

Return of Organization Exempt From Income Tax

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

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2005** calendar year, or tax year beginning **7/1/2005**, 2005, and ending **6/30/2006**, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE	D Employer identification number 13 : 1685039
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 151 Ellis St NE	E Telephone number (404) 681-2552
		City or town, state or country, and ZIP + 4 Atlanta, GA 30303-2440	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

G Website: ▶ www.care.org

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **784,867,000**

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check ▶ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	111,254,000		
	b Indirect public support	1b	138,352,000		
	c Government contributions (grants)	1c	396,281,000		
	d Total (add lines 1a through 1c) (cash \$ 559,497,000 noncash \$ 86,390,000)	1d			645,887,000
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			0
	3 Membership dues and assessments	3			0
	4 Interest on savings and temporary cash investments	4			397,000
	5 Dividends and interest from securities	5			4,015,000
	6a Gross rents	6a	393,000		
	b Less: rental expenses	6b	0		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			393,000
7 Other investment income (describe ▶)	7			0	
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		129,385,000	8a	0	
	b Less: cost or other basis and sales expenses	129,037,000	8b	0	
		c Gain or (loss) (attach schedule) Stmt 1	348,000	8c	0
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			348,000
	9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>				See Statement 2
	a Gross revenue (not including \$ 926,000 of contributions reported on line 1a)	9a	119,000		
		b Less: direct expenses other than fundraising expenses	9b	486,000	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			-367,000	
10a Gross sales of inventory, less returns and allowances	10a	0			
	b Less: cost of goods sold	10b	0		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			0	
11 Other revenue (from Part VII, line 103)	11			4,671,000	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			655,344,000	
Expenses	13 Program services (from line 44, column (B))	13			589,604,000
	14 Management and general (from line 44, column (C))	14			30,121,000
	15 Fundraising (from line 44, column (D))	15			23,536,000
	16 Payments to affiliates (attach schedule) See Statement 3	16			1,876,000
	17 Total expenses (add lines 16 and 44, column (A))	17			645,137,000
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			10,207,000
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			314,114,000
	20 Other changes in net assets or fund balances (attach explanation) Stmt 4	20			2,948,000
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			327,269,000

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc.	1,678,000	216,000	1,238,000	224,000
26	Other salaries and wages	112,754,000	95,119,000	12,236,000	5,399,000
27	Pension plan contributions	6,049,000	4,822,000	872,000	355,000
28	Other employee benefits	40,965,000	37,915,000	1,981,000	1,069,000
29	Payroll taxes	5,700,000	4,313,000	957,000	430,000
30	Professional fundraising fees	1,882,000	0	0	1,882,000
31	Accounting fees	1,619,000	1,039,000	580,000	0
32	Legal fees	448,000	366,000	54,000	28,000
33	Supplies	123,971,000	122,065,000	1,759,000	147,000
34	Telephone	5,232,000	4,844,000	286,000	102,000
35	Postage and shipping	10,947,000	569,000	100,000	10,278,000
36	Occupancy	12,463,000	10,872,000	1,219,000	372,000
37	Equipment rental and maintenance	12,237,000	10,586,000	1,421,000	230,000
38	Printing and publications	4,313,000	2,498,000	1,356,000	459,000
39	Travel	43,493,000	41,291,000	1,636,000	566,000
40	Conferences, conventions, and meetings	0	0	0	0
41	Interest	3,979,000	3,979,000	0	0
42	Depreciation, depletion, etc. (attach schedule)	2,214,000	345,000	1,869,000	0
43	Other expenses not covered above (itemize):				
a	See Statement 7	253,317,000	248,765,000	2,557,000	1,995,000
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	643,261,000	589,604,000	30,121,000	23,536,000

Stmt 5

Stmt 6

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► International Relief and Development	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>See Statement 8</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►	589,604,000

