

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.** EIN or SSN **13-1685039**

Name and title of officer or person subject to tax **RANIL DE SILVA CFO**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (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 one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	891,637,122.
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 V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_ (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **WARREN AVERETT, LLC** to enter my PIN **35243**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **12/28/23**

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**63633435243**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date **12/19/23**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2022**

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>151 ELLIS STREET NE</b> City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30303-2440</b> <b>F</b> Name and address of principal officer: <b>MICHELLE NUNN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>** - ***5039</b>  <b>E</b> Telephone number <b>(404) 681-2552</b>  <b>G</b> Gross receipts \$ <b>1,042,915,308.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.CARE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1945</b> <b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>CARE USA WORKS AROUND THE GLOBE TO SAVE LIVES, DEFEAT POVERTY, AND ACHIEVE SOCIAL JUSTICE.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>529</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>24</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>878,372,633.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,112,360.</b>	<b>-3,293,586.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>5,616,297.</b>	<b>8,537,228.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>886,101,290.</b>	<b>891,637,122.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>214,507,518.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>240,598,184.</b>	<b>258,324,055.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>14,729,823.</b>	<b>5,296,965.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>46,955,774.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>345,632,272.</b>	<b>458,810,247.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>815,467,797.</b>	<b>929,435,797.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>70,633,493.</b>	<b>-37,798,675.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>618,065,836.</b>	<b>625,911,559.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>188,961,533.</b>	<b>226,339,874.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>429,104,303.</b>	<b>399,571,685.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>RANIL DE SILVA, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MEGAN RANDOLPH</b>	Preparer's signature
	Firm's name <b>WARREN AVERETT, LLC</b>	Date <b>01/04/24</b>
	Firm's address <b>2500 ACTON ROAD BIRMINGHAM, AL 35243</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00989558</b>
		Firm's EIN <b>** - ***4437</b>
		Phone no. <b>205-979-4100</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:  
**THE COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC. (CARE USA) IS AN INTERNATIONAL HUMANITARIAN ORGANIZATION DELIVERING EMERGENCY RELIEF AND LONG-TERM INTERNATIONAL DEVELOPMENT PROGRAMS. CARE USA'S MISSION IS TO WORK AROUND THE GLOBE TO SAVE LIVES, DEFEAT POVERTY, AND**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 382,838,119. including grants of \$ 96,767,130.) (Revenue \$ \_\_\_\_\_)  
**DEVELOPMENT:**

**CARE USA WORKS WITH PARTNERS TO PROVIDE INNOVATIVE SOLUTIONS FOR SUSTAINABLE DEVELOPMENT THROUGH SUPPORTING NEW WAYS OF SUPPLYING OR STRENGTHENING ESSENTIAL SERVICE DELIVERY, BUILDING CAPACITY, BUILDING RESILIENCE FOR REDUCING RISK, AND EMPOWERING THE MOST VULNERABLE, PARTICULARLY WOMEN AND GIRLS.**

4b (Code: \_\_\_\_\_) (Expenses \$ 462,159,575. including grants of \$ 110,237,400.) (Revenue \$ \_\_\_\_\_)  
**HUMANITARIAN:**

**APPROXIMATELY HALF OF CARE USA'S WORK RELATES TO HUMANITARIAN. IN TIMES OF CONFLICT OR DISASTER, CARE USA RESPONDS TO SAVE LIVES, WITH SPECIAL ATTENTION TO THE NEEDS OF WOMEN AND GIRLS AND THE MOST MARGINALIZED. CARE USA'S HUMANITARIAN ACTIVITIES INCLUDES PREPAREDNESS AND EARLY ACTION, EMERGENCY RESPONSE AND RECOVERY, AND ENCOURAGES FUTURE RESILIENCE AND EQUITABLE DEVELOPMENT. HUMANITARIAN WORK REFLECTS ONGOING CONFLICTS AND NATURAL DISASTERS IN COUNTRIES THAT WE OPERATE. FOR FISCAL YEAR 2023 AND 2022, OUR LARGEST HUMANITARIAN EFFORTS WERE IN ETHIOPIA, TURKEY, SOMALIA AND YEMEN.**

4c (Code: \_\_\_\_\_) (Expenses \$ 6,543,040. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**PUBLIC INFORMATION:**

**CARE USA AIMS TO INFORM THE PUBLIC ABOUT POVERTY, AND THE SYSTEMATIC DISCRIMINATION AND MARGINALIZATION OF WOMEN AND GIRLS AROUND THE WORLD. CARE USA PUTS WOMEN AND GIRLS IN THE CENTER BASED ON THE BELIEF THAT POVERTY CANNOT BE OVERCOME UNTIL ALL PEOPLE HAVE EQUAL RIGHTS AND OPPORTUNITIES.**

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

4e Total program service expenses 851,540,734.

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>X</b>	
<b>b</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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>X</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>X</b>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	22	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	23	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	24a	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	25a	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	25b	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	26	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	27	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	28a	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	28b	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	28c	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	29	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	30	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	31	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	32	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	33	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	34	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	35b	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	36	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	37	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	38	X

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	1a	200
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	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 ..... <b>2a</b> 529		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....		
<b>4a</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)? .....	<b>X</b>	
<b>b</b>	If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
<b>6a</b>	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? .....		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? .....		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...	<b>N/A</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>N/A</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>N/A</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>N/A</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>N/A</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>N/A</b> <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>N/A</b> <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>N/A</b> <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>N/A</b> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....		<b>X</b>
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		<b>X</b>
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? ..... <b>N/A</b> If "Yes," complete Form 6069.		

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.	24	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	23	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
RANIL DE SILVA - (229) 712-6479  
151 ELLIS STREET NE, ATLANTA, GA 30303-2440

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RUNA ALAM BOARD MEMBER	3.00 1.00	X						0.	0.	0.
(2) DOLIKA BANDA BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(3) MARTHA BROOKS BOARD MEMBER	3.00 1.00	X						0.	0.	0.
(4) CHARLIE DENT BOARD MEMBER	3.00 2.00	X						0.	0.	0.
(5) MICHELE FLOURNOY BOARD MEMBER	3.00 2.00	X						0.	0.	0.
(6) JAY HALLIK BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(7) EVERETT HARPER BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(8) SUSAN HASSAN BOARD MEMBER/ VICE CHAIR	3.00 1.00	X						0.	0.	0.
(9) GLENN HUTCHINS BOARD MEMBER/CHAIR	3.00 0.00	X						0.	0.	0.
(10) SEEMA JAYACHANDRAN BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(11) RADHIKA JONES BOARD MEMBER/ VICE-CHAIR	3.00 0.00	X						0.	0.	0.
(12) STEPHEN P. JOYCE BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(13) MOHAMED KANDE BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(14) TESSA LYONS-LAING BOARD MEMBER	3.00 2.00	X						0.	0.	0.
(15) H. CONRAD MEYER III BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(16) JANE MOSBACHER MORRIS BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(17) WILLIAM MOSAKOWSKI BOARD MEMBER/TREASURER	3.00 0.00	X						0.	0.	0.



**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) UNA OSILI BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(19) KATHRYN PETRALIA BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(20) VALERIE MONTGOMERY RICE BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(21) HORACIO ROZANSKI BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(22) ENGLISH SALL BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(23) RICHARD STENGEL BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(24) MARY M. NUNN PRESIDENT AND CEO	58.00 2.00	X		X				458,372.	0.	46,364.
(25) GLORIA D. STEELE CHIEF OPERATING OFFICER	39.00 1.00			X				332,529.	0.	20,185.
(26) RANIL N. DE SILVA CHIEF FINANCIAL OFFICER	39.00 1.00			X				279,337.	0.	12,170.
<b>1b Subtotal</b>								1,070,238.	0.	78,719.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,091,935.	0.	215,693.
<b>d Total (add lines 1b and 1c)</b>								4,162,173.	0.	294,412.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 316

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MICROSOFT CORPORATION PO BOX 847833, DALLAS, TX 75284	SOFTWARE PROVIDER	7,699,635.
PRODUCTION SOLUTIONS, INC., 1953 GALLOWES ROADS STE #600, VIENNA, VA 22182	DIRECT MAIL PRODUCTION	6,668,017.
GIVEBRIDGE, INC 525 W MONROE ST, STE 900, CHICAGO, IL 60661	IN PERSON MARKETING	5,356,898.
PMX AGENCY LLC 5 HANOVER SQUARE, NEW YORK, NY 10004	DIGITAL MARKETING SERVICES - LIST RENT	2,808,373.
SALESFORCE.ORG, LLC 2975 REGENT BLVD, STE 100, IRVING, TX 75063	CLOUD-BASED CUSTOMER RELATIONSHIP PLATFO	2,442,720.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 89

**SEE PART VII, SECTION A CONTINUATION SHEETS**



**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	281,548.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	2,631,890.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	336,988,522.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	546,491,520.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 87,876,037.				
	<b>h Total.</b> Add lines 1a-1f .....			886393480.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		4,607,805.			4607805.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		638.			638.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	307,180.	104,509.		
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>		276,790.	0.		
	<b>c</b> Rental income or (loss)	<b>6c</b>		30,390.	104,509.		
	<b>d</b> Net rental income or (loss) .....			134,899.		134,899.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	142,308,727.	231,058.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		150,157,457.	283,719.		
	<b>c</b> Gain or (loss) .....	<b>7c</b>		-7,848,730.	-52,661.		
	<b>d</b> Net gain or (loss) .....			-7,901,391.		-7901391.	
<b>8 a</b> Gross income from fundraising events (not including \$ 2,631,890. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		218,110.				
<b>b</b> Less: direct expenses .....	<b>8b</b>		560,220.				
<b>c</b> Net income or (loss) from fundraising events .....			-342,110.		-342,110.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> FOREIGN EXCHANGE GAIN	<b>Business Code</b>	812900	4,175,489.		4175489.	
	<b>b</b> SALE OF GOODS NON-UBIT		812900	3,769,942.		3769942.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....		812900	798,370.		798,370.	
	<b>e Total.</b> Add lines 11a-11d .....			8,743,801.			
<b>12 Total revenue.</b> See instructions .....			891637122.	0.	0.	5243642.	

