMUNITY DE	15,897.	WIRE			
2)			SUB-SAHARAN AFRICA	PRIMARY HEAL	943,406.	WIRE			
3)			SUB-SAHARAN AFRICA	CAPACITY BUI	97,219.	WIRE			
4)									
5)									
6)									
7)									
8)									
9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									

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
67.

Page 3

Part III Grants and Other Assistanc Part III can be duplicated if ad	e to Individuals Outsid	de the United Sta ed.	ates. Complete	-			
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17) 18)							

Sched	ule F (Form 990) 2012		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Page 5

Schedule F (Form 990) 2012

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

SCHEDULE F, PART I, LINE 2

EPISCOPAL RELIEF AND DEVELOPMENT 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.

JSA

Fundraising or Gaming Activities								OMB No. 1545-0047
Complete if the organization answered "Yes" to Form 990, Fart N, lines 17, 16, or 19, or if the Department of the Teasury A disch to Form 990 ar Form 990, Fart N, lines 17, 16, or 19, or if the Department of the Teasury A disch to Form 990 ar Form 990, Fart N, lines 17, 16, or 19, or if the Department of the Teasury A disch to Form 990, Fart N, lines 17, 16, or 19, or if the Department of the Teasury A disch to Form 990, Fart N, lines 17, 16, or 19, or if the Department of the Organization answered "Yes" to Form 990, Part IV, line 17. Employee Identification number 73–1635264 Parting Form 990, E27, filers are not required to complete this part. Includate whether the organization raised funds through any of the following activities. Check all that apply. Includate whether the organizations of X solicitation of non-government grants b X internet and email solicitations f Solicitation of non-government grants c Phone solicitations g Solicitation of non-government grants d X internet and email solicitations g Solicitation of non-government grants d X internet and email solicitations g Solicitation of non-government grants d X internet and email solicitations g Solicitation of non-government grants d X internet and email solicitations g Solicitation of non-government grants d No hor organization nave a written or oral agreement with any individual induriding officers, directors, trustees or key	SCHEDULE G	S						୬ ଲ 1 ୨
Department of the Treasury organization entered more than \$15,000 on Form 990-EZ. Use 6a. Perform the treasure instructions. Perform the treasure instructions. Perform the treasure instructions. Perform the treasure instructions. Perform treasure instruction. 1 Indicate here instruction in the organization in and treasure instructin instruction. Indicate her	(Form 990 or 990-EZ)	Complete if t	Fundraising	j or Ga			10. oz if the	
Name of the cognization Employeer identification number 73-1635264 Part 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants b X Indicate whether the organization as of the organization and solicitations g X Solicitation of government grants c Phone solicitations g X Solicitation of government grants d X Indicate whether the organization have a written or oral agreement with any individual (including officers, furstees or key employees listed in Form 990, Part VII) or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 0 If "Yes," list the ten highest paid individuals or entities (fundraiser) pursuant to agreements under which the fundraiser is to be control of or entitive (fundraiser) (W) Amount paid to (or retained by) fundraiser law (introduce) (W) Amount paid to (or retained by) fundraiser law (introduce) (W) Amount paid to (or retained by) fundraiser law (introduce) (W) Amount paid to (or retained by) fundraiser law (introduce) (W) Amount paid to (or retained by) fundraiser law (introduce) (W) Amount paid to (or retained by) (or retained by)		-	organization entered r	nore than \$ [,]	15,000 on Fo	rm 990-EZ, line 6a.	is, or if the	
EPISCOPAL RELIEF AND DEVELOPMENT 73-1635264 Part IN 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 X b X b X b X c X Doit the organization was 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? X e X Solicitation of government grants g Special fundraising services? X Yes No b X Internet and email solicitations f X Solicitation of government grants a With more and store a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connecton with professional fundraising services? X Yes No b If "Yes," list the ten highest paid individuals or entities (fundraiser) provide three context or context o			Attach to Form 990 or	Form 990-E	Z. 🕨 See se	parate instructions.	Employer identification	
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 X Mail solicitations • b X Indicate whether the organization raised funds through any of the following activities. Check all that apply. c Prohoe solicitations • X Solicitation of government grants c Prohoe solicitations g Special fundraising services? X vs No 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? X vs No b If "Yes," list the ten highest paid individuals or entities (fundraiser have or entity fundraiser have or entity (fundraiser) (v) Gross receipts from activity fundraiser have or entity fundraiser have or entity (fundraiser) (v) Amount paid to for retained by for r		AND DEVELOP	1ENT					
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 X Mail solicitations • X Solicitation of non-government grants b X Internet and email solicitations • X Solicitation of government grants c Phone solicitations • X Solicitation of government grants d Z In-person solicitations g Z 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? X res 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. (ii) Did fundraiser have custody or control (iv) for retained by) or entity (fundraiser) (iii) Amount paid to (or retained by) organization. 1 Indicate MarketTING FUNDRAISIN X 3,077,516. 134,383 2,943,105. 2 SANKY COMMUNICATION, INC FUNDRAISIN X 1,128,566. 71,092 1,057,474. 3 Image: second	Eundraisi			ization a	nswered	"Yes" to Form 9		
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6 10 10 10 10 10,000,579.								
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					d to solicit			