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	88,028,000	45	106,510,000
	46 Savings and temporary cash investments	16,520,000	46	11,898,000
	47a Accounts receivable	45,775,000		
	b Less: allowance for doubtful accounts	1,702,000	47c	44,073,000
	48a Pledges receivable	849,000		
	b Less: allowance for doubtful accounts	59,000	48c	790,000
	49 Grants receivable	47,105,000	49	65,454,000
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51a Other notes and loans receivable (attach schedule) See Statement 9	58,649,000		
	b Less: allowance for doubtful accounts	0	51c	58,649,000
	52 Inventories for sale or use	4,767,000	52	10,394,000
	53 Prepaid expenses and deferred charges	2,712,000	53	2,315,000
	54 Investments—securities (attach schedule) Stmt 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	195,361,000	54	200,548,000
	55a Investments—land, buildings, and equipment: basis	0		
b Less: accumulated depreciation (attach schedule)	0	55c	0	
56 Investments—other (attach schedule)	0	56	0	
57a Land, buildings, and equipment: basis	21,770,000			
b Less: accumulated depreciation (attach schedule) Stmt 11	16,023,000	57c	5,747,000	
58 Other assets (describe See Statement 12)	122,175,000	58	124,807,000	
59 Total assets (must equal line 74). Add lines 45 through 58.	573,846,000	59	631,185,000	
Liabilities	60 Accounts payable and accrued expenses	67,932,000	60	83,543,000
	61 Grants payable	0	61	0
	62 Deferred revenue	130,304,000	62	141,702,000
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe See Statement 13)	61,496,000	65	78,671,000
66 Total liabilities. Add lines 60 through 65	259,732,000	66	303,916,000	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	79,899,000	67	83,539,000
	68 Temporarily restricted	110,160,000	68	115,644,000
	69 Permanently restricted	124,055,000	69	128,086,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	314,114,000	73	327,269,000	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	573,846,000	74	631,185,000	

Part VI Other Information <i>(continued)</i>		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<input checked="" type="checkbox"/>	<input type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed ▶ AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,IL,KS,KY,LA,ME,MD,MA,MI		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	470
91a	The books are in care of ▶ Joseph Iarocci Telephone no. ▶ 404-681-2552 Located at ▶ 151 Ellis Street, Atlanta, GA ZIP + 4 ▶ 30303		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See Statement 20 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ See Statement 21	<input checked="" type="checkbox"/>	<input type="checkbox"/>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	397,000	
96 Dividends and interest from securities			14	4,015,000	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	393,000	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	348,000	
101 Net income or (loss) from special events			01	-367,000	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a <u>Country office misc income</u>			01	2,799,000	
b <u>Program rental income</u>			01	828,000	
c <u>List rental</u>			13	552,000	
d <u>Sale of goods/assets</u>	453220	3,000	01	421,000	
e <u>Royalties</u>			15	68,000	
104 Subtotal (add columns (B), (D), and (E))		3,000		9,454,000	\$0
105 Total (add line 104, columns (B), (D), and (E))					9,457,000

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
<u>See Statement 22</u>	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: Ann P Jones, Director, Finance Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. W): _____

EIN: _____ Phone no.: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE	Employer identification number 13 1685039
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Milovan Stanojevich 151 Ellis St NE, Atlanta, GA 30303-2440, US	Country Director 40	132,679	21,751	59,817
Jumbe Sebunya 151 Ellis St NE, Atlanta, GA 30303-2440, US	Country Director 40	118,346	20,322	63,171
Steven Hollingworth 151 Ellis St NE, Atlanta, GA 30303-2440, US	Country Director 40	115,329	20,666	138,324
Mustaque Ahmed 151 Ellis St NE, Atlanta, GA 30303-2440, US	Ast Country Director 40	111,148	16,667	76,570
Daniel Sinnathamby 151 Ellis St NE, Atlanta, GA 30303-2440, US	Ast Country Director 40	80,072	16,712	128,028
Total number of other employees paid over \$50,000 ▶	506			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MerkleDomain 701 Pike Street Suite 700, Seattle, WA 98101, US	Fundraising	1,338,000
PricewaterhouseCoopers LLP 1800 Tysons Boulevard, McLean, VA 22102, US	Auditing	417,000
Public Interest Data Inc 1800 Diagonal Road, Alexandria, VA 22314, US	Fundraising	316,000
Accenture UK Ltd 60 Queen Victoria Street, London, England EC4N 4TW, UK	IT Consulting	213,000
Intellinet 2 Concourse Parkway, Atlanta, GA 30328, US	IT Consulting	208,000
Total number of others receiving over \$50,000 for professional services ▶	19	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>173640</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	✓	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
e Transfer of any part of its income or assets?		✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		✓
b Do you have a section 403(b) annuity plan for your employees?		✓
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3
Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	597,933,000	596,300,000	501,749,000	431,166,000	2,127,148,000
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,972,000	2,633,000	1,741,000	3,156,000	10,502,000
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	600,905,000	598,933,000	503,490,000	434,322,000	2,137,650,000
24 Line 23 minus line 17	600,905,000	598,933,000	503,490,000	434,322,000	2,137,650,000
25 Enter 1% of line 23	6,009,050	5,989,330	5,034,900	4,343,220	

