

990

Form

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations). Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.**A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020**

- B Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE INC

Doing business as

D Employer identification number
13-1685039

E Number and street (or P.O. box if mail is not delivered to street address)
151 ELLIS STREET NE

F City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 303032440

G Gross receipts \$ 765,358,610

H Name and address of principal officer:
MICHELLE NUNN
151 ELLIS STREET NE
ATLANTA, GA 303032440

H(a) Is this a group return for
subordinates? Yes No

H(b) Are all subordinates
included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number ►

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ► WWW.CARE.ORG

K Form of organization: Corporation Trust Association Other ►

L Year of formation: 1945

M State of legal domicile:
DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CARE WORKS AROUND THE GLOBE TO SAVE LIVES, DEFEAT POVERTY AND ACHIEVE SOCIAL JUSTICE.

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	19
4	18
5	534
6	18
7a	0
7b	0

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 39

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

602,938,894 599,312,237

9 Program service revenue (Part VIII, line 2g)

0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11,738,373 6,182,359

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

6,278,816 3,780,949

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

620,956,083 609,275,545

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

129,189,896 146,576,862

14 Benefits paid to or for members (Part IX, column (A), line 4)

0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

198,832,105 209,238,157

16a Professional fundraising fees (Part IX, column (A), line 11e)

5,615,631 4,771,702

b Total fundraising expenses (Part IX, column (D), line 25) ► 28,958,635

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

270,782,469 286,655,480

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

604,420,101 647,242,201

19 Revenue less expenses. Subtract line 18 from line 12

16,535,982 -37,966,656

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

538,474,281 508,084,592

21 Total liabilities (Part X, line 26)

162,215,502 176,084,363

22 Net assets or fund balances. Subtract line 21 from line 20

376,258,779 332,000,229

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.

2020-12-14

Date

Signature of officer

PETER BUIJS CFO

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name	Preparer's signature	Date 2020-12-14	Check <input type="checkbox"/> if self-employed	PTIN P00989558
Firm's name ► WARREN AVERETT LLC				Firm's EIN ► 45-4084437
Firm's address ► 2500 ACTON ROAD BIRMINGHAM, AL 35243				Phone no. (205) 979-4100

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 ACHIEVE SOCIAL JUSTICE. CARE USA OPERATES PROGRAMS IN MORE THAN 40 COUNTRIES THROUGHOUT AFRICA, ASIA, EUROPE, AND LATIN AMERICA.

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 \$ **338,065,356** including grants of \$ **83,917,978**) (Revenue \$ **0**)

DEVELOPMENT: APPROXIMATELY TWO-THIRDS OF CARE'S WORK RELATES TO DEVELOPMENT. CARE USA AND PARTNERS 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 \$ **252,422,641** including grants of \$ **62,658,884**) (Revenue \$ **0**)

HUMANITARIAN SERVICES: 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 ACTION INCLUDES PREPAREDNESS AND EARLY ACTION, EMERGENCY RESPONSE AND RECOVERY, AND ENCOURAGES FUTURE RESILIENCE AND EQUITABLE DEVELOPMENT. HUMANITARIAN WORK EXPENSES REFLECT ONGOING CONFLICTS AND NATURAL DISASTERS IN COUNTRIES THAT WE OPERATE. FOR FISCAL 2020, OUR LARGEST HUMANITARIAN EFFORTS WERE IN YEMEN, SYRIA, SOMALIA AND ETHIOPIA.

4c (Code:) (Expenses \$ **6,025,771** including grants of \$ **0**) (Revenue \$ **0**)

PUBLIC INFORMATION: CARE USA AIMS TO INFORM THE PUBLIC ABOUT POVERTY, THE SYSTEMATIC DISCRIMINATION AND MARGINALIZATION OF WOMEN AND GIRLS AROUND THE WORLD. CARE 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 in Schedule O.)(Expenses \$ including grants of \$) (Revenue \$)**4e** **Total program service expenses ►** **596,513,768**

Part IV Checklist of Required Schedules

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2** Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?
- 3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4** **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5** Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6** Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7** Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9** Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10** Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V
- 11** 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.
- a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f** 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)?
- 12a** If "Yes" to question 11a, did the organization report on Part X, column (A), independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- 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? If "Yes," complete Schedule F, Parts I and IV
- 15** 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? If "Yes," complete Schedule F, Parts II and IV
- 16** 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? If "Yes," complete Schedule F, Parts III and IV
- 17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21** 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? If "Yes," complete Schedule I, Parts I and II