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL,

KS, KY, MD, MN, MS, NH, NM, NY, ND, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Schedule G (Form 990 or 990-EZ) 2012

	gross receipts greater than \$5,00	t contributions and gr		,	
	g	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) throug
,		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	 Direct expense summary. Add lines 4 Net income summary. Combine line 3 ft III Gaming. Complete if the organism 	3, column (d), and line	10	<u> </u>	(
	than \$15,000 on Form 990 F		res to Form 990, Pan	t IV, line 19, or repo	orted more
T	than \$15,000 on Form 990-E		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (a
	than \$15,000 on Form 990-E	Z, line 6a.	(b) Pull tabs/instant	· · · ·	(d) Total gaming (a
		Z, line 6a.	(b) Pull tabs/instant	· · · ·	(d) Total gaming (a
	1 Gross revenue	Z, line 6a.	(b) Pull tabs/instant	· · · ·	(d) Total gaming (a
-	1 Gross revenue 2 Cash prizes	Z, line 6a.	(b) Pull tabs/instant	· · · ·	(d) Total gaming (a
	1 Gross revenue 2 Cash prizes 3 Noncash prizes	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	rted more (d) Total gaming (a col. (a) through col.
	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	Z, line 6a. (a) Bingo	(b) Pull tabs/instant	· · · ·	(d) Total gaming (a
	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo ////////////////////////////////////	(c) Other gaming	(d) Total gaming (a
	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Z, line 6a. (a) Bingo Yes No through 5 in column ((b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (a
a	 Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Comb Enter the state(s) in which the organization licensed to operate or summary. 	Z, line 6a. (a) Bingo (a) Bingo Yes No through 5 in column (ne line 1, column d, a ion operates gaming a ctivities in eac	(b) Pull tabs/instant bingo/progressive bingo 0 0 0 <t< td=""><td>(c) Other gaming (c) O</td><td>(d) Total gaming (a col. (a) through col.</td></t<>	(c) Other gaming (C) O	(d) Total gaming (a col. (a) through col.
b	 Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Comb Enter the state(s) in which the organization licensed to operate or summary. 	Z, line 6a. (a) Bingo (a) Bingo Yes No through 5 in column (ne line 1, column d, a aming activities in eac	(b) Pull tabs/instant bingo/progressive bingo % Yes% No % Yes% No d)	(c) Other gaming 	(d) Total gaming (a col. (a) through col.

Schedule G (Form 990 or 990-EZ) 2012

73-1635264

Sched	lule G (Form 990 or 990-EZ) 2012	-	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to \Box	—	
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
	or spent in the organization's own exempt activities during the tax year 🕨 \$		
Par			
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also con	plete th	is
	part to provide any additional information (see instructions).		