Stmt 24

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	42,753,000
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	26b	0
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	2,137,650,000
d Add: Amounts from column (e) for lines: 18 <u>10,502,000</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u> ▶	26d	10,502,000
e Public support (line 26c minus line 26d total) ▶	26e	2,127,148,000
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	100 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	27c	
d Add: Line 27a total, _____ and line 27b total ▶	27d	
e Public support (line 27c total minus line 27d total) ▶	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . ▶	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40	41	
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000. \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000. \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	✓		
b Paid staff or management (Include compensation in expenses reported on lines c through h).	✓		
c Media advertisements.	✓		0
d Mailings to members, legislators, or the public	✓		15,300
e Publications, or published or broadcast statements	✓		9,900
f Grants to other organizations for lobbying purposes	✓		15,000
g Direct contact with legislators, their staffs, government officials, or a legislative body.	✓		86,637
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	✓		46,803
i Total lobbying expenditures (Add lines c through h).			173,640
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			Stmt 25

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2005, or tax year beginning 7/1/2005 and ending 6/30/2006

2005

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE

Employer identification number

13 | 1685039

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b whichever is applicable, blank (i.e. do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, line 12)	1b	<u>\$655,344,000</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(s).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here  Signature of officer

2/8/2007 Date

Ann P Jones, Director, Finance Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in **Publication 4206**, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN : _____ Phone no. () _____

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code			EIN : _____ Phone no. () _____

Statement 1

Form: 990

Page: 1

Part: I

Question: 8

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE

13-1685039

Sales of Assets Other than Inventory

Publicly Traded Securities

Description:

Sold To:

Sales Price: \$129,385,000.00

Date Sold:

Expense of Sale: \$0.00

Date acquired:

Cost or value when acquired: \$129,037,000.00

How acquired:

Depreciation since acquisition: \$0.00

Net Sale: **\$348,000.00**

Statement 2

Form: 990

Page: 1

Part: I

Question: 9

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE**13-1685039****Schedule of Special Events**

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
CARE Anniversary Ball & Dinner	\$923,000.00	\$833,000.00	\$90,000.00	\$310,000.00	-\$220,000.00
International Womens Day-SF	\$50,000.00	\$42,000.00	\$8,000.00	\$74,000.00	-\$66,000.00
CARE Board UN Dinner	\$41,000.00	\$27,000.00	\$14,000.00	\$32,000.00	-\$18,000.00
Other	\$31,000.00	\$24,000.00	\$7,000.00	\$70,000.00	-\$63,000.00
Total:	\$1,045,000.00	\$926,000.00	\$119,000.00	\$486,000.00	-\$367,000.00

Statement 3

Form: 990

Page: 1

Part: I

Question: 16

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE**13-1685039****Payments to affiliates**

Affiliate	Purpose	Amount
CARE Canada 9 Gurdwara Road Suite 200 Ottawa, Ontario K2E 7X6 Canada	Operating	\$165,000.00
CARE International Secretariat 7-9 Chemin de Balexert Chatelaine, Geneva - Switzerland	Operating	\$91,000.00
CARE Japan Sinya Bldg 2F Zoushigaya 2-3-2 Toshimaku, Tokyo 171-0032 Japan	Operating	\$250,000.00
CARE United Kingdom 10-13 Rushworth Street London, - SE 0RB United Kingdom (England, N. Ireland, Scotland, and	Operating	\$173,000.00
CARE Australia 218 Northbourne Ave Canberra, ACT 2601 Australia	Operating	\$49,000.00
CARE France 13 rue Georges Auric Paris, Cendex 19 75922 France	Operating	\$451,000.00
CARE Danmark Noerrebrogade 68B Postboks , Copenhagen N DK-2200 Denmark	Operating	\$697,000.00