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Form 990 (2022)

\*\*-\*\*\*5039 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,829,365.	16,829,365.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	190,175,165.	190,175,165.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,843,314.	869,449.	1,640,740.	333,125.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	473,979.	473,979.		
<b>7</b> Other salaries and wages	198,710,682.	172,825,227.	16,495,507.	9,389,948.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,479,805.	6,004,141.	941,533.	534,131.
<b>9</b> Other employee benefits	37,948,751.	34,249,512.	2,170,042.	1,529,197.
<b>10</b> Payroll taxes	10,867,524.	9,202,124.	993,388.	672,012.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,139,392.	792,176.	335,075.	12,141.
<b>c</b> Accounting	2,320,953.	1,305,649.	1,015,304.	
<b>d</b> Lobbying	563,491.	563,491.		
<b>e</b> Professional fundraising services. See Part IV, line 17	5,296,965.			5,296,965.
<b>f</b> Investment management fees	331,959.		331,959.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	33,174,661.	30,783,309.	2,298,485.	92,867.
<b>12</b> Advertising and promotion	7,752,434.	4,874,958.	167,712.	2,709,764.
<b>13</b> Office expenses	34,382,757.	23,101,972.	1,814,059.	9,466,726.
<b>14</b> Information technology	12,918,168.	10,327,631.	862,821.	1,727,716.
<b>15</b> Royalties				
<b>16</b> Occupancy	15,965,114.	14,765,093.	543,695.	656,326.
<b>17</b> Travel	44,221,066.	43,095,582.	829,404.	296,080.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	28,384,441.	28,283,710.	97,866.	2,865.
<b>20</b> Interest	5,408.	5,402.	4.	2.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	3,592,521.	2,911,452.	216,269.	464,800.
<b>23</b> Insurance	1,331,305.	1,135,733.	113,414.	82,158.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>EMERGENCY SUPPLIES</b>	167,532,709.	167,431,009.	13,492.	88,208.
<b>b</b> <b>AGRICULTURAL COMMODITIE</b>	66,922,901.	66,922,901.		
<b>c</b> <b>CONTRIBUTIONS IN KIND</b>	10,698,377.	10,698,377.		
<b>d</b> _____				
<b>e</b> All other expenses _____	27,572,590.	13,913,327.	58,520.	13,600,743.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	929,435,797.	851,540,734.	30,939,289.	46,955,774.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Form 990 (2022)

\*\*-\*\*\*5039 Page **11**

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	159,895.	<b>1</b>	159,025.		
	<b>2</b> Savings and temporary cash investments .....	180,541,025.	<b>2</b>	129,597,909.		
	<b>3</b> Pledges and grants receivable, net .....	124,325,431.	<b>3</b>	159,564,277.		
	<b>4</b> Accounts receivable, net .....	34,446,577.	<b>4</b>	31,197,141.		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....	102,257.	<b>7</b>	134,071.		
	<b>8</b> Inventories for sale or use .....	9,809,571.	<b>8</b>	5,299,771.		
	<b>9</b> Prepaid expenses and deferred charges .....	4,990,849.	<b>9</b>	4,013,072.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 100,327,471.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 81,822,426.	18,310,845.	<b>10c</b>	18,505,045.	
	<b>11</b> Investments - publicly traded securities .....	101,371,104.	<b>11</b>	104,758,246.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>			
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,142,541.	<b>13</b>	2,179,974.		
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....	141,865,741.	<b>15</b>	170,503,028.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	618,065,836.	<b>16</b>	625,911,559.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	61,301,827.	<b>17</b>	71,725,463.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....	87,076,049.	<b>19</b>	84,720,743.		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	40,583,657.	<b>25</b>	69,893,668.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	188,961,533.	<b>26</b>	226,339,874.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	108,259,256.	<b>27</b>	110,198,761.		
	<b>28</b> Net assets with donor restrictions .....	320,845,047.	<b>28</b>	289,372,924.		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	429,104,303.	<b>32</b>	399,571,685.		
	<b>33</b> Total liabilities and net assets/fund balances .....	618,065,836.	<b>33</b>	625,911,559.		

Form **990** (2022)

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	891,637,122.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	929,435,797.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-37,798,675.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	429,104,303.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	13,198,973.
<b>6</b>	Donated services and use of facilities	<b>6</b>	-2,936,883.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-8,139.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-1,987,894.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	399,571,685.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

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

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.** Employer identification number **\*\*-\*\*\*5039**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	602938894	599312237	717611060	878372633	886393480	3684628304.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	602938894	599312237	717611060	878372633	886393480	3684628304.
<b>5</b> 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) .....						424225320
<b>6 Public support.</b> Subtract line 5 from line 4.						3260402984.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	602938894	599312237	717611060	878372633	886393480	3684628304.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5000587.	3842797.	3223329.	3425879.	5020132.	20512724.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	6453488.	3819878.	1404199.	5710888.	8743801.	26132254.
<b>11 Total support.</b> Add lines 7 through 10						3731273282.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	436,469.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.38	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	85.00	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
<b>2</b>	Enter 0.85 of line 1.		
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)		
<b>4</b>	Enter greater of line 2 or line 3.		
<b>5</b>	Income tax imposed in prior year		
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

SCHEDULE A, PART II, LINE 10

TOTAL OTHER INCOME OF \$8,743,801 IS THE TOTAL FOREIGN EXCHANGE GAIN,  
MISCELLANEOUS REVENUE, AND THE SALE OF GOODS NON-UBIT, WHICH IS  
MISCELLANEOUS INCOME GENERATED FROM THE COUNTRY OFFICES PRIMARILY  
THROUGH THE SALE OF ASSETS.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.) and Employer identification number (\*\*-\*\*\*5039)

Organization type (check one):

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.</b>	Employer identification number <b>** - ***5039</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>34,704,513.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>28,869,455.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>38,662,384.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>34,051,844.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>20,581,902.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>36,573,061.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.</b>	Employer identification number <b>**-***5039</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>19,264,117.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8		\$ <u>305,940,534.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ <u>86,985,904.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization <b>COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.</b>	Employer identification number <b>** - ***5039</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	AGRICULTURAL COMMODITIES <hr/> <hr/> <hr/>	\$ <u>64,872,270.</u>	<u>06/30/23</u>
9	AGRICULTURAL COMMODITIES, DIGNITY KITS, HYGEINE KITS, KITCHEN SETS AND NEW ARRIVAL KITS <hr/> <hr/> <hr/>	\$ <u>4,568,861.</u>	<u>06/30/23</u>
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization <b>COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.</b>	Employer identification number ** - *** 5039
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.</b>	Employer identification number <b>**-***5039</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... **Yes** **No**
- 4a Was a correction made? ..... **Yes** **No**
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  **Yes** **No**
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<b>Yes</b>	<b>No</b>												

**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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....	X		314,062.
<b>d</b> Mailings to members, legislators, or the public? .....	X		11,920.
<b>e</b> Publications, or published or broadcast statements? .....	X		5,906.
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		13,508.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		212,802.
<b>i</b> Other activities? .....	X		5,293.
<b>j</b> Total. Add lines 1c through 1i .....			563,491.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, 1A

USE OF VOLUNTEERS FOR SENDING LETTERS AND PUBLICATIONS TO GOVERNMENT

OFFICIALS AND LEGISLATORS; VIRTUALLY MEETING WITH AND CALLING GOVERNMENT

OFFICIALS AND LEGISLATORS.

SCHEDULE C, PART II-B, 1B

USE OF PAID STAFF OR MANAGEMENT FOR SENDING LETTERS TO GOVERNMENT

**Part IV** Supplemental Information (continued)

OFFICIALS AND LEGISLATORS; MEETING WITH AND CALLING GOVERNMENT OFFICIALS  
AND LEGISLATORS.

SCHEDULE C, PART II-B, 1C

AMOUNT OF COSTS USED FOR MEDIA ADVERTISEMENTS FOR PLACED ADVERTISEMENTS,  
INCLUDING ELECTRONIC ADVERTISEMENTS ON SOCIAL MEDIA.

SCHEDULE C, PART II-B, 1D

COSTS TO DEVELOP AND DISSEMINATE EMAIL COMMUNICATIONS AND MAILINGS TO  
SPECIFIC LEGISLATORS AND THE PUBLIC ON SPECIFIC LEGISLATION.

SCHEDULE C, PART II-B, 1E

USED TO DEVELOP PUBLICATIONS TO SPECIFIC LEGISLATORS AND THE PUBLIC ON  
SPECIFIC LEGISLATION.

SCHEDULE C, PART II-B, 1G

AMOUNT CONSISTS OF PERSONNEL COST FOR DIRECT CONTACT WITH LEGISLATORS,  
STAFF AND GOVERNMENT OFFICIALS TO DISCUSS CARE'S ADVOCACY PRIORITIES.

SCHEDULE C, PART II-B, 1H

AMOUNT CONSISTS OF CONSULTANT, MATERIAL, INFORMATION TECHNOLOGY AND  
PERSONNEL COSTS FOR CARE'S ANNUAL CONFERENCE TO SUPPORT CARE'S LOBBYING  
PRIORITIES.

SCHEDULE C, PART II-B, 1I

MISCELLANEOUS WORK TO SUPPORT CARE'S ADVOCACY ACTIVITIES, INCLUDING  
LOGISTICAL SUPPORT, EDUCATING CONSTITUTENT ADVOCATES, PARTICIPATING IN  
INTERNAL MEETINGS, PLANNING AND IMPLEMENTING EXTERNAL MEETINGS AND  
COALITION MANAGEMENT.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC. Employer identification number \*\* - \*\*\* 5039

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.