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a	Yes	
14b	Yes	
15	Yes	
16		No
17	Yes	
18	Yes	
19		No
20a		No
20b		
21	Yes	

Part IV Checklist of Required Schedules (continued)

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

	Yes	No
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No

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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 226	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

226

Yes**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

0

No**c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?**Yes**

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	534	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
AF, BG, BN, BL, UV, BY, CO, IV, CG, DJ, EC, EG, ES, ET, GG, GH, GT, GV, HA, HO, IN, IZ, IS, JO, KE, KR, LT, MA, MT, MI, MN, NY, NJ, NO, NI, SU, PK, RP, RW, SL, SO, SF, OD, CE, TZ, TH, TU, UG, JK, YM, OC			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the year?	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <i>If "Yes," enter the name of the foreign country:</i>	5b	No	
c See instructions for filing deductible contributions in Part VI, Line 6, Form 8886; Report of Foreign Bank and Financial Accounts (FBAR).	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a	No	
a 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?	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	9a		
a Did the sponsoring organization make any taxable distributions under section 4966?	9b		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state?			
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15 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?	15	No	
16 Is the organization subject to the Form 4720, Subject to the section 4968 excise tax on net investment income?	16	No	
If "Yes," complete Form 4720, Schedule O.			

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

	1a	1b	19	18	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b Enter the number of voting members included in line 1a, above, who are independent					2	No
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					3	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?					4	Yes
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					5	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					6	No
6 Did the organization have members or stockholders?					7a	No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7b	No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					8a	Yes
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					8b	Yes
a The governing body?					9	No
b Each committee with authority to act on behalf of the governing body?						
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														No	
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?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?															
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13															
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?															
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done															
13 Did the organization have a written whistleblower policy?															
14 Did the organization have a written document retention and destruction policy?															
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official															
b Other officers or key employees of the organization															
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?															
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, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NC, NH, NJ, NM, NV, NY, OR, PA, RI, SC, TN, UT, VA, WV, WI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19 Describe in 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:	ROSEANNE THORNTON 151 ELLIS STREET NE ATLANTA, GA 303032440 (404) 979-9270

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 instructions for definition of "key employee."

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

- List all of the organization's **former** officers, key employees, or 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 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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated				
(1) PETER BESHAR	3.00		X					0	0	0
BOARD MEMBER	0.00									
(2) MARTHA BROOKS	3.00		X					0	0	0
BOARD MEMBER/CO-CHAIR	2.00									
(3) EDUARDO CASTRO-WRIGHT	3.00		X					0	0	0
BOARD MEMBER	1.00									
(4) MICHELE FLOURNOY	3.00		X					0	0	0
BOARD MEMBER/VICE CHAIR	2.00									
(5) EVERETT HARPER	3.00			X				0	0	0
BOARD MEMBER	0.00									
(6) JAY HALLIK	3.00			X				0	0	0
BOARD MEMBER	1.00									
(7) SUSAN HASSAN	3.00			X				0	0	0
BOARD MEMBER	0.00									
(8) GLENN HUTCHINS	3.00			X				0	0	0
BOARD MEMBER/CO-CHAIR	0.00									
(9) PAUL J JANSEN	3.00			X				0	0	0
BOARD MEMBER	1.00									
(10) RADHIKA JONES	3.00			X				0	0	0
BOARD MEMBER	0.00									
(11) STEPHEN P JOYCE	3.00			X				0	0	0
BOARD MEMBER	0.00									
(12) TESSA LYONS-LAING	3.00			X				0	0	0
BOARD MEMBER	2.00									
(13) H CONRAD MEYER III	3.00			X				0	0	0
BOARD MEMBER	0.00									
(14) WILLIAM MOSAKOWSKI	3.00			X				0	0	0
BOARD MEMBER	0.00									
(15) CHRIS O'LEARY	3.00			X				0	0	0
BOARD MEMBER	0.00									
(16) KATHRYN PETRALIA	3.00			X				0	0	0
BOARD MEMBER/TREASURER	0.00									
(17) ENGLISH SALL	3.00			X				0	0	0
BOARD MEMBER	0.00									