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE I (Form 990)

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

2012 **Open to Public** Inspection

No

Employer identification number

73-1635264

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

General Information on Grants and Assistance Part I

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?	X	Y	es

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AFGHANS 4 TOMORROW							
9341 W.90 PLACE WESTMINISTER,, CO 80021	45-4488166	501(C)(3)	40,000.				PRIMARY HEALTH
(2) DIOCESE OF ALABAMA							
521 N. 20TH STREET	63-10288860	501(C)(3)	40,000.				DISASTER/EMERGENCY R
(3) DIOCESE OF BETHLEHEM							
333 WYANDOTTE AVENUE BETHLEHEM,, PA 18015	23-2365694	501(C)(3)	35,000.				DISASTER/EMERGENCY R
(4) DIOCESE OF CENTRAL GULF COAST							
201 NORTH BAYLEN STREET PENSACOLA, FL 32502	63-0590872	501(C)(3)	8,000.				DISASTER/EMERGENCY R
(5) DIOCESE OF INDIANAPOLIS							
1100 WEST 42ND ST. INDIANAPOLIS, IN 46208	35-0915468	501(C)(3)	31,500.				DISASTER/EMERGENCY R
(6) DIOCESE OF LONG ISLAND							
36 CATHEDRAL AVENUE GARDEN CITY, NY 11530	11-1969005	501(C)(3)	20,000.				DISASTER/EMERGENCY R
(7) DIOCESE OF LOUISIANA - OFFICE OF DISASTER R							
1623 SEVENTH STREET NEW ORLEANS, LA 70115	72-0475 542	501(C)(3)	115,512.				DISASTER/EMERGENCY R
(8) DIOCESE OF NEW JERSEY							
808 WEST STATE STREET TRENTON, NJ 08618	21-0634592	501(C)(3)	20,000.				DISASTER/EMERGENCY R
(9) DIOCESE OF NEW YORK							
1047 AMSTERDAM AVE. NEW YORK, NY 10025	13-3902908	501(C)(3)	20,000.				DISASTER/EMERGENCY R
(10) DIOCESE OF NORTH DAKOTA							
3600 25TH ST S FARGO, ND 58104	45-0232404	501(C)(3)	98,000.				DISASTER/EMERGENCY R
(11) DIOCESE OF TEXAS							
1225 TEXAS AVE. HOUSTON, TX 77002	74-1143 081	501(C)(3)	100,000.				DISASTER/EMERGENCY R
(12) DIOCESE OF VERMONT							
5 ROCK POINT RD BURLINGTON, VT 05408-2735	030212592	501(C)(3)	150,000.				DISASTER/EMERGENCY R
2 Enter total number of section 501(c)(3) and ge	overnment o	rganizations list	ed in the line 1 tabl	e			
3 Enter total number of other organizations liste							
For Paperwork Reduction Act Notice, see the Ins	tructions fo	r Form 990.				Sched	ule I (Form 990) (2012)

SCHEDULE I (Form 990)

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

2012 **Open to Public** Inspection

No

Employer identification number

73-1635264

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Name of the organization

Part I

EPISCOPAL RELIEF AND DEVELOPMENT

General Information on Grants and Assistance

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		
	the selection criteria used to award the grants or assistance?	X	Yes

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DIOCESE OF WESTERN MASSACHUSETTS							
37 CHESTNUT ST. SPRINGFIELD, MA 01103	04-2104154	501(C)(3)	5,230.				DISASTER/EMERGENCY R
(2) EL HOGAR PROJECTS							
PO BOX 025387 MIAMI, FL 33102	04-3580644	501(C)(3)	26,185.				FOOD SECURITY
(3) EL PORVENIR							
48 CLIFFORD TERRACE SAN FRANCISCO, CA 94117	68-0230597	501(C)(3)	95,820.				PRIMARY HEALTH
(4) EPISCOPAL COMMUNITY SERVICES OF LOUISIANA							
1623 SEVENTH STREET NEW ORLEANS, LA 70115	74-0475542	501(C)(3)	20,000.				DISASTER/EMERGENCY R
(5) INTERCHURCH MEDICAL ASSISTANCE INC							
500 MAIN ST. BLDG OLD MAIN	13-1937537	501(C)(3)	162,000.				PRIMARY HEALTH
(6) JERICHO ROAD EPISCOPAL HOUSING INITIATIVE							
1623 SEVENTH STREET NEW ORLEANS, LA 70115	20 8419 678	501(C)(3)	175,000.				REHABILITATION
_(7)	-						
	-						
	-						
(10)	-						
(11)	-						
(12)							
2 Enter total number of section 501(c)(3) and g	overnment o	I rganizations list	ed in the line 1 tabl	e		└ · · · · · · · · · ►	18.
3 Enter total number of other organizations liste							
For Paperwork Reduction Act Notice, see the Inst							ule I (Form 990) (2012)