**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule D (Form 990) 2022

\*\*-\*\*\*5039 Page 3

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SPLIT INTEREST AGREEMENTS	136,305,368.
(2) OTHER ASSETS	4,247,070.
(3) DEPOSITS	1,305,417.
(4) ROU ASSETS	28,645,173.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	170,503,028.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED SALARIES AND BENEFITS	31,834,891.
(3) SPLIT INTEREST AGREEMENTS	9,130,766.
(4) SUBSIDIDARY LOANS PAYABLE	476,814.
(5) OPERATING LEASE LIABILITY	28,451,197.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	69,893,668.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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

**SCHEDULE D, PART V, LINE 4:**

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENTS IS TO FUND PROGRAMS CONSISTENT WITH THE ORGANIZATION'S MISSION AS DIRECTED BY THE DONORS WHO HAVE ESTABLISHED THOSE ENDOWMENTS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.</b>	Employer identification number <b>** - *** 5039</b>
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	16	186	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	18,542,281.
MIDDLE EAST AND NORTH AFRICA	48	674	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	139,848,154.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	645,593.
SOUTH AMERICA	16	199	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	15,607,146.
SOUTH ASIA	96	1757	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	89,201,279.
SUB-SAHARAN AFRICA	214	4475	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	435,245,512.
EAST ASIA AND THE PACIFIC	13	159	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	17,863,882.
EUROPE (INCLUDING ICELAND AND GREENLAND)	26	318	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	48,981,451.
<b>3 a</b> Subtotal .....	429	7768			765,935,298.
<b>b</b> Total from continuation sheets to Part I .....	0	0			157,482.
<b>c</b> Totals (add lines 3a and 3b) .....	429	7768			766,092,780.

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

Schedule F (Form 990) 2022

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 1

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	157,482.
<b>Totals</b> .....					157,482.

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	13,15	27,355.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	64,247.	EFT	0.		FMV
		SOUTH ASIA	14	64,846.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	50,416.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	14	14,739.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	14,15	88,841.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5	12,420.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	10,20	454,067.	CHECK	0.		FMV

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **342**

**3** Enter total number of other organizations or entities ..... **211**

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	12	174,153.	EFT	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	5,12	14,174.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	6,095.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	32,937.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	86,675.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	13,15	40,611.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	9,223.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13,14,15	939,942.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	10	304,606.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		5,15	127,669	CHECK	0.	FMV
		SOUTH ASIA		10	180,514	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		12,14	339,556	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5	130,289	EFT	0.	FMV
		SUB-SAHARAN AFRICA		13	5,056	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		13	14,265	EFT	0.	FMV
		SUB-SAHARAN AFRICA		5	7,263	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5	45,690	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5,10,12	408,806	EFT	0.	FMV



**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
<b>1</b> (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)	
		EAST ASIA AND THE PACIFIC		10,20		71,628.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		15		19,323.	CHECK	0.	FMV
		MIDDLE EAST AND NORTH AFRICA		10		56,157.	CHECK	0.	FMV
		EAST ASIA AND THE PACIFIC		5		39,603.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		11		5,715.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		13		13,882.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		10		1555192.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		15		28,474.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		13		114,300.	EFT	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		5	31,760.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		12	70,939.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		15	23,016.	EFT	0.	FMV
		SOUTH ASIA		15,21	337,308.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		13	118,899.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		12	57,263.	CHECK	0.	FMV
		CENTRAL AMERICA AND CARIBBEAN		21,23	151,903.	CHECK	0.	FMV
		CENTRAL AMERICA AND CARIBBEAN		12	34,842.	CHECK	0.	FMV
		SOUTH ASIA		5	205,763.	CHECK	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	22,25	29,697.	EFT	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	10,23	213,803.	EFT	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	10	116,485.	CHECK	0.		FMV
		SOUTH AMERICA	15	9,191.	EFT	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	15	78,268.	EFT	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	10	92,903.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	5	31,931.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	22	28,432.	CHECK	0.		FMV
		SOUTH AMERICA	10,23,24	353,557.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	23	11,988.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	19,816.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5,12	228,754.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5,10,15,20,21	1064748.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	113,357.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	39,051.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	18,214.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	10	15,205.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	10,12	17,954.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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		SUB-SAHARAN AFRICA		15	316,712.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		13	14,681.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		13	5,207.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		21	33,785.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		13	152,631.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		15	57,420.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		14	105,167.	CHECK	0.	FMV
		SOUTH ASIA		15	102,268.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		13	246,083.	CHECK	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		SOUTH ASIA		14	175,810.	CHECK	0.	FMV
		CENTRAL AMERICA AND CARIBBEAN		14	53,984.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5,10	159,965.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5	35,390.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		10	45,298.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		15	19,873.	CHECK	0.	FMV
		CENTRAL AMERICA AND CARIBBEAN		10	88,676.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5,10	79,465.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5,15	69,724.	CHECK	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	10	228,232.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	10,12	65,094.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	35,034.	EFT	0.		FMV
		SOUTH ASIA	14	54,388.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10,21	33,389.	CHECK	0.		FMV
		SOUTH ASIA	15	13,040.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5	12,694.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	142,550.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5,12	59,397.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	10	56,496.	CHECK	0.		FMV
		SOUTH ASIA	10,14	45,650.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	14,901.	CHECK	0.		FMV
		SOUTH ASIA	15	34,984.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	13	172,677.	EFT	0.		FMV
		SOUTH ASIA	5,10	34,742.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	5	11,186.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	12	362,164.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	5,014.	CHECK	0.		FMV



**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		15	16,214.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		13	389,497.	CHECK	0.	FMV
		EAST ASIA AND THE PACIFIC		5	27,249.	EFT	0.	FMV
		SOUTH ASIA		14	55,504.	CHECK	0.	FMV
		EAST ASIA AND THE PACIFIC		15	16,790.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		5	19,115.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		10	237,495.	EFT	0.	FMV
		EAST ASIA AND THE PACIFIC		5,10,12,15,22	1148848.	EFT	0.	FMV
		EUROPE		10	572,539.	CHECK	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	5,10,15	159,789.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5,14,23	1207887.	EFT	0.		FMV
		NORTH AMERICA	5,10,14	445,263.	EFT	0.		FMV
		RUSSIA AND NEIGHBORING STATES	5,10,12,13,17,24	657,281.	EFT	0.		FMV
		EUROPE	15	683,650.	EFT	0.		FMV
		SOUTH AMERICA	5,10,12,15,16,22	3723975.	EFT	0.		FMV
		EUROPE	10	20,778.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	12	4722278.	EFT	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10,12,15	1255644.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	10	12,237.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10	53,445.	CHECK	0.		FMV
		SOUTH ASIA	5,10,12,13,14,15	15757977	EFT	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	5,14,23	49,999.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5,10,12,21	2044068.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	21	196,149.	EFT	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	5,10	1249383.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	5,10,12,14	982,275.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	5,10	671,166.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	10,13	471,891.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	5,12,15	591,966.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5,10,20	30,302.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	14	57,082.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5	80,531.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	13,551.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	14,802.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	13,106.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10,12,21	125,971.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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		CENTRAL AMERICA AND CARIBBEAN	12	1101452.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15,22	7,087.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10,15	255,266.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	13,15,22	127,045.	EFT	0.		FMV
		SOUTH AMERICA	15,24	25,086.	EFT	0.		FMV
		NORTH AMERICA	15	157,482.	EFT	0.		FMV
		EUROPE	10	834,851.	EFT	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10	608,147.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5	5,334.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		EAST ASIA AND THE PACIFIC	5	18,543.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	10,15	50,963.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	83,531.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	15	17,749.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5,10	422,402.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	21	65,069.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	15	13,123.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5,10,20	20,889.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	22	286,655.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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		SUB-SAHARAN AFRICA		5	32,649.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		10	48,061.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		5,15	87,429.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		5	5,063.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		13	11,787.	CHECK	0.	FMV
		EAST ASIA AND THE PACIFIC		5	39,663.	EFT	0.	FMV
		CENTRAL AMERICA AND CARIBBEAN		10,22	485,715.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		10,21,23	693,492.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		15	131,627.	CHECK	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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		EAST ASIA AND THE PACIFIC	5	71,047.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	14,445.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5	12,362.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	47,724.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	240,195.	CHECK	0.		FMV
		SOUTH ASIA	5	36,627.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	12,238.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	1621640.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	13	147,103.	CHECK	0.		FMV



**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		SOUTH ASIA	10	23,902.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5	12,702.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	5,015.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	15,420.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	10,21	128,446.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	5	9,447.	EFT	0.		FMV
		SOUTH AMERICA	23	75,805.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	12	44,722.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10,15	39,748.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		CENTRAL AMERICA AND CARIBBEAN	10	5,089.	CHECK	0.		FMV
		SOUTH ASIA	14	42,116.	CHECK	0.		FMV
		SOUTH ASIA	15	92,027.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10	306,450.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5,10,12	1457619.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	102,402.	EFT	0.		FMV
		SOUTH ASIA	21	42,781.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	15	47,715.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	22	74,430.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	5,10,12,21	271,659.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	21	36,514.	EFT	0.		FMV
		SOUTH ASIA	14	42,781.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10	252,978.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	41,687.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	15	221,849.	EFT	0.		FMV
		SOUTH ASIA	10	26,528.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	49,457.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13,21	192,399.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		SUB-SAHARAN AFRICA	10,20	12,150.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5,11	129,142.	CHECK	0.		FMV
		SOUTH ASIA	5,10,12,21	824,038.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	11	87,863.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	22	207,859.	EFT	0.		FMV
		EUROPE	10	63,888.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	10,12,20	4369755.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	12	375,296.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	12	337,763.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	10	579,901.	EFT	0.		FMV
		SOUTH AMERICA	15	89,167.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	12,15	200,984.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	43,716.	EFT	0.		FMV
		SOUTH ASIA	10,21	28,340.	CHECK	0.		FMV
		SOUTH AMERICA	15	55,320.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	98,562.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	75,150.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	21	179,829.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		SUB-SAHARAN AFRICA	10	42,206.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	12,21	154,503.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	12	50,307.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	104,798.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	23	59,628.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	12	105,278.	EFT	0.		FMV
		SOUTH AMERICA	10,15,23	916,788.	EFT	0.		FMV
		SOUTH AMERICA	15	14,616.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	12,21	104,047.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		CENTRAL AMERICA AND CARIBBEAN	5	46,443.	CHECK	0.		FMV
		SOUTH AMERICA	10,23	286,102.	EFT	0.		FMV
		SOUTH AMERICA	23	19,308.	EFT	0.		FMV
		SOUTH AMERICA	15	75,080.	EFT	0.		FMV
		SOUTH AMERICA	22	98,559.	CHECK	0.		FMV
		SOUTH AMERICA	5	10,346.	EFT	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	5	33,725.	EFT	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	10	65,661.	CHECK	0.		FMV
		EUROPE	10	4033757.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		EUROPE	10	13,663.	EFT	0.		FMV
		EUROPE	10	40,386.	EFT	0.		FMV
		EUROPE	10	93,010.	CHECK	0.		FMV
		EUROPE	10,23	235,628.	EFT	0.		FMV
		EUROPE	10	57,116.	CHECK	0.		FMV
		EUROPE	10	750,203.	CHECK	0.		FMV
		EUROPE	10	17597811.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	181,618.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5,10	1499983.	CHECK	0.		FMV