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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
(18) RICHARD STENGEL	3.00						0	0	0
BOARD MEMBER	0.00	X							
(19) MARY M NUNN	38.00		X				391,985	0	19,886
PRESIDENT AND CEO	2.00								
(20) PETER BUIJS	38.00			X			236,264	0	25,151
CHIEF FINANCIAL OFFICER	2.00								
(21) ERIC D JOHNSON	40.00			X			163,668	0	23,784
SECRETARY/GEN COUNSEL	0.00								
(22) EMMA M NAYLOR-NGUGI	40.00			X			264,965	0	16,076
REGIONAL DIR EAST, CENTRAL, & S. AFRICA	0.00								
(23) JAMIE D TERZI	40.00			X			203,999	0	20,083
VP PROGRAM PARTNERSHIP & LEARNING	0.00								
(24) NICHOLAS C OSBORNE	40.00			X			254,041	0	23,129
VP INTL PROGRAM OPERATIONS	0.00								
(25) SARAH J TAYLOR PEACE	40.00			X			284,649	0	17,597
CHIEF REVENUE OFFICER	0.00								
(26) DEEPMALA MAHLA	40.00			X			218,917	0	1,009
REG DIR ASIA REG MGMT UNIT	0.00								
(27) TJADA D MCKENNA	40.00			X			193,319	0	8,891
CHIEF OPERATIONS OFFICER	0.00								
(28) YAWA U MENSAH	40.00			X			193,318	0	13,085
REGIONAL DIRECTOR WEST AFRICA	0.00								
(29) NIRVANA SHAWKY	40.00			X			172,968	0	6,020
REGIONAL DIRECTOR MIDDLE EAST/N. AFRICA	0.00								
(30) JOHN AYLWARD	40.00			X			258,765	0	22,881
CHIEF MARKETING OFFICER	0.00								
(31) MARC NOSBACH	40.00			X			239,301	0	7,758
COUNTRY DIRECTOR	0.00								
(32) ROSE FRANCOISE M TCHWENKO	40.00			X			236,638	0	7,233
COUNTRY DIRECTOR	0.00								
(33) WALTER M MWASAA	40.00			X			226,519	0	11,718
ACTING COUNTRY DIRECTOR	0.00								
(34) DAVID B RAY	32.00			X			224,958	0	22,174
VP ADVOCACY	8.00								
(35) HEATHER A HIGGINBOTTOM	0.00			X			105,001	0	6,552
COO (THROUGH 4/19)	0.00								
(36) NAVI R GYAWALI	0.00			X			122,941	0	0
REGIONAL DIRECTOR (THROUGH 12/18)	0.00								
(37) ROBERT M PHILLIPS III	0.00			X			173,428	0	9,808
CHIEF DIGITAL OFFICER (THROUGH 6/19)	0.00								

1b Sub-Total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

4,165,644 0 262,835

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 ► 253

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- | | | |
|---|-----|----|
| | Yes | No |
| 3 | Yes | |
- 4** 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? If "Yes," complete Schedule J for such individual
- | | | |
|---|-----|----|
| | Yes | No |
| 4 | Yes | |
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person
- | | | |
|---|-----|----|
| | Yes | No |
| 5 | | No |

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
PRODUCTION SOLUTIONS 1953 GALLONS ROADS SUITE 500 VIENNA, VA 22182	DIRECT MAILING SERVICES	6,564,963
US BANK 800 NICOLLET MALL MINNEAPOLIS, MN 55402	FINANCIAL SERVICES	3,802,753
CA SOUTH 800 BATTERY AVENUE SUITE 420 ATLANTA, GA 30339	CONSTRUCTION	3,273,760
ASCENTA GROUP US INC 315 W 36TH ST 10TH FLOOR NEW YORK, NY 10018	IN PERSON MARKETING	1,778,378
NEWPORT ONE INC 21 RAILROAD AVENUE DUXBURY, MA 02332	FUNDRAISING STRATEGY	1,639,049
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 ► 102		

Form **990** (2019)