Statement 4

Form: 990

Page: 1

Part: I

Question: 20

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE**13-1685039****Other changes in Net Assets or Fund Balances**

Explanation	Amount
Foreign exchange gains	\$873,000.00
Interest and dividends on gift annuity investments	\$1,085,000.00
Actuarial loss on annuity obligations	-\$1,342,000.00
Increase in trust held by third party	\$1,827,000.00
Minority interest in subsidiary loss	-\$605,000.00
Unrealized gain on investments	\$1,107,000.00
Actuarial gain on split interest agreements	\$3,000.00
Total:	\$2,948,000.00

Statement 5

Form: 990

Page: 2

Part: II

Question: 25

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE**13-1685039****Compensation Detail**

Description	Total:	Pgm Services	Mgt and General	Fundraising
Helene D Gayle				
Compensation	\$87,000.00	\$0.00	\$87,000.00	\$0.00
Benefits	\$2,000.00	\$0.00	\$2,000.00	\$0.00
Expenses	\$149,000.00	\$0.00	\$149,000.00	\$0.00
Total	\$238,000.00	\$0.00	\$238,000.00	\$0.00
Susan Farnsworth				
Compensation	\$195,000.00	\$195,000.00	\$0.00	\$0.00
Benefits	\$21,000.00	\$21,000.00	\$0.00	\$0.00
Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$216,000.00	\$216,000.00	\$0.00	\$0.00
Patrick Solomon				
Compensation	\$166,000.00	\$0.00	\$166,000.00	\$0.00
Benefits	\$25,000.00	\$0.00	\$25,000.00	\$0.00
Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$191,000.00	\$0.00	\$191,000.00	\$0.00
Peter D Bell				
Compensation	\$290,000.00	\$0.00	\$290,000.00	\$0.00
Benefits	\$19,000.00	\$0.00	\$19,000.00	\$0.00
Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$309,000.00	\$0.00	\$309,000.00	\$0.00
Debra Neuman				
Compensation	\$197,000.00	\$0.00	\$0.00	\$197,000.00
Benefits	\$27,000.00	\$0.00	\$0.00	\$27,000.00
Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$224,000.00	\$0.00	\$0.00	\$224,000.00
Joseph Iarocci				
Compensation	\$175,000.00	\$0.00	\$175,000.00	\$0.00
Benefits	\$25,000.00	\$0.00	\$25,000.00	\$0.00
Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$200,000.00	\$0.00	\$200,000.00	\$0.00
Anne Goddard				
Compensation	\$150,000.00	\$0.00	\$150,000.00	\$0.00
Benefits	\$23,000.00	\$0.00	\$23,000.00	\$0.00
Expenses	\$30,000.00	\$0.00	\$30,000.00	\$0.00
Total	\$203,000.00	\$0.00	\$203,000.00	\$0.00
Carol Anderson				
Compensation	\$86,000.00	\$0.00	\$86,000.00	\$0.00
Benefits	\$11,000.00	\$0.00	\$11,000.00	\$0.00
Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$97,000.00	\$0.00	\$97,000.00	\$0.00
Total:	\$1,678,000.00	\$216,000.00	\$1,238,000.00	\$224,000.00

Statement 6

Form: 990

Page: 2

Part: II

Question: 42

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE

13-1685039

Depreciation and Depletion

Asset	Current Deprec.
Leasehold Imp	\$31,000.00
Equip & Softwar	\$1,091,000.00
Buildings & Imp	\$1,092,000.00
Total	\$2,214,000.00

Statement 7

Form: 990

Page: 2

Part: II

Question: 43

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE**13-1685039****Attachment listing other expenses for Part II**