**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		SUB-SAHARAN AFRICA		13	133,063.	EFT	0.	FMV
		MIDDLE EAST AND NORTH AFRICA		15	614,032.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		15	64,910.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		15	15,626.	CHECK	0.	FMV
		CENTRAL AMERICA AND CARIBBEAN		13	148,452.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		12	86,904.	CHECK	0.	FMV
		CENTRAL AMERICA AND CARIBBEAN		10	118,060.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		10,20	22,441.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		15	356,050.	EFT	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	10	84,577.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	13,175.	EFT	0.		FMV
		SOUTH ASIA	12,15	52,106.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	12,14,15	231,739.	CHECK	0.		FMV
		SOUTH ASIA	10	98,169.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	12	379,342.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	22	592,923.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	20	13,567.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	22	36,623.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SUB-SAHARAN AFRICA		21		30,373.	EFT	0.	FMV
		EUROPE		10		86,548.	EFT	0.	FMV
		SOUTH ASIA		10		65,009.	CHECK	0.	FMV
		EAST ASIA AND THE PACIFIC		5		21,208.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		15		21,540.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5,10		130,372.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		22		436,820.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5,10		139,080.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5,12		517,812.	EFT	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	13,15	21,588.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	10	335,364.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	21,036.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	174,322.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	12	590,454.	CHECK	0.		FMV
		SOUTH ASIA	21	157,565.	CHECK	0.		FMV
		SOUTH ASIA	10	17,071.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	22	384,398.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	23	184,109.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	5, 15, 21	437,001.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	14	113,132.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	15	222,042.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	24,307.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	5,035.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5, 11	231,855.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10	23,695.	EFT	0.		FMV
		SOUTH ASIA	5	5,155.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10, 12, 23	83,173.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		SOUTH AMERICA		15	13,750.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		10	50,572.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		12,21	172,393.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		15	17,453.	CHECK	0.	FMV
		MIDDLE EAST AND NORTH AFRICA		5	131,443.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		10	46,365.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5	21,146.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		12	6,213.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		15	18,379.	CHECK	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		SUB-SAHARAN AFRICA	5, 24	350,558.	CHECK	0.		FMV
		SOUTH ASIA	10	11,193.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5	13,133.	EFT	0.		FMV
		SOUTH ASIA	10	83,458.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	383,266.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5	12,568.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	5	12,511.	CHECK	0.		FMV
		SOUTH ASIA	5	652,457.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	14	108,344.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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		SUB-SAHARAN AFRICA	5	41,816.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	99,530.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5,15	85,387.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	5	10,813.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5	11,951.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5	20,492.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	5,10,15,20	175,905.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	98,587.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	14	117,326.	EFT	0.		FMV



**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		SUB-SAHARAN AFRICA	10, 22, 23	481,592.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	147,280.	EFT	0.		FMV
		NORTH AMERICA	12	56,360.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	6,407.	EFT	0.		FMV
		SOUTH ASIA	5	520,863.	EFT	0.		FMV
		SOUTH ASIA	5	483,280.	EFT	0.		FMV
		SOUTH ASIA	5, 10, 12, 21	225,950.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	5	12,054.	EFT	0.		FMV
		SOUTH AMERICA	15	15,088.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		SOUTH ASIA		106,762.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA		583,6228.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		42,961.	EFT	0.		FMV
		SUB-SAHARAN AFRICA		292,372.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		9,400.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		221,006.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		7,317.	EFT	0.		FMV
		SUB-SAHARAN AFRICA		142,136.	EFT	0.		FMV
		SUB-SAHARAN AFRICA		93,426.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		SOUTH ASIA		44,041.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		25,905.	EFT	0.		FMV
		SUB-SAHARAN AFRICA		40,111.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN		15,014.	EFT	0.		FMV
		EUROPE		135,907.	EFT	0.		FMV
		SOUTH ASIA		51,055.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		7,239.	EFT	0.		FMV
		SOUTH ASIA		216,142.	CHECK	0.		FMV
		SOUTH ASIA		103,505.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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		EAST ASIA AND THE PACIFIC	5	19,648.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	37,669.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	175,695.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	14	121,201.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	5	17,462.	CHECK	0.		FMV
		SOUTH ASIA	15	95,488.	CHECK	0.		FMV
		SOUTH ASIA	12	37,967.	CHECK	0.		FMV
		SOUTH ASIA	5, 10, 11, 15	354,334.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10, 23	33,938.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		12	234,483.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5	5,511.	EFT	0.	FMV
		SOUTH ASIA		5,10	55,168.	CHECK	0.	FMV
		SOUTH ASIA		14	309,866.	CHECK	0.	FMV
		CENTRAL AMERICA AND CARIBBEAN		5	31,930.	CHECK	0.	FMV
		EAST ASIA AND THE PACIFIC		10,15,20,21	89,831.	CHECK	0.	FMV
		SOUTH ASIA		10	70,647.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		11	7,367.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		12	752,131.	EFT	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	13	20,435.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	53,897.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5,12,13	891,136.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	151,178.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13,15	283,856.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	15	117,970.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	15	19,032.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	14	16,163.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5,11	284,752.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	15	580,001.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	94,713.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	15,825.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	5,015.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5, 11, 12, 21	566,835.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10, 15	462,920.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	12	242,840.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	7,953.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	13,107.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	5, 10, 12, 21	384,032.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5, 11	240,640.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	12	153,826.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10, 21	623,855.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	12	6,507.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	5,056.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	14	175,632.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	15,682.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	165,579.	CHECK	0.		FMV



**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	10	71,184.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5,12	94,289.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	5,510.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	31,914.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	5,015.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	6,371.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5,10,13	542,195.	CHECK	0.		FMV
		SOUTH ASIA	22	307,871.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10,15	353,340.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	5, 10, 12	258,752.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	10, 14	437,259.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	15	24,222.	EFT	0.		FMV
		SOUTH ASIA	14, 23	181,622.	CHECK	0.		FMV
		SOUTH ASIA	10, 23	266,627.	CHECK	0.		FMV
		SOUTH ASIA	15	20,350.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13, 5	83,894.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	21, 25	199,232.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5, 10, 13	83,397.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		22	16,551.	CHECK	0.	FMV
		EAST ASIA AND THE PACIFIC		5	11,296.	CHECK	0.	FMV
		MIDDLE EAST AND NORTH AFRICA		10	125,420.	CHECK	0.	FMV
		SOUTH ASIA		5,12,21	197,348.	CHECK	0.	FMV
		CENTRAL AMERICA AND CARIBBEAN		15	27,328.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		12,21	141,588.	CHECK	0.	FMV
		EUROPE		10	4397364.	CHECK	0.	FMV
		EUROPE		10	182,794.	EFT	0.	FMV
		EAST ASIA AND THE PACIFIC		10	85,713.	CHECK	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	12	198,310.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	13,15	314,795.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	495,182.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5,10	296,452.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	13	27,200.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	25,355.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	10	10,548.	CHECK	0.		FMV
		SOUTH ASIA	14	45,694.	CHECK	0.		FMV
		SOUTH AMERICA	10,23	373,351.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		50,298.	EFT	0.		FMV
		SUB-SAHARAN AFRICA		18,318.	EFT	0.		FMV
		SUB-SAHARAN AFRICA		5,143.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		18,745.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC		238,822.	EFT	0.		FMV
		SOUTH ASIA		62,536.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		96,509.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		133,840.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		37,442.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		5	184,031.	CHECK	0.	FMV
		CENTRAL AMERICA AND CARIBBEAN		5	44,506.	EFT	0.	FMV
		CENTRAL AMERICA AND CARIBBEAN		23,24	27,144.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		5	47,006.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		10	35,161.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		5	21,102.	EFT	0.	FMV
		EAST ASIA AND THE PACIFIC		20	41,375.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		10,12,22	1973016.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		15	73,285.	EFT	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	5, 12	406,686.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	140,333.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	353,814.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	14	254,140.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	14	374,546.	CHECK	0.		FMV
		CENTRAL AMERICA AND CARIBBEAN	5	12,314.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	13	18,806.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	12,935.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	14	18,436.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	10	541,369.	CHECK	0.		FMV
		SOUTH ASIA	11	47,959.	CHECK	0.		FMV
		SOUTH ASIA	14	45,751.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	327,246.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	13	5,056.	CHECK	0.		FMV
		SOUTH ASIA	14	48,116.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10,21	14537105	EFT	0.		FMV
		SOUTH ASIA	10,15	21,008.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	13,622.	CHECK	0.		FMV