Part VIII

Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	102,922			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	1,960,469			
	d Related organizations	1d				
	e Government grants (contributions)	1e	208,021,903			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	389,226,943			
	g Noncash contributions included in lines 1a - 1f:\$	1g	35,749,830			
	h Total. Add lines 1a-1f . . . ►		599,312,237			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g Total. Add lines 2a-2f. . . .					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,568,775			3,568,775
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		11,628			11,628
		(i) Real (ii) Personal				
	6a Gross rents	96,784	165,610			
	b Less: rental expenses	0	0			
	c Rental income or (loss)	96,784	165,610			
	d Net rental income or (loss)		262,394			262,394
		(i) Securities (ii) Other ►				
	7a Gross amount from sales of assets other than inventory	157,816,951	456,247			
	b Less: cost or other basis and sales expenses	155,659,614	0			
	c Gain or (loss)	2,157,337	456,247			
	d Net gain or (loss) ►		2,613,584			2,613,584
	8a Gross income from fundraising events (not including \$ 1,960,469 of contributions reported on line 1c). See Part IV, line 18		110,500			
	b Less: direct expenses	423,451				
	c Net income or (loss) from fundraising events . . . ►		-312,951			-312,951
	9a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities . . . ►					

10a Gross sales of inventory, less returns and allowances . . .	10a			
b Less: cost of goods sold	10b			
c Net income or (loss) from sales of inventory . . . ►				
Miscellaneous Revenue	Business Code			
11a SALE OF GOODS NON-UBIT	900099	1,913,348		1,913,348
b FOREIGN EXCHANGE GAIN	900099	1,473,109		1,473,109
c				
d All other revenue		433,421		433,421
e Total. Add lines 11a-11d ►		3,819,878		
12 Total revenue. See instructions ►		609,275,545	0	0
				9,963,308

Form **990** (2019)

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,607,681	13,607,681		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	132,969,181	132,969,181		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,301,686	1,549,720	1,399,751	352,215
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	158,964,845	139,685,210	11,928,974	7,350,661
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,766,678	4,707,937	603,635	455,106
9 Other employee benefits	34,555,857	31,024,976	2,013,710	1,517,171
10 Payroll taxes	6,649,091	5,381,751	717,471	549,869
11 Fees for services (non-employees):				
a Management				
b Legal	501,869	440,753	15,376	45,740
c Accounting	1,621,409	1,112,931	508,478	
d Lobbying	227,200	227,200		
e Professional fundraising services. See Part IV, line 17	4,771,702			4,771,702
f Investment management fees	174,130		174,130	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,836,138	26,378,814	1,519,341	937,983
12 Advertising and promotion	5,580,967	3,642,358	145,297	1,793,312
13 Office expenses	24,697,498	16,669,528	1,317,018	6,710,952
14 Information technology	5,690,602	4,838,653	-401,555	1,253,504
15 Royalties				
16 Occupancy	13,251,251	11,958,447	572,554	720,250
17 Travel	31,013,666	30,293,921	474,480	245,265
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,506,881	18,406,231	33,815	66,835
20 Interest	12,096	12,123	-27	
21 Payments to affiliates	1,619,629	1,619,629		
22 Depreciation, depletion, and amortization	4,917,598	3,600,535	629,881	687,182
23 Insurance	736,004	612,250	65,745	58,009
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EMERGENCY SUPPLIES	116,931,141	116,908,359	19,191	3,591
b AGRICULTURAL COMMODITIES	22,845,097	22,845,097		
c CONTRIBUTIONS IN KIND	5,199,218	5,199,218		
d				
e All other expenses	4,293,086	2,821,265	32,533	1,439,288
25 Total functional expenses. Add lines 1 through 24e	647,242,201	596,513,768	21,769,798	28,958,635
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets				
1	Cash—non-interest-bearing	135,731	1	131,105
2	Savings and temporary cash investments	69,866,618	2	95,672,189
3	Pledges and grants receivable, net	134,821,526	3	103,944,302
4	Accounts receivable, net	20,440,651	4	15,518,505
5	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		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net	210,098	7	186,041
8	Inventories for sale or use	2,655,309	8	1,645,904
9	Prepaid expenses and deferred charges	3,854,187	9	3,947,096
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 86,138,784		
b	Less: accumulated depreciation	10b 67,871,740	20,179,252	10c 18,267,044
11	Investments—publicly traded securities	131,623,598	11	126,901,135
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11	2,263,051	13	1,356,086
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	152,424,260	15	140,515,185
16	Total assets: Add lines 1 through 15 (must equal line 34)	538,474,281	16	508,084,592
Liabilities				
17	Accounts payable and accrued expenses	53,858,203	17	46,769,100
18	Grants payable		18	
19	Deferred revenue	82,193,158	19	88,918,912
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	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		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	26,164,141	25	40,396,351
26	Total liabilities: Add lines 17 through 25	162,215,502	26	176,084,363
Net Assets or Fund Balances				
	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	65,106,874	27	66,826,602
28	Net assets with donor restrictions	311,151,905	28	265,173,627
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	376,258,779	32	332,000,229
33	Total liabilities and net assets/fund balances	538,474,281	33	508,084,592