Page **2**

Schedule I (Form 990) (2012)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
۱					
i					
art IV Supplemental Information. Complete t					
information. RANTS & ASSISTANCE TO ORGANIZATIONS,	, INDIVIDUA	LS, AND GOVE	CRNMENTS IN	U.S.	
	PORATION TAN ERSTANDS THA N. TO THAT TO PROVIDE 1 NG: FINANCI ING REPORTS	KES ITS GRAN AT THE CHARI END, EPISCO THE ORGANIZF IAL REPORTS, (INCLUDING	T MONITORIN TABLE EFFOF OPAL RELIEF ATION WITH A (E.G. ACTU A REVIEW OF	NG RTS AND A JAL	

SCHEDULE J		Compensation Informat	ion I a	MB No.	1545-0	047			
	m 990)	For certain Officers, Directors, Trustees, Key Employ		എ 1 7					
. ,		Compensated Employees ► Complete if the organization answered "Yes" to Form 990,							
	nent of the Treasury	Part IV, line 23.							
	Revenue Service of the organization	Attach to Form 990. F See separate instru	Employer identification			n			
	•	IEF AND DEVELOPMENT	73-16352		•				
Part	Questio	ns Regarding Compensation							
					Yes	No			
1a		propriate box(es) if the organization provided any of the followin	•						
	990, Part VII,	Section A, line 1a. Complete Part III to provide any relevant info	ormation regarding these items.						
			or residence for personal use						
			less use of personal residence						
			b dues or initiation fees						
	Discretio	onary spending account Personal services (e.g., maid, chauffeur, chef)						
b	or reimburse	boxes on line 1a are checked, did the organization follow a ment or provision of all of the expenses described above	e? If "No," complete Part III to						
	explain			1b					
2		nization require substantiation prior to reimbursing or allowing expenses incurred by all officers, tees, and the CEO/Executive Director, regarding the items checked in line 1a?							
	ullectors, trus	lees, and the CEO/Executive Director, regarding the items check		2					
3	Indicate which	, if any, of the following the filing organization used to establish	the compensation of the						
		CEO/Executive Director. Check all that apply. Do not check any	•						
	related organ	zation to establish compensation of the CEO/Executive Director	r, but explain in Part III.						
	Comper	sation committee Written employmer	nt contract						
	X Indepen	dent compensation consultant X Compensation surv	ey or study						
	Form 99	0 of other organizations X Approval by the boa	ard or compensation committee						
4	During the year	ar, did any person listed in Form 990, Part VII, Section A, line 1 or a related organization:	a, with respect to the filing						
а	Receive a sev	verance payment or change-of-control payment?		4a		X			
b	Participate in,	or receive payment from, a supplemental nonqualified retirement	nt plan?	4b		Х			
С		or receive payment from, an equity-based compensation arrange		4c		X			
	If "Yes" to an	y of lines 4a-c, list the persons and provide the applicable amo	ounts for each item in Part III.						
_	-	501(c)(3) and 501(c)(4) organizations must complete lines 5-9							
5	-	sted in Form 990, Part VII, Section A, line 1a, did the organizatio	on pay or accrue any						
_	•	contingent on the revenues of:		5-		v			
a ⊾	Any related or	on?		5a		X X			
a	If "Yes" to line	ganization? 9 5a or 5b, describe in Part III.		5b					
6		sted in Form 990, Part VII, Section A, line 1a, did the organization	on pay or accrue any						
Ŭ	•	contingent on the net earnings of:							
а	•			6a		X			
	a The organization?b Any related organization?			6b		X			
	If "Yes" to line	e 6a or 6b, describe in Part III.							
7		listed in Form 990, Part VII, Section A, line 1a, did the or							
		described in lines 5 and 6? If "Yes," describe in Part III		7		X			
8	Were any am	ounts reported in Form 990, Part VII, paid or accrued pursua	int to a contract that was subject						
		contract exception described in Regulations section 53.		•					
				8		X			
9		ne 8, did the organization also follow the rebuttable pres							
	Regulations s	ection 53.4958-6(c)?	<u> </u>	9					