Description	Total:	Pgm Services	Mgt and General	Fundraising
Miscellaneous	\$24,257,000.00	\$22,946,000.00	\$519,000.00	\$792,000.00
Agricultural Commodities	\$82,138,000.00	\$82,138,000.00	\$0.00	\$0.00
Contributions In Kind	\$2,714,000.00	\$2,482,000.00	\$180,000.00	\$52,000.00
Grants/Subgrants	\$117,076,000.00	\$117,067,000.00	\$9,000.00	\$0.00
Consultants (not included above)	\$20,388,000.00	\$17,398,000.00	\$1,839,000.00	\$1,151,000.00
Vehicle Purchases	\$6,744,000.00	\$6,734,000.00	\$10,000.00	\$0.00
Total:	\$253,317,000.00	\$248,765,000.00	\$2,557,000.00	\$1,995,000.00

Statement 8

Form: 990

Page: 3

Part: III

Question:

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE**13-1685039****Program Services**

Achievement	Pgm. Svc. Exp.
International Development Programs: CAREs work crosses many sectors in 66 countries throughout the world to make lives better for those living in poverty. Some of the broad sectors in which program work is carried out include: agriculture and natural resources; education; health; water and sanitation; and microcredit. This work reached approximately 55 million people through 901 projects in fiscal year 2006. (55000000 Beneficiaries)	\$589,604,000.0
Grants and Allocations:	\$0.00 This amount includes foreign grants:
	Total: \$589,604,000.00

Statement 9

Form: 990

Page: 4

Part: IV

Question: 51C

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE

13-1685039

Schedule of Other Notes and Loans Receivable

Borrower's Name: Microcredit loans rec
Borrower's Title:
Original Amount: \$58,649,000.00
Balance Due: \$58,649,000.00
Date of Note:
Maturity Date:
Repayment Terms:
Interest Rate:
Security Provided by Borrower:
Purpose of Loan:
Description of Consideration:
FMV of Consideration:
Relationship of Borrower/Lender:

Total Due: \$58,649,000.00

Statement 10

Form: 990

Page: 4

Part: IV

Question: 54

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE**13-1685039****Investments - Securities**

Security	Valuation Type	Amount
Marketable equity securities	FMV	\$52,120,000.00
Marketable debt securities	FMV	\$23,582,000.00
Money market funds	FMV	\$13,421,000.00
U.S. treasury obligations	FMV	\$60,918,000.00
Mutual funds	FMV	\$44,097,000.00
Overseas investments	FMV	\$6,410,000.00
Total:		\$200,548,000.00

Statement 11

Form: 990

Page: 4

Part: IV

Question: 57

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE

13-1685039

Schedule of Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Buildings & Improvements	\$8,684,000.00	\$7,371,000.00	\$1,313,000.00
Land	\$1,342,000.00	\$0.00	\$1,342,000.00
Leasehold Improvements	\$479,000.00	\$317,000.00	\$162,000.00
Work in Progress	\$20,000.00	\$0.00	\$20,000.00
Equipment & Software	\$11,245,000.00	\$8,335,000.00	\$2,910,000.00
Total:	\$21,770,000.00	\$16,023,000.00	\$5,747,000.00

Statement 12

Form: 990

Page: 4

Part: IV

Question: 58

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE**13-1685039****Other Assets**

Asset Description	BOY Amount	EOY Amount
Deposits	\$978,000.00	\$854,000.00
Other Assets	\$10,061,000.00	\$10,990,000.00
Perpetual trust held by third party	\$111,136,000.00	\$112,963,000.00
Total:	\$122,175,000.00	\$124,807,000.00

Statement 13

Form: 990

Page: 4

Part: IV

Question: 65

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE**13-1685039****Other Liabilities**

Liability Description	BOY Amount	EOY Amount
Minority Interest in Subsidiary	\$1,633,000.00	\$1,736,000.00
Benefits accrued overseas national staff	\$15,992,000.00	\$17,244,000.00
Subsidiary Loans Payable	\$43,871,000.00	\$59,691,000.00
Total:	\$61,496,000.00	\$78,671,000.00

Statement 14

Form: 990

Page: 5

Part: IV-A

Question: b(4)

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE

13-1685039

Revenue Audit Line b(4)

Description	Amount
Special event expense treated as contra-revenue on 990, but as expense on financial statements	\$486,000.00
Total:	\$486,000.00