**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
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		SUB-SAHARAN AFRICA		5	80,035.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		10	186,745.	EFT	0.	FMV
		EAST ASIA AND THE PACIFIC		5	15,449.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5	8,496.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5	153,896.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5, 15	158,602.	EFT	0.	FMV
		SOUTH ASIA		10	152,449.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		10, 23	123,500.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		13, 14, 15	148,095.	CHECK	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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		SOUTH ASIA	5,10,12	292,671.	CHECK	0.		FMV
		SOUTH ASIA	5,15	94,700.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10,12	519,920.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	10	356,364.	CHECK	0.		FMV
		SOUTH ASIA	11	39,960.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	5	50,365.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10,12	209,702.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13	160,494.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	22	8,627.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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		MIDDLE EAST AND NORTH AFRICA	10	126,685.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	15	20,440.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	21, 24	7,552.	CHECK	0.		FMV
		SOUTH ASIA	10	172,736.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10, 12, 23	71,482.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	10, 22	527,689.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	13	6,624.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	12,211.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10, 21	106,103.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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		CENTRAL AMERICA AND CARIBBEAN	23	102,922.	EFT	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10	5099924.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	10	12,241.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	100,995.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10	130,615.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	10,21	29,239.	CHECK	0.		FMV
		SOUTH ASIA	10	14,235.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10,21	150,959.	EFT	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10,21	54,798.	EFT	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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		SUB-SAHARAN AFRICA		12	103,395.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		10	101,613.	CHECK	0.	FMV
		SOUTH ASIA		15	39,406.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		12	401,328.	CHECK	0.	FMV
		MIDDLE EAST AND NORTH AFRICA		10	140,558.	CHECK	0.	FMV
		SOUTH AMERICA		15	243,061.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		5	125,710.	EFT	0.	FMV
		SUB-SAHARAN AFRICA		11	5,001.	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		13	33,171.	EFT	0.	FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	10	81,460.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5	15,782.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	5	50,131.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	10	12,240.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5,11	204,485.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13,15	120,232.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	7,570.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	14	80,210.	EFT	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10	13842672	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	10,13	275,138.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	241,728.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	13	7,106.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	119,009.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	15	21,370.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	13,14,15	163,522.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5	12,542.	EFT	0.		FMV
		SOUTH ASIA	15	51,311.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	12,239.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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		SUB-SAHARAN AFRICA		10,21	100,355	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		10,12	1329803	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5,13	91,206	CHECK	0.	FMV
		SUB-SAHARAN AFRICA		5	1312238	CHECK	0.	FMV
		SOUTH ASIA		10	174,239	EFT	0.	FMV
		SUB-SAHARAN AFRICA		15	40,215	EFT	0.	FMV
		EAST ASIA AND THE PACIFIC		15	132,564	EFT	0.	FMV
		SOUTH ASIA		10,13	271,872	CHECK	0.	FMV
		SOUTH ASIA		5,13	31,836	CHECK	0.	FMV



**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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		SOUTH ASIA		28,302.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		89,831.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		12,240.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		12,200.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		77,828.	CHECK	0.		FMV
		SOUTH ASIA		60,455.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		9,920.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		47,671.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA		35,372.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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		SOUTH ASIA	15	49,022.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	16,756.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5,10,20	24,194.	EFT	0.		FMV
		SOUTH ASIA	15,22	114,565.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10	36,808.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	762,458.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5,10	188,000.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	5,10,12,13,15	717,666.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	93,720.	CHECK	0.		FMV

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule F (Form 990)

\*\*-\*\*\*5039

Page 2

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		SUB-SAHARAN AFRICA	10,15	78,817.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	5	17,305.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	249,872.	CHECK	0.		FMV
		SOUTH ASIA	22	17,400.	EFT	0.		FMV
		EUROPE	10	493,797.	EFT	0.		FMV



COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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.

**PART I, LINE 2:**

CARE MONITORS PARTNER FUNDING AGREEMENT (I.E. SUB AGREEMENT) TO DETERMINE WHETHER BOTH CARE AND THE PARTNER (SUB-RECIPIENT) ARE PERFORMING ACCORDING TO THE AGREED SCOPE OF WORK AND APPLICABLE CAPACITY STRENGTHENING PLANS AND COMPLYING WITH APPLICABLE DONOR RULES AND REGULATIONS. PERIODIC REVIEWS OF MONITORING RESULTS MUST BE CONDUCTED BY A SUPERVISORY OFFICIAL.

CARE ALSO PERIODICALLY EVALUATES THE PERFORMANCE OF PARTNER FUNDING AGREEMENT TOWARDS THE ACHIEVEMENT OF INTENDED OUTCOMES AND DONOR REQUIREMENTS. MONITORING THROUGH "ON GOING ACTIVITIES", ALSO KNOWN AS "DURING-THE-AWARD MONITORING" MAY TAKE VARIOUS FORMS. A FUNDAMENTAL MONITORING TOOL IS INFORMING THE PARTNER OF THE BASIC AWARD INFORMATION (E.G., GRANT/CONTRACT AGREEMENT NUMBER, TITLE AND NUMBER AWARD NAME, NAME OF INSTITUTIONAL DONOR'S AGENCY) AND APPLICABLE COMPLIANCE REQUIREMENTS.

ADDITIONAL MONITORING TOOLS INCLUDE THE FOLLOWING:

1. REVIEWING FINANCIAL AND PERFORMANCE REPORTS SUBMITTED BY THE PARTNER
2. PERFORMING SITE VISITS TO THE PARTNER TO REVIEW FINANCIAL AND PROGRAMMATIC RECORDS AND OBSERVE OPERATIONS
3. REGULAR CONTACT WITH THE PARTNER AND MAKING APPROPRIATE INQUIRIES CONCERNING PROGRAM ACTIVITIES
4. ARRANGING FOR AGREED-UPON PROCEDURES AND ENGAGEMENTS FOR CERTAIN ASPECTS OF PARTNER ACTIVITIES SUCH AS ELIGIBILITY DETERMINATION

DONOR LAWS AND REGULATIONS MAY IMPOSE PARTNER MONITORING REQUIREMENTS SPECIFIC TO A PROGRAM. IN ADDITION, FACTORS SUCH AS DUE DILIGENCE

**Part V** Supplemental Information

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.

ASSESSMENT, SPECIAL PROVISIONS OF THE SUB-AGREEMENT, THE SIZE OF AWARDS,  
PERCENTAGE OF THE PASS-THROUGH ENTITY'S TOTAL PROGRAM FUNDS AWARDED TO  
PARTNERS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, AND RISK OF  
PARTNER NON-COMPLIANCE AS ASSESSED BY THE PASS-THROUGH ENTITY MAY  
INFLUENCE THE NATURE AND EXTENT OF MONITORING PROCEDURES.

SCHEDULE F, PART II, COLUMN D

1 DEVELOPMENT - FOOD AND NUTRITION SECURITY AND RESILIENCE TO CLIMATE  
CHANGE

2 DEVELOPMENT - A LIFE FREE FROM VIOLENCE

3 DEVELOPMENT - SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH

4 DEVELOPMENT - ACCESS TO AND CONTROL OVER ECONOMIC RESOURCES (WOMENS  
ECONOMIC EMPOWERMENT)

5 DEVELOPMENT - OTHER

6 HUMANITARIAN - FOOD AND NUTRITION SECURITY AND RESILIENCE TO CLIMATE  
CHANGE

7 HUMANITARIAN - A LIFE FREE FROM VIOLENCE

8 HUMANITARIAN - SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH

9 HUMANITARIAN - ACCESS TO AND CONTROL OVER ECONOMIC RESOURCES (WOMENS  
ECONOMIC EMPOWERMENT)

10 HUMANITARIAN - OTHER

11 DEVELOPMENT - CLIMATE JUSTICE

12 DEVELOPMENT - FOOD WATER NUTRITION

13 DEVELOPMENT - GENDER EQUALITY

14 DEVELOPMENT - RIGHT TO HEALTH

15 DEVELOPMENT - WOMEN ECONOMIC JUSTIC

16 DEVELOPMENT PROGRAM MANAGEMENT - GENDER EQUALITY

**Part V Supplemental Information**

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.

17 DEVELOPMENT PROGRAM MANAGEMENT - OTHER

18 DEVELOPMENT PROGRAM MANAGEMENT - WOMEN ECO JUSTICE

20 HUMANITARIAN - CLIMATE JUSTICE

21 HUMANITARIAN - FOOD WATER NUTRITION

22 HUMANITARIAN - GENDER EQUALITY

23 HUMANITARIAN - RIGHT TO HEALTH

24 HUMANITARIAN - WOMEN ECONOMIC JUSTIC

25 HUMANITARIAN PROGRAM MANAGEMENT - OTHER

SCHEDULE F, PART IV, LINE 3

1. FOREIGN CORPORATIONS NAME, ADDRESS AND EIN:

- JITA SOCIAL BUSINESS BANGLADESH

- RAOWA COMPLEX (8TH FLOOR), VIP ROAD, MOHAKHALI DHAKA-1206, BANGLADESH

- 00-0000000

2. THE FILING REQUIREMENT WITH RESPECT TO THE FOREIGN CORPORATION, JITA SOCIAL BUSINESS BANGLADESH, HAS BEEN SATISFIED WITH THE FILING OF THE CARE SOCIAL VENTURES, INC. FORM 5471.

3. FILING CORPORATIONS NAME, ADDRESS AND EIN:

- CARE SOCIAL VENTURES, INC.