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Page 2

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
DR. ROBERT W. RADTKE	(i)	231,083.	Q	791.	21,168.	26,606.	279,648.	
1 PRESIDENT	(ii)	0	d	0	d	0	(CC
MOST REV. KATH JEFFERT	'S (i)	0	0	0				
2 PRESIDING BISHOP & EX-OFFICIO	(ii)	272,551.	Q	0	65,706.	20,313.	358,570.	
N. KURT BARNES	(i)	0	00	00				
3 EX-OFFICIO BOARD MEMBER	(ii)	211,942.	0	0	19,075.	23,817.	254,834.	
ABAGAIL NELSON	(i)	179,660.	o0	00	15,069.	23,307.	218,036.	
4 SENIOR VICE PRESIDENT	(ii)	0	Q	0				
ESTHER COHEN	(i)	159,574.	o0	00	13,518.	1,551.	174,643.	
5 CHIEF OPERATING OFFICER	(ii)	0	0	0				
THE RT. REV. STACY SAU	^I (i)	0	0	0				
6 BOARD MEMBER	(ii)	217,086.	0	0	42,073.	35,538.	294,697.	
SHAUN WALSH	(i)	142,028.	0	0	7,028.	9,245.	158,301.	
7 SENIOR DIRECTOR	(ii)	0	0	0				
MALAIKA KAMUNANWIRE	(i)	125,341.	0	0	11,529.	15,159.	152,029.	
8 SENIOR DIRECTOR	(ii)	0	0	0				
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
<u>11</u>	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)		+					
15	(ii)							
	(i)		+					
16	(ii)							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Department of the Treasury Internal Revenue Service

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT

FORM 990, PART VI, LINE 11A

REVIEW PROCESS OF FORM 990

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. INITIALLY, THE FORM 990 IS REVIEWED BY THE CHIEF OPERATING OFFICER, THEN PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW AND COMMENT. THEREAFTER, A COPY OF THE DRAFT FORM 990 IS CIRCULATED ELECTRONICALLY TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER IS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12A

CONFLICT OF INTEREST POLICY

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

DETERMINATION AND REVIEW OF COMPENSATION

ALL SALARIES AT EPISCOPAL RELIEF & DEVELOPMENT ARE BASED ON MARKET-BASED SALARY SURVEYS CARRIED OUT BY AN INDEPENDENT HUMAN RESOURCE CONSULTANT, IN CONSULTATION WITH THE DEPARTMENT OF HUMAN RESOURCES 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.

FORM 990, PART VI, LINE 19

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

ALL OF EPISCOPAL RELIEF & DEVELOPMENT'S AUDITED FINANCIAL STATEMENTS, IRS FORM 990S, AND ANNUAL SUMMARIES ARE AVAILABLE ON THE ORGANIZATIONAL WEBSITE. FINANCIAL INFORMATION IS ALSO AVAILABLE THROUGH OTHER WEBSITES, SUCH AS GUIDE STAR. GOVERNANCE DOCUMENTS AND ORGANIZATIONAL POLICIES ARE AVAILABLE FROM OUR HEADQUARTERS UPON REQUEST.

ATTACHMENT 1

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

EPISCOPAL RELIEF & DEVELOPMENT IS A 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 TO HEAL A HURTING WORLD. WORKING WITH ANGLICAN AND ECUMENICAL PARTNERS, EPISCOPAL RELIEF & DEVELOPMENT IMPLEMENTS PROGRAMS IN PRIMARY HEALTH CARE, FOOD SECURITY AND EMERGENCY RELIEF AND REBUILDING. EPISCOPAL RELIEF & DEVELOPMENT FAITHFULLY ADMINISTERS THE FUNDS THAT ARE RECEIVED FROM THE CHURCH AND RAISED FROM OTHER SOURCES.