Statement 15

Form: 990

Page: 5

Part: IV-A

Question: d(2)

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE

13-1685039

Revenue Audit Line d(2)

Description	Amount
Realized gain on investment treated as revenue on 990, but as "Other change" on financial statements	\$348,000.00
Total:	\$348,000.00

Statement 16

Form: 990

Page: 5

Part: IV-B

Question: b(4)

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE

13-1685039

Expense Audit Line b(4)

Description	Amount
Special event expense treated as contra-revenue on 990, but as expense on financial statements	\$486,000.00
Total:	\$486,000.00

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Part: V

Question:

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE**13-1685039****Officers, Directors, Trustees, and Key Employees**

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Helene D Gayle 151 Ellis St NE Atlanta, GA 30303-2440 United States Compensation Explanation: Dr. Gayle joined CARE as President and CEO in April, 2006. Dr. Gayle's other allowances were for moving expenses.	President and CEO	40	\$86,538.00	\$1,809.00	\$149,667.00
Peter D Bell 151 Ellis St NE Atlanta, GA 30303-2440 United States Compensation Explanation: Mr. Bell stepped down from his position as President and CEO in April, 2006.	President and CEO	40	\$290,083.00	\$18,834.00	\$0.00
Susan Farnsworth 151 Ellis St NE Atlanta, GA 30303-2440 United States	Sr VP-Program	40	\$194,677.00	\$20,993.00	\$0.00
Debra Neuman 151 Ellis St NE Atlanta, GA 30303-2440 United States	Sr VP-External Relat	40	\$196,829.00	\$27,420.00	\$0.00
Joseph Iarocci 151 Ellis St NE Atlanta, GA 30303-2440 United States	Sr VP and CFO	40	\$175,382.00	\$25,493.00	\$0.00
Anne Goddard 151 Ellis St NE Atlanta, GA 30303-2440 United States Compensation Explanation: Ms. Goddard's other allowance includes moving expenses and education and quarter allowances she received in her prior position as Egypt Country Director.	Chief of Staff	40	\$150,000.00	\$23,205.00	\$29,983.00
Carol Andersen 151 Ellis St NE Atlanta, GA 30303-2440 United States	Secretary	40	\$86,420.00	\$11,299.00	\$0.00
Patrick Solomon 151 Ellis St NE Atlanta, GA 30303-2440 United States	Sr VP-HR	40	\$166,561.00	\$24,668.00	\$0.00
Lincoln C Chen 151 Ellis Street Atlanta, GA 30303 United States	Chair	3	\$0.00	\$0.00	\$0.00

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
W Bowman Cutter III 151 Ellis Street Atlanta, GA 30303 United States	Vice Chair	3	\$0.00	\$0.00	\$0.00
John P Morgridge 151 Ellis Street Atlanta, GA 30303 United States	Vice Chair	3	\$0.00	\$0.00	\$0.00
Bruce C Tully 151 Ellis Street Atlanta, GA 30303 United States	Vice Chair	3	\$0.00	\$0.00	\$0.00
Dean C Kehler 151 Ellis Street Atlanta, GA 30303 United States	Treasurer	3	\$0.00	\$0.00	\$0.00
Philip Johnston 151 Ellis Street Atlanta, GA 30303 United States	President Emeritus	3	\$0.00	\$0.00	\$0.00
Richard J Almeida 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
Kwesi Botchwey 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
Kathryn Christensen 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
Joan B Dunlop 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
Katharin S Dyer 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
Maria Echaveste 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Lynn Walker Huntley 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
Kenneth Lehman 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
Paul G Matsen 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
Cindy Hensley McCain 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
Doris Meissner 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
Afaf I Meleis 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
Nachiket Mor 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
David M Olsen 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
Virginia Sall 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
William D Unger 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
Monica Vachher 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Alan Wheat 151 Ellis Street Atlanta, GA 30303 United States	Director	3	\$0.00	\$0.00	\$0.00
TOTALS			\$1,346,490.00	\$153,721.00	\$179,650.00

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Part: V-B

Question:

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE**13-1685039****Former Officers, Directors, Trustees, and Key Employees**