- 151 ELLIS STREET, NE, ATLANTA, GA, 30303-2440

- 38-3873371

4. IRS SERVICE CENTER WHERE THE RETURN WAS FILED: E-FILE



**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.** Employer identification number **\*\*-\*\*\*5039**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NEWPORT ONE, INC. - 21 RAILROAD AVE., DAXBURY, MA	CONSULTS ON DIRECT MAIL AND EMAIL		X	12,083,773.	1,418,535.	10,665,238.
PMX AGENCY LLC - 5 HANOVER SQUARE, NEW YORK, NY 10004	LIST BROKER/CONSULTING/PAID ADVTSG/WEB STRTGY		X	3,203,271.	1,424,564.	1,778,707.
GIVEBRIDGE - 525 W MONROE ST, STE 900, CHICAGO, IL 60661	IN PERSON MARKETING		X	2,502,455.	4,960,152.	-2,457,697.
MDS COMMUNICATION CORP. - 545 W. JUANITA AVE., MESA, AZ	TELEMARKETING		X	2,215,855.	1,064,461.	1,151,394.
PERSONAL FUNDRAISING SVCS - 10 S RIVERSIDE PLZ, #875, KNEW SALES - 500 QUEEN ST. E, #145, TORONTO, ONTARIO,	IN PERSON MARKETING		X	2,177,754.	4,169,322.	-1,991,568.
ASCENTA GROUP INC. - 315 W. 36TH ST. LEVEL 2, NEW YORK,	IN PERSON MARKETING		X	671,316.	1,379,300.	-707,984.
GLOBAL FACES DIRECT CORP. LLC - 2-30 LESMILL RD, #2, STELTER - 10435 NEW YORK AVE, DES MOINES, IA 50322	IN PERSON MARKETING		X	215,681.	436,560.	-220,879.
INTEGRAL - 1203 19TH ST, NW #500, WASHINGTON, DC 20036	PLANNED GIFT DIRECT & DIGITAL MAIL CONSULTANT		X	0.	464,094.	-464,094.
	ANALYTICS AGENCY		X	0.	380,989.	-380,989.
<b>Total</b>				24,113,002.	17,589,097.	6,523,905.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NY, NH, NJ, NM, NV, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI**

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		IMPACT AWARDS (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	2,850,000.		2,850,000.
	2	Less: Contributions	2,631,890.		2,631,890.
	3	Gross income (line 1 minus line 2)	218,110.		218,110.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	165,230.		165,230.
	8	Entertainment	30,000.		30,000.
	9	Other direct expenses	364,990.		364,990.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			560,220.
11	Net income summary. Subtract line 10 from line 3, column (d)			-342,110.	

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

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

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

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

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

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

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

COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.

- 11 Does the organization conduct 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 conducted in:
 

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: NEWPORT ONE, INC.

(I) ADDRESS OF FUNDRAISER: 21 RAILROAD AVE., DAXBURY, MA 02332

(I) NAME OF FUNDRAISER: MDS COMMUNICATION CORP.

(I) ADDRESS OF FUNDRAISER: 545 W. JUANITA AVE., MESA, AZ 85210

(I) NAME OF FUNDRAISER: PERSONAL FUNDRAISING SVCS

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 10 S RIVERSIDE PLZ, #875, CHICAGO, IL 60661

(I) NAME OF FUNDRAISER: KNEW SALES

(I) ADDRESS OF FUNDRAISER:

500 QUEEN ST. E, #145, TORONTO, ONTARIO, CANADA M5A 1V2

(I) NAME OF FUNDRAISER: ASCENTA GROUP INC.

(I) ADDRESS OF FUNDRAISER: 315 W. 36TH ST. LEVEL 2, NEW YORK, NY 10018

(I) NAME OF FUNDRAISER: GLOBAL FACES DIRECT CORP. LLC

(I) ADDRESS OF FUNDRAISER:

2-30 LESMILL RD, #2, TORONTO, ONTARIO, CANADA M3B 2T6

PROFESSIONAL SERVICE AMOUNT VS FUNDRAISING EXPENSE

FUNDRAISING EXPENSE AMOUNT PER VENDOR (DIFFERENT FROM FUNDRAISING  
SERVICE AMOUNT REPORTED IN SCHEDULE G, PART I, LINE 2B, COLUMN V):

- FOR PMX AGENCY LLC, FUNDRAISING EXPENSES INCLUDE MEDIA EXPENSES FOR  
PAID ADVERTISING PLUS DIRECT MAIL PROGRAM EXPENSES SUCH AS PROCURE  
RENTAL AND EXCHANGE DONOR LISTS, NEGOTIATE NET NAME ARRANGEMENTS,  
REPORTING, SEGMENTATION, LIST FULFILLMENT AND MERGE SERVICES. =  
\$2,105,825.

DESCRIPTION OF HOW PROFESSIONAL FUNDRAISING SERVICE AMOUNT

(REPORTED IN SCH G, PART I, LINE 2B, COLUMN V) IS DISTINGUISHED FROM  
FUNDRAISING EXPENSE AMOUNT FOR ALL FUNDRAISERS:

- FOR PMX AGENCY LLC, THE INVOICE OR CONTRACT DEFINE THE EXACT COSTS

**Part IV** Supplemental Information (continued)

FOR PROFESSIONAL FUNDRAISING SERVICES. ALL OTHER COSTS ARE CONSIDERED FUNDRAISING EXPENSES.

FOR THE BELOW VENDORS, FUNDRAISING FEES INCLUDED IN SCHEDULE G/PART I INCLUDE BOTH FUNDRAISING FEES AND FUNDRAISING EXPENSES. IN THESE CASES THE CONTRACTS DO NOT DISTINGUISH WHAT PORTION OF THE EXPENSE IS FOR FEES VS. EXPENSES. AS SUCH, ENTIRE AMOUNT IS REPORTED AS FUNDRAISING FEES IN PART I.

- GIVEBRIDGE (PAY COST BY DONOR)
- PERSONAL FUNDRAISING SERVICES (PAY COST BY DONOR)
- KNEW SALES INC. (PAY COST BY DONOR)
- ASCENTA GROUP INC. (PAY COST BY DONOR)
- MDS COMMUNICATIONS CORP (PAY COST BY COMPLETED CALLS)
- GLOBAL FACES DIRECT CORP (PAY COST BY DONOR)

## GROSS RECEIPTS FROM ACTIVITY

FOR FISCAL YEAR 2023, THERE IS A NEGATIVE NET INCOME FOR THE FOLLOWING VENDORS: GIVEBRIDGE, PERSONAL FUNDRAISING SERVICES, KNEW SALES INC., ASCENTA GROUP INC., GLOBAL FACES DIRECT CORP., INTEGRAL LLC. AND STELTER.

- CARE USA USED GIVEBRIDGE, PERSONAL FUNDRAISING SERVICES, KNEW SALES INC., ASCENTA GROUP INC. AND GLOBAL FACES DIRECT CORP. TO ACQUIRE BRAND NEW MONTHLY DONORS. ACQUISITION OF ANY KIND REQUIRES HEAVY INITIAL INVESTMENT WITH LONG TERM PAY OFF NOT RECEIVED IN THE FISCAL YEAR IN WHICH IT IS SPENT. AS A RESULT, THERE CAN BE NEGATIVE OR LOW NET INCOME WHEN YOU LOOK AT ONLY THE CURRENT FISCAL YEAR AND TAKE INTO ACCOUNT ALL EXPENSES PAID TO THE FUNDRAISER.

**Part IV** Supplemental Information (continued)

- CARE USES INTEGRAL LLC FOR STRATEGIC ANALYTICS AND FILE HEALTH TRENDS; HOWEVER, THEIR SERVICES DO NOT PRODUCE DIRECT REVENUE. THEIR WORK CONTRIBUTES TO THE OVERALL SUCCESS OF THE MASS MARKET AND MID-LEVEL PROGRAM WHICH IS REPRESENTED IN GROSS RECEIPTS OF OTHER VENDORS IN PART I.

- CARE USES STELTER TO CONSULT ON DIRECT AND DIGITAL MAIL FOR THE PLANNED GIVING AUDIENCE. PLANNED GIVING CAMPAIGNS DO NOT SOLICIT FOR DIRECT SUPPORT, RATHER THEY INSPIRE SUPPORTERS TO LEAVE CARE IN THEIR ESTATE PLANS. INTENTIONS ARE REALIZED YEARS LATER.

Multiple horizontal lines for additional text entry.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Employer identification number  
**\*\* - \*\*\* 5039**

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALL PEOPLES COMMUNITY CENTER 822 E 20TH STREET LOS ANGELES, CA 90011	** - *** 9400	501(C)3	6,107.	0.	N/A	N/A	7
BETHEL'S HEAVENLY HANDS 12660 SANDPIPER DRIVE HOUSTON, TX 77035	** - *** 4377	501(C)3	6,107.	0.	N/A	N/A	7
CATHOLIC RELIEF SERVICES USCCB INC 228 W LEXINGTON STREET BALTIMORE, MD 21201	** - *** 3422	501(C)3	2,175,423.	0.	N/A	N/A	8, 11
CHANGE TODAY CHANGE TOMORROW, INC. 409 WEST GAULBERT AVE LOUISVILLE, KY 40208	** - *** 5550	501(C)3	6,107.	0.	N/A	N/A	7
CHRYSALIS 290 S. ANAHEIM BLVD LOS ANGELES, CA 90013	** - *** 2624	501(C)3	144,876.	0.	N/A	N/A	7, 13
COR INC 227 SANDY SPRINGS PLACE ATLANTA, GA 30328	** - *** 0603	501(C)3	24,007.	0.	N/A	N/A	8

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **26.**

**3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

Schedule I (Form 990) 2022

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule I (Form 990)

\*\*-\*\*\*5039

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROWN AGENTS USA 1100 13TH ST SUITE800 WASHINGTON, DC 20005		501(C)3	50,798.	0.	N/A	N/A	8
DSCEJ INC 9801LAKE FOREST BLVD NEW ORLEANS, LA 70127	**-***6977	501(C)3	380,761.	0.	N/A	N/A	7
FAMILY HEALTH INTERNATIONAL 369 BLACKWELL ST SUITE200 DURHAM, NC 27701	**-***3005	501(C)3	354,501.	0.	N/A	N/A	11
GIVING BACK FUND 2208 CANYONBACK RD LOS ANGELES, CA 90049	**-***7888	501(C)3	1,761,981.	0.	N/A	N/A	7
HOWARD DELAFIELD INTERNATIONAL 1101 30 ST,NWSUITE500 WASHINGTON, DC 20007	**-***6234	501(C)3	594,695.	0.	N/A	N/A	12
INTERNATIONAL FOOD POLICY RESEARCH 1201 EYE ST. WASHINGTON, DC 20005	**-***1632	501(C)3	173,253.	0.	N/A	N/A	11
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 E 42ND ST - NEW YORK, NY 10168	**-***0870	501(C)3	5,273.	0.	N/A	N/A	7
INTERNATIONAL YOUTH FOUNDATION 1EASTPRATT ST SUITE701 BALTIMORE, MD 21202	**-***5397	501(C)3	755,503.	0.	N/A	N/A	11
JHPIEGO, AN AFFILIATE OF 1615 THAMES STREET BALTIMORE, MD 21231	**-***4444	501(C)3	5,859.	0.	N/A	N/A	12