JSA 2E1228 1.000 EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number 73-1635264

ATTACHMENT 2

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

PRIMARY HEALTH CARE

THIS PROGRAM PROMOTES HEALTH AND FIGHTS DISEASE, ENSURING THAT CHILDREN AND FAMILIES LIVE HEALTHIER LIVES. GLOBALLY, THE ORGANIZATION IMPACTS 4.01 MILLION PEOPLE IN 30 COUNTRIES BY WORKING IN PARTNERSHIP WITH LOCAL COMMUNITIES TO PROVIDE ACCESS TO TREATMENT, MEDICATION, CLEAN WATER, SAFE ENVIRONMENTS, PREVENTION EDUCATION AND CARE FOR VULNERABLE PEOPLE SUCH AS MOTHERS AND THEIR CHILDREN. PRIMARY HEALTH CARE PROGRAMS CONSIST OF THE FOLLOWING: - TRAINING HEALTH WORKERS TO EDUCATE COMMUNITIES ABOUT DISEASE PREVENTION

- OFFERING MATERNAL AND CHILD HEALTH PROGRAMS AND CARING FOR CHILDREN ORPHANED BY HIV/AIDS

- PREVENTING DISEASES SUCH AS MALARIA THROUGH EDUCATION AND INTERVENTION (MALARIA PROGRAMMING IMPACTED 5.31 MILLION PEOPLE IN 17 COUNTRIES THROUGH THE NETSFORLIFE® PROGRAM PARTNERSHIP)

- PROVIDING MEDICATION AND IMMUNIZATIONS THROUGH LOCAL AND MOBILE CLINICS

- BUILDING CLEAN WATER AND SANITATION SYSTEMS, INCLUDING WELLS AND LATRINES

ATTACHMENT 3

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

EMERGENCY RELIEF AND REBUILDING

31937H 700J 10/28/2013 3:49:10 PM V 12-7F

Schedule O (Form 990 or 990-EZ) 2012

Employer identification number 73-1635264

ATTACHMENT 3 (CONT'D)

THIS PROGRAM SUPPORTS THE DISASTER RELIEF AND RECOVERY EFFORTS OF CHURCH AND ECUMENICAL PARTNERS WORLDWIDE. GLOBALLY, THE ORGANIZATION IMPACTS 765,850 PEOPLE IN 16 COUNTRIES BY PROVIDING ASSISTANCE TO LOCAL ORGANIZATIONS THAT ARE CARING FOR PEOPLE'S BASIC NEEDS FOLLOWING DISASTERS SUCH AS HURRICANES, EARTHQUAKES AND FLOODS, AND IN THE MIDST OF CRISES SUCH AS CIVIL CONFLICTS. IN THE UNITED STATES, THE ORGANIZATION IMPACTS 96,600 PEOPLE BY WORKING PRIMARILY THROUGH EPISCOPAL DIOCESES TO ASSIST WITH DISASTER PREPAREDNESS PLANNING, AND SUPPORTING LOCAL RELIEF AND RECOVERY ACTIVITIES. EMERGENCY RELIEF AND REBUILDING PROGRAMS CONSIST OF THE FOLLOWING:

- RESPONDING QUICKLY WITH CRITICAL ASSISTANCE

- REBUILDING/REPAIRING HOMES, SCHOOLS, CLINICS, AND OTHER CIVIC BUILDINGS

- PROMOTING SOCIAL AND ECONOMIC REHABILITATION THROUGH SMALL BUSINESS DEVELOPMENT AND INCOME-GENERATING OPPORTUNITIES

- OFFERING TRAUMA COUNSELING AND PSYCHOSOCIAL SERVICES FOR SURVIVORS

- TRAINING COMMUNITIES TO PREPARE FOR AND RESPOND TO DISASTERS

ATTACHMENT 4

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

FOOD SECURITY

Schedule O (Form 990 or 990-EZ) 2012	F
Name of the organization	Employer identification number
EPISCOPAL RELIEF AND DEVELOPMENT	73-1635264