Name and Address	Loans and Advances	Comp.	Benefits	Expenses
Peter Bell President Emeritus 151 Ellis St NE Atlanta, GA 30303-2440 United States	\$0.00	\$84,231.00	\$9,509.00	\$0.00
Marilyn Grist Consulting 151 Ellis St NE Atlanta, GA 30303-2440 United States	\$0.00	\$32,200.00	\$0.00	\$0.00
TOTALS	\$0.00	\$116,431.00	\$9,509.00	\$0.00

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Question: 80 b

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE

13-1685039

Related Organizations

Description	Exempt
CARE International	Yes
Microvest	No

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Part: VI

Question: 91b

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE

13-1685039

Foreign Accounts

Foreign Account List

Afghanistan
Angola
Bangladesh
Benin
Bolivia
Bosnia-Herzegovina
Burundi
Congo (Democratic Republic)
Cote D'Ivoire (Ivory Coast)
Croatia
Ecuador
Egypt
El Salvador
Eritrea
Ethiopia
Georgia
Ghana
Guatemala
Haiti
Honduras
India
Israel
Kenya
Lesotho
Macedonia
Madagascar
Malawi
Mali
Mozambique
Nepal
Nicaragua
Niger
Pakistan
Peru
Philippines
Rwanda
Sierra Leone
Somalia
South Africa
Sri Lanka
Sudan
Tajikistan
Tanzania
Thailand
Togo
Uganda
United Kingdom (England, N. Ireland, Scotland, and Wales)
West Bank

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Form: 990

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Part: VI

Question: 91c

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE

13-1685039

Foreign Offices

Foreign Office List

Afghanistan
Albania
Angola
Bangladesh
Benin
Bolivia
Bosnia-Herzegovina
Burundi
Congo (Democratic Republic)
Cote D'Ivoire (Ivory Coast)
Croatia
Ecuador
Egypt
El Salvador
Eritrea
Ethiopia
Georgia
Ghana
Guatemala
Haiti
Honduras
India
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mozambique
Nepal
Nicaragua
Niger
Pakistan
Peru
Philippines
Rwanda
Sierra Leone
Somalia
South Africa
Sri Lanka
Sudan
Tajikistan
Tanzania
Togo
Uganda
West Bank

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Part: IX

Question:

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE**13-1685039****Taxable Subsidiaries**

Name and Address	EIN	Pct	Income	Assets
Edyficar Av General Crdova 591 Santa Cruz Lima, - - Peru	00-0000000	84.00 %	\$20,423,000.00	\$76,534,000.00
Nature of Bus. Activities	Micro-finance institution			

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Form: 990

Page: None

Part: None

Question: None

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE

13-1685039

Reasonable Cause Explanation

Reasonable Cause Explanation

The delay in filing is due to extended time it took to complete the external audit. A form 8868 request for extension was filed and accepted by the IRS on October 20, 2006.

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COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE
13-1685039

Other Income

Description	2004	2003	2002	2001
Total:				

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Question:

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE
13-1685039

Description of Lobbying Activity

Explanation of Lobbying Activities

CARE engages in lobbying activities that assists the organization in carrying out its mission of fighting global poverty. CARE educated lawmakers and the public on several key international relief and development issues during CARE's 2005 tax year, including conducting the following: (1) Participating in direct meetings and phone calls with members and/or staff of Congress and the President's administration (and their equivalents overseas). (2) Writing letters to members of Congress, the President, and members of his administration (and their equivalents overseas). (3) Informing CARE supporters by email and on CARE's website about pending legislation dealing with international issues, and encouraging them to contact their legislators. (4) Hosting an annual advocacy conference, during which CARE supporters were, among other things, briefed about and later conducted lobbying activities with members and/or staff of Congress. Legislation and issues that CARE's lobbying activities focused on included the following: Child Survival and Health, Development Assistance, International Disaster and Famine Assistance, Migration and Refugee Assistance, Emergency Migration and Refugee Assistance, Peacekeeping Operations, HIV/AIDS and President's Emergency Plan for AIDS Relief (PEPFAR), Millennium Challenge Corporation, P.L. 480 Title II (Food Aid). The total expenditures relating to lobbying were \$173,640.