Schedule I (Form 990)



**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule I (Form 990)

\*\*-\*\*\*5039

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAP INTERNATIONAL 4700 GLYNCO PKWY BRUNSWICK, GA 31525	**-***6390	501(C)3	6,635.	0.	N/A	N/A	8
MERCY CORPS INTERNATIONAL 45 SW ANKENY STREET, PORTLAND, OR 97201	**-***8123	501(C)3	908,344.	0.	N/A	N/A	11
POPULATION SERVICES INTERNATIONAL 1120 19TH ST NWSUIT600 WASHINGTON, DC 20036	**-***2853	501(C)3	111,606.	0.	N/A	N/A	12
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST FAIRFIELD, CT 06825	**-***6487	501(C)3	5,904,761.	0.	N/A	N/A	11
THE JOHNS HOPKINS UNIVERSITY 1615 THAMES ST BALTIMORE, MD 21231	**-***5110	501(C)3	388,202.	0.	N/A	N/A	12
THREE SEED COLLECTIVE 1492RALPHDAVID ABERNATHY ATLANTA, GA 30310	**-***8883	501(C)3	65,000.	0.	N/A	N/A	8
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 505 PARNASSUS AVE. - SAN FRANCISCO, CA 94122	**-***6493	501(C)3	137,190.	0.	N/A	N/A	8
WATERAID AMERICA, INC. 233 BROADWAY SUITE 2705 NEW YORK, NY 10279	**-***1674	501(C)3	2,183,875.	0.	N/A	N/A	11
WOMEN'S REFUGEE COMMISSION INC 122 EAST 42ND ST NEW YORK, NY 10168	**-***8128	501(C)3	79,789.	0.	N/A	N/A	7

Schedule I (Form 990)

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule I (Form 990)

\*\*-\*\*\*5039

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD WILDLIFE FUND US, INC 1250 24TH STREET NW WASHINGTON, DC 20001	**-***3387	501(C)3	580,813.	0.	N/A	N/A	11
YOUNG GENERATION MOVEMENT, INC. 3408 LAKE VALLEY ROAD, ATLANTA, GA 30331	**-***0864	501(C)3	8,399.	0.	N/A	N/A	8

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

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

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

CARE MONITORS PARTNER FUNDING AGREEMENT (I.E. SUB-AGREEMENT) TO DETERMINE WHETHER BOTH CARE AND THE PARTNER (SUB-RECIPIENT) ARE PERFORMING ACCORDING TO THE AGREED SCOPE OF WORK AND APPLICABLE CAPACITY STRENGTHENING PLANS AND COMPLYING WITH APPLICABLE DONOR RULES AND REGULATIONS. PERIODIC REVIEWS OF MONITORING RESULTS MUST BE CONDUCTED BY A SUPERVISORY OFFICIAL.

CARE ALSO PERIODICALLY EVALUATES THE PERFORMANCE OF PARTNER FUNDING AGREEMENT TOWARDS THE ACHIEVEMENT OF INTENDED OUTCOMES AND DONOR

**Part IV** Supplemental Information

REQUIREMENTS. MONITORING THROUGH "ON GOING ACTIVITIES", ALSO KNOWN AS "DURING-THE-AWARD MONITORING" MAY TAKE VARIOUS FORMS. A FUNDAMENTAL MONITORING TOOL IS INFORMING THE PARTNER OF THE BASIC AWARD INFORMATION (E.G., GRANT/CONTRACT AGREEMENT NUMBER, TITLE AND NUMBER AWARD NAME, NAME OF INSTITUTIONAL DONOR'S AGENCY) AND APPLICABLE COMPLIANCE REQUIREMENTS.

ADDITIONAL MONITORING TOOLS INCLUDE THE FOLLOWING:

1. REVIEWING FINANCIAL AND PERFORMANCE REPORTS SUBMITTED BY THE PARTNER
2. PERFORMING SITE VISITS TO THE PARTNER TO REVIEW FINANCIAL AND PROGRAMMATIC RECORDS AND OBSERVE OPERATIONS
3. REGULAR CONTACT WITH THE PARTNER AND MAKING APPROPRIATE INQUIRIES CONCERNING PROGRAM ACTIVITIES
4. ARRANGING FOR AGREED-UPON PROCEDURES AND ENGAGEMENTS FOR CERTAIN ASPECTS OF PARTNER ACTIVITIES SUCH AS ELIGIBILITY DETERMINATION

DONOR LAWS AND REGULATIONS MAY IMPOSE PARTNER MONITORING REQUIREMENTS SPECIFIC TO A PROGRAM. IN ADDITION, FACTORS SUCH AS DUE DILIGENCE ASSESSMENT, SPECIAL PROVISIONS OF THE SUB-AGREEMENT, THE SIZE OF AWARDS, PERCENTAGE OF THE PASS-THROUGH ENTITY'S TOTAL PROGRAM FUNDS AWARDED TO PARTNERS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, AND RISK OF PARTNER NON-COMPLIANCE AS ASSESSED BY THE PASS-THROUGH ENTITY MAY INFLUENCE THE NATURE AND EXTENT OF MONITORING PROCEDURES.

FORM 990, SCHEDULE I, PART II, COLUMN H

- 1 DEVELOPMENT - FOOD AND NUTRITION SECURITY AND RESILIENCE TO CLIMATE CHANGE
- 2 DEVELOPMENT - A LIFE FREE FROM VIOLENCE
- 3 DEVELOPMENT - SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH

**Part IV** Supplemental Information

4 DEVELOPMENT - ACCESS TO AND CONTROL OVER ECONOMIC RESOURCES (WOMENS  
ECONOMIC EMPOWERMENT)

5 HUMANITARIAN - FOOD AND NUTRITION SECURITY AND RESILIENCE TO CLIMATE  
CHANGE

6 HUMANITARIAN - A LIFE FREE FROM VIOLENCE

7 HUMANITARIAN - OTHER

8 DEVELOPMENT - OTHER

9 HUMANITARIAN - SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH

10 HUMANITARIAN - ACCESS TO AND CONTROL OVER ECONOMIC RESOURCES (WOMENS  
ECONOMIC EMPOWERMENT)

11 DEVELOPMENT - FOOD WATER NUTRITION

12 DEVELOPMENT - RIGHT TO HEALTH

13 HUMANITARIAN - FOOD WATER NUTRITION

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Employer identification number  
**\*\*-\*\*\*5039**

**Part I Questions Regarding Compensation**

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

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

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2022

**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Schedule J (Form 990) 2022

\*\*-\*\*\*5039

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 on 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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY M. NUNN PRESIDENT AND CEO	(i)	454,899.	0.	3,473.	37,108.	9,256.	504,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GLORIA D. STEELE CHIEF OPERATING OFFICER	(i)	327,038.	0.	5,491.	20,185.	0.	352,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RANIL N. DE SILVA CHIEF FINANCIAL OFFICER	(i)	278,731.	0.	606.	3,101.	9,069.	291,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIC D. JOHNSON SECRETARY/GEN COUNSEL	(i)	218,741.	0.	1,316.	18,216.	9,256.	247,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) YAWA U. MENSAH VP INTL PROGRAM OPS	(i)	285,808.	0.	65,422.	18,529.	3,637.	373,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARAH J. TAYLOR PEACE CHIEF REVENUE OFFICER	(i)	274,427.	0.	0.	2,178.	43,807.	320,412.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NIRVANA SHAWKY REG DIR MIDDLE EAST/N. AFR	(i)	183,492.	0.	26,652.	12,970.	2,292.	225,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BALLA M. SIDIBE REGIONAL DIR WEST AFRICA	(i)	190,159.	0.	0.	12,495.	3,637.	206,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DEEPMALA MAHLA VP HUMANITARIAN AFFAIRS	(i)	285,044.	0.	27,965.	8,412.	978.	322,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MONICA ROWE CHIEF MARKETING OFFICER	(i)	267,841.	20,000.	1,308.	23,579.	7,194.	319,922.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CAITLIN E. GOGGIN COUNTRY DIRECTOR	(i)	201,788.	0.	79,142.	9,870.	3,084.	293,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) TAI CHENG TUAN CHIEF INFORMATION OFFICER	(i)	266,009.	0.	1,295.	0.	3,231.	270,535.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) YAIKAH M. JOOF COUNTRY DIRECTOR (THRU 04/2023)	(i)	177,781.	0.	88,520.	0.	3,450.	269,751.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MATTHEW J. PICKARD FORMER ACTING REG DIR E/C/S AFRIC	(i)	168,223.	0.	53,483.	12,822.	3,410.	237,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) HITESH P. DHAROD FORMER ACTING REG DIR ASIA	(i)	150,515.	0.	57,004.	9,009.	3,637.	220,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

**Part III Supplemental Information**

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, PART I, LINE 1A:**

-FIRST CLASS TRAVEL IS ALLOWED FOR PRESIDENT AND CEO AS APPROVED BY  
BOARD OF DIRECTORS. COSTS ASSOCIATED WITH FIRST CLASS TRAVEL ARE NOT  
THE INCLUDED IN THE EMPLOYEE'S INCOME.

-THE FOLLOWING COMMENTS ARE RELATED TO TAX INDEMNIFICATION AND GROSS-UP  
PAYMENTS:

QUALIFIED INTERNATIONAL STAFF ARE TAX INDEMNIFIED FOR HOST COUNTRY TAX  
OBLIGATIONS. THE BASE COMPENSATION FOR CERTAIN QUALIFIED INTERNATIONAL  
STAFF LISTED IN SCHEDULE J INCLUDES A PORTION OF TAXES PAID TO THE  
COUNTRY'S TAX AUTHORITIES IN WHICH THEY RESIDE. TAXES ARE PAID BY THE  
ORGANIZATION ON BEHALF OF THE EMPLOYEE. COMPENSATION INCLUDES  
SIGNIFICANT TAX PAYMENTS FOR THOSE QUALIFIED INTERNATIONAL STAFF LISTED  
IN SCHEDULE J. AMOUNTS PER PERSON RANGE FROM \$10,462 - \$58,034.