ATTACHMENT 4 (CONT'D)

THIS PROGRAM WORKS TO ALLEVIATE HUNGER AND IMPROVE FOOD SUPPLY, IMPACTING 3.06 MILLION PEOPLE IN 26 COUNTRIES. BY ENSURING THAT PEOPLE HAVE THE TOOLS TO ACCESS AND MAINTAIN HEALTHY FOOD SOURCES, THE ORGANIZATION'S PROGRAMS MAKE SURE FAMILIES HAVE ENOUGH FOOD TO EAT ON A DAILY BASIS AND THAT FOOD SUPPLIES ARE AVAILABLE, AFFORDABLE AND ACCESSIBLE. THE FOOD SECURITY PROGRAM ALSO INCLUDES ACTIVITIES THAT CREATE ECONOMIC OPPORTUNITIES AND STRENGTHEN COMMUNITIES, IMPACTING 3.25 MILLION PEOPLE IN 31 COUNTRIES THROUGH MICRO-FINANCE AND VOCATIONAL TRAINING. FOOD SECURITY PROGRAMS CONSIST OF THE FOLLOWING:

- PROVIDING TOOLS, SEEDS, AND OTHER RESOURCES TO SUPPORT FAMILY

- DEVELOPING AND TEACHING SUSTAINABLE AND CONTEXT-APPROPRIATE FARMING TECHNIQUES

- DISTRIBUTING LIVESTOCK TO FAMILIES, BOOSTING THEIR ABILITY TO CULTIVATE THEIR LAND AND GENERATE INCOME FROM SELLING EGGS AND DAIRY

- SUPPORTING SUSTAINABLE AGRICULTURE AND SMALLHOLDER COOPERATIVES

FORM 990, PART VI, LINE 17 - STATES

AL, AZ, AR, CA, CT,

JSA 2E1228 1.000

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

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

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

ATTACHMENT 5

Schedule O (Form 990 or 990-EZ) 2012			
Name of the organization	Employer identification number		
EPISCOPAL RELIEF AND DEVELOPMENT	73-1635264		

ATTACHMENT 6

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
A.B. DATA DIRECT 600 A. B. DATA DRIVE MILWAUKEE, WI 53217	DIRECT MAILING	134,383.
BLUE FOUNTAIN MEDIA 102 MADISON AVENUE NEW YORK, NY 10016	WEBSITE DESIGN	128,450.

	EPISCOPAL RELIEF AND DE	VELOPMENT		73-163	5264			
SCHEDULE R (Form 990)	Related Org	anizations	and Unrela	ated Partne	erships		омв №. 1 夕М	545-0047 12
Department of the Treasu Internal Revenue Service	Larry ► Complete if the organi	zation answered "Y to Form 990.		Part IV, line 33, 34 parate instructions.	Open to Public Inspection			
Name of the organiza EPISCOPAL R	tion ELIEF AND DEVELOPMENT					Employer id 73-163	dentification 35264	number
Part I Iden	tification of Disregarded Entities (Complete if t	he organization a	answered "Yes	' to Form 990, F	Part IV, line 33.)			
	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile or foreign cou	(state Total income ntry)	(e) End-of-year assets	(f) Direct co ent	ontrolling
_(1)								
_(2)								
_(3)								
_(4)								
_(5)								
Part II Iden one	tification of Related Tax-Exempt Organizations or more related tax-exempt organizations during t	(Complete if the he tax year.)	e organization	answered "Yes"	to Form 990, Part I	V, line 34 because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicil or foreign co		(e) section Public charity state (if section 501(c)(-	Section s	(g) 512(b)(13) trolled titty?
AN DOMESTIC AND	D FOREIGN MISSIONARY 13-5562208						Yes	No
(1) 815 SECOND #	NEW YORK, NY 10017	RELIGIOUS	NY	501(C)(3) 01	N/A		x
_(2)		-						
(3)		_						
_(4)		_						
		-						<u> </u>
_(6)		-					1	<u> </u>
(7)							+	+