-HOUSING IS PROVIDED FOR QUALIFIED INTERNATIONAL STAFF RESIDING OUTSIDE  
THEIR HOME COUNTRY. THE COSTS ASSOCIATED WITH HOUSING ARE INCLUDED IN  
THE EMPLOYEE'S INCOME.



COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.

**Part III** Supplemental Information

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.

-HEALTH CLUB FEES, NOT TO EXCEED \$20/MONTH, ARE REIMBURSABLE TO ALL.

HEALTH CLUB REIMBURSEMENTS ARE INCLUDED IN THE EMPLOYEE'S INCOME.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.** Employer identification number **\*\* - \*\*\* 5039**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	142	10,374,414.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	215	9,539.	FMV
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	90,132	66,922,780.	LCM
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>BETTER SHELTER</u> )	X	3,500	5,844,902.	FMV
26 Other ( <u>ALL OTHER</u> )	X	111,205	2,337,255.	FMV
27 Other ( <u>NEW ARRIVAL KIT</u> )	X	10,000	1,507,200.	FMV
28 Other ( <u>TENTS</u> )	X	1,439	879,947.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

FOR LINE 9 AND LINE 12, QUANTITY REPRESENTS NUMBER OF CONTRIBUTIONS.

FOR ALL OTHER LINES, QUANTITY REPRESENTS NUMBER OF ITEMS CONTRIBUTED.

"ALL OTHER" NON-FOOD IN-KIND CONTRIBUTIONS ON LINE 26 (\$2,337,255) ARE COMPRISED OF THE FOLLOWING:

- \$774,960 FOR 26,067 HYGIENE SETS
- \$367,632 FOR 11,268 KITCHEN SETS
- \$300,919 FOR 8,750 MATTRESSES
- \$274,321 FOR 4,291 WATER PURIFICATION CUBES
- \$253,593 FOR 24,247 PEANUT OAK COOKIES
- \$90,637 FOR 16,920 BLANKETS
- \$83,490 FOR 2,000 DIGNITY KITS
- \$59,277 FOR 3,784 SOLAR LANTERNS
- \$52,041 FOR 40 TONS OF RICE
- \$37,248 FOR 1,340 SHELTER COVERAGE
- \$33,800 FOR 6,500 SOLAR LAMPS
- \$5,329 FOR 2,520 BUCKETS
- \$4,008 FOR 3,478 TOOTHPASTE

SCHEDULE M, LINE 32B:

WE USE A THIRD PARTY TO ADMINISTER/PROCESS OUR DONATED GIFT ANNUITIES.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.

Employer identification number  
\*\*-\*\*\*5039

FORM 990, PART I, LINE 5:

THE NUMBER OF STAFF LISTED OF 529 REPRESENTS STAFF ON THE US PAYROLL  
AND RECONCILES TO THE FORM W-3. THE SALARY EXPENSE REPRESENTED ON LINE  
15 REPRESENTS THE TOTAL COMPENSATION EXPENSE FOR CARE USA'S GLOBAL  
WORKFORCE, WHICH INCLUDES STAFF PAID ON LOCAL PAYROLLS IN CARE'S  
COUNTRY OFFICES. THE TOTAL GLOBAL WORKFORCE IS APPROXIMATELY 8,500 AS  
OF JUNE 30, 2023.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACHIEVE SOCIAL JUSTICE. CARE USA SEEKS A WORLD OF HOPE, INCLUSION, AND  
SOCIAL JUSTICE, WHERE POVERTY HAS BEEN OVERCOME AND ALL PEOPLE LIVE  
WITH DIGNITY AND SECURITY. CARE USA OPERATES PROGRAMS IN MORE THAN 45  
COUNTRIES THROUGHOUT AFRICA, ASIA, EUROPE, AND THE AMERICAS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AFGHANISTAN, BANGLADESH, BENIN, BOLIVIA,  
BURKINA FASO, BURUNDI, CAMBODIA, CHAD,  
COLOMBIA, COTE D IVOIRE, CONGO, DEM REP, DJIBOUTI,  
ECUADOR, EL SALVADOR, ETHIOPIA, GHANA,  
GUATEMALA, GUINEA, HAITI, HONDURAS,  
ISRAEL, JORDAN, KENYA, LAOS,  
LIBERIA, MALAWI, MALI, MOZAMBIQUE,  
NEPAL, NIGER, NIGERIA, PAKISTAN,  
PHILIPPINES, POLAND, RWANDA, SIERRA LEONE,  
SOMALIA, SOUTH AFRICA, SOUTH SUDAN, SUDAN,

Name of the organization COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.

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\*\*-\*\*\*5039

SYRIA, TANZANIA, THAILAND, TURKEY,

UGANDA, UNITED KINGDOM, VIETNAM, YEMEN (ADEN),

ZAMBIA, ZIMBABWE, OTHER COUNTRY

FORM 990, PART VI, SECTION A, LINE 2:

TWO BOARD MEMBERS HAVE A BUSINESS RELATIONSHIP AT BOOZ ALLEN HAMILTON:

MICHELE FLOURNOY SERVES AS A BOARD MEMBER AND HORACIO ROZANSKI IS CEO.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS SENT TO THE FULL BOARD OF DIRECTORS ELECTRONICALLY PRIOR TO FILING WITH THE IRS. THE BOARD OF DIRECTORS ARE REQUESTED TO REVIEW THE DOCUMENT AND RESPOND WITH ANY QUESTIONS OR COMMENTS WITHIN A SPECIFIED TIMEFRAME.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. EACH YEAR THE BOARD OF DIRECTORS REVIEWS AND APPROVES A CONFLICT OF INTEREST POLICY AND ATTESTS THAT THEY UNDERSTAND IT AND HAVE PROVIDED INFORMATION ON ANY POTENTIAL CONFLICTS. AS SUCH:

1. BOARD MEMBERS ARE OBLIGATED TO DISCLOSE ALL POTENTIAL AND ACTUAL CONFLICTS OF INTEREST AND REMOVE THEMSELVES FROM DISCUSSIONS AND VOTING ON ANY RELATED MATTER.

2. THE BOARD AND KEY EMPLOYEES COMPLETE A DISCLOSURE/CONFLICT OF INTEREST FORM EACH YEAR REGARDING RELATED PARTY TRANSACTIONS AND CONFLICTS OF INTEREST.

3. APPROPRIATE ACTION IS TAKEN WHEN A CONFLICT OF INTEREST IS IDENTIFIED, WHICH CAN BE UP TO AND INCLUDING TERMINATION.

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Employer identification number  
**\*\* - \*\*\*5039**

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS PERFORMANCE AND SETS THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. ALSO, CARE UNDERTAKES PERIODIC THIRD-PARTY COMPARATIVE STUDIES OF ITS COMPENSATION AND COMPENSATION POLICIES FOR EXECUTIVES AND KEY EMPLOYEES. THE OVERALL COMPENSATION STRUCTURE OF SENIOR STAFF IS OVERSEEN BY THE TALENT COMMITTEE (PART OF OUR BOARD OF DIRECTORS). SENIOR STAFF'S COMPENSATION IS REVIEWED PERIODICALLY BY THE TALENT COMMITTEE. THE TALENT COMMITTEE DOCUMENTS ITS MEETINGS VIA MINUTES, FOR ALL SENIOR STAFF, DECISIONS AROUND COMPENSATION ARE DOCUMENTED IN OUR INTERNAL RECORDS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OR, PA, RI  
SC, TN, UT, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS ARE POSTED ON CARE'S WEB SITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DECREASE IN VALUE OF SPLIT INTEREST AGREEMENTS	-1,389,796.
CHANGE IN SUBSIDIARY NET ASSET BALANCE	-607,327.
MINORITY INTEREST IN SUBSIDIARY INCOME	9,229.
TOTAL TO FORM 990, PART XI, LINE 9	-1,987,894.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.** Employer identification number **\*\*-\*\*\*5039**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CARE ACTION NOW INCORPORATED - 26-1728410 1100 17TH STREET NW, SUITE 900 WASHINGTON, DC 20036	ADVOCACY	DISTRICT OF COLUMBIA	501(C)(4)		CARE USA	X	

COOPERATIVE FOR ASSISTANCE AND RELIEF

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ACCESS AFRICA FUND - 27-3080676, 7315 WI AVENUE, #300W, BETHESDA, MD 20814	MICROFINANCE	DE	CARE USA	RELATED INVESTMENT I	-90,213.	744,193.		X	N/A		X	90.91%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CARE SOCIAL VENTURES, INC. - 38-3873371 151 ELLIS STREET NE ATLANTA, GA 30303	HOLDING COMPANY	DE	CARE USA	C CORP	-369,561.	1,023,269.	100%		X
CARE ENTERPRISES INC. - 30-1250716 151 ELLIS STREET NE ATLANTA, GA 30303	HOLDING COMPANY	DE	CARE USA	C CORP	-325,179.	0.	100%		X
THOMAS WILLIAMS TRUST - 36-6673112 3455 PEACHTREE ROAD NE ATLANTA, GA 30326	INVESTING	GA	BESSEMER	TRUST	6,521,695.	121,055,028.	66.67%		X



**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1) CARE ACTION NOW INCORPORATED</b>	B	500,000.	COST/FMV
<b>(2) CARE SOCIAL VENTURES</b>	B	521,752.	COST/FMV
<b>(3) CARE SOCIAL VENTURES</b>	R	137,000.	COST/FMV
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, LINE 2

FAIR MARKET VALUE OF SHARING PAID EMPLOYEES IS ALSO INCORPORATED INTO  
THE FAIR MARKET VALUE OF GRANTS PAID TO RELATED ORGANIZATIONS ON PART  
V, LINE 1B.