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

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

Page 2

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

because it had one or r	nore related orga	nizations	s treated as a pa	artnersnip during the	e 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	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	j) eral or aging mer?	(k) Percentage ownership
		occurrently)		,			Yes	No		Yes	No	
<u>(1)</u>												
(2)	-											
(3)	-											
<u>(4)</u>	-											
(5)	-											
(6)	-											
_(7)	-											

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

			<u> </u>					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(C corp, S corp, or	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage	(i Sec 512(b contr	i) tion b)(13)
		country)	trust)			ownership	Yes	tity?
(1)					-			
(2)								
(3)								
(4)								
(5)								
(6)					-			
(7)								
		1	1			I		

Schedule R (Form 990) 2012

EPISCOPAL	RELIEF	AND	DEVELOPMENT
		11110	

Schedule R (Form 990) 2012

Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes I
	During the tax year, did the organization engage in any of the following transactions with one or mo					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	
b	Gift, grant, or capital contribution to related organization(s)				1b	
С	Gift, grant, or capital contribution from related organization(s)				1c	Х
d	Loans or loan guarantees to or for related organization(s)				1d	
е	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)				1g	
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
i	Lease of facilities, equipment, or other assets to related organization(s)				1j	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
I.	Performance of services or membership or fundraising solicitations for related organization(s)				11	
m	Performance of services or membership or fundraising solicitations by related organization(s)		• • • • • • • • • • • • • • • • • • • •	• • • • •	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		• • • • • • • • • • • • • • • • • • • •	• • • • •	1n	X
0	Sharing of paid employees with related organization(s)		• • • • • • • • • • • • • • • • • • • •	• • • • •	10	X
•	channy of paid employees with related organization(3)				10	
					1n	
р	Reimbursement paid to related organization(s) for expenses				1p	
р					1p 1q	
p q	Reimbursement paid to related organization(s) for expenses				1q	
p q r	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s)				1q 1r	
p q r s	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	 	1q 1r 1s	
p q r s	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	 	1q 1r 1s	
) 5	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	te this line, including cov (b) Transaction	vered relationships and transa	action thres	1q 1r 1s holds (d)	3.
) 5	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complet (a)	te this line, including cov	/ered relationships and transa	action thres	1q 1r 1s holds (d)	3.
D 1	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complet (a)	te this line, including cov (b) Transaction	/ered relationships and transa	action thres	1q 1r 1s holds (d)	3.
p q r s)	Reimbursement paid to related organization(s) for expenses	te this line, including cov (b) Transaction type (a-s) C	/ered relationships and transa (c) Amount involved 260,480.	action thres Method c amoun	1q 1r 1s holds (d)	3.
p q r <u>s</u> 1) 2)	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complet (a) Name of other organization	te this line, including cov (b) Transaction type (a-s)	rered relationships and transa (c) Amount involved	Action thres Method c amount COST	1q 1r 1s holds (d)	3.
p q r <u>s</u> 1) 2)	Reimbursement paid to related organization(s) for expenses	te this line, including cov (b) Transaction type (a-s) C	/ered relationships and transa (c) Amount involved 260,480.	Action thres Method c amount COST	1q 1r 1s holds (d)	3.
p q r s	Reimbursement paid to related organization(s) for expenses	te this line, including cov (b) Transaction type (a-s) C	/ered relationships and transa (c) Amount involved 260,480.	Action thres Method c amount COST	1q 1r 1s holds (d)	3.
p q r <u>s</u> 1) 2) 3)	Reimbursement paid to related organization(s) for expenses	te this line, including cov (b) Transaction type (a-s) C	/ered relationships and transa (c) Amount involved 260,480.	Action thres Method c amount COST	1q 1r 1s holds (d)	3.
p q r <u>s</u> 1) 2) 3)	Reimbursement paid to related organization(s) for expenses	te this line, including cov (b) Transaction type (a-s) C	/ered relationships and transa (c) Amount involved 260,480.	Action thres Method c amount COST	1q 1r 1s holds (d)	3.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	sec 501(e) partners tion (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or aging tner?	(k) Percentage ownership
			section 512-514)	Yes	No		Yes	No		Yes	No		
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2012

Page 5

Schedule R	(Form 990)	2012

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