Part XI**Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	609,275,545
2	Total expenses (must equal Part IX, column (A), line 25)	2	647,242,201
3	Revenue less expenses. Subtract line 2 from line 1	3	-37,966,656
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	376,258,779
5	Net unrealized gains (losses) on investments	5	-3,703,673
6	Donated services and use of facilities	6	3,885
7	Investment expenses	7	
8	Prior period adjustments	8	-156,867
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,435,239
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A))	10	332,000,229

Part XII Financial Statements and ReportingCheck 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 in 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 in 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 Single Audit Act and OMB Circular A-133?**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

2019

Open to Public Inspection

SCHEDULE A
(Form 990 or 990EZ)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 for instructions and the latest information.**Name of the organization**COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE INC**Employer identification number**

13-1685039

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 or 990-EZ).)
- 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 **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 in 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		

Total

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	517,869,079	601,454,932	596,595,507	602,938,894	599,312,237	2,918,170,649
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3	517,869,079	601,454,932	596,595,507	602,938,894	599,312,237	2,918,170,649
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						540,845,770
6 Public support. Subtract line 5 from line 4.						2,377,324,879

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	517,869,079	601,454,932	596,595,507	602,938,894	599,312,237	2,918,170,649
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	6,495,820	4,949,625	5,168,595	5,000,587	3,842,797	25,457,424
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	4,217,808	2,409,955	3,456,747	6,453,488	3,819,878	20,357,876
11 Total support. Add lines 7 through 10						2,963,985,949
12 Gross receipts from related activities, etc. (see instructions)					12	222,524
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	80.210 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	79.370 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. 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 stop here . 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 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.). .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. 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		<input type="checkbox"/>
b 33 1/3% support tests—2018. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c** 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)? 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.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** 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? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a** 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))? If "Yes," provide detail in **Part VI**.
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** 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)? If "Yes," answer line 10b below.
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - A family member of a person described in (a) above?
 - A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** 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? 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** 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)? 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** 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?
- 2** 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? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), 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? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. Complete **line 3** below.
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer (a) and (b) below.

- a** 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? 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.

	Yes	No
2a		

- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.**

	Yes	No
2b		

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** 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? Provide details in **Part VI**.

	Yes	No
3a		

- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard.**

	Yes	No
3b		

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.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 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)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <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)		

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

(continued)

Section D Distributions**Current Year**

1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019: a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10	TOTAL OTHER INCOME OF \$3,819,878 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.

Additional Data

Return to Form

Software ID:

Software Version:

2019

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

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

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

Employer identification number

13-1685039

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

- 501(c)() (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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE INC**Employer identification number**

13-1685039

Part I**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.**Contributors**

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INC		Employer identification number 13-1685039	
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
	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____

Name of organization

NAME OF ORGANIZATION
COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE INC

Employer identification number

13-1685039

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 information once. See instructions.) ► \$ _____
I Use duplicate copies of Part III if additional space is needed.

Use duplicate copies of Part III if additional space is needed.

Additional Data

Return to Form

Software ID:

Software Version:

2019

Open to Public
Inspection**SCHEDULE C**
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**

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 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 the organization
 COOPERATIVE FOR ASSISTANCE AND RELIEF
 EVERYWHERE INC

 Employer identification number
 13-1685039
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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ► \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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-.
1				
2				
3				
4				
5				
6				

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.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals**(b)** Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-.
- i** Subtract line 1f from line 1c. If zero or less, enter -0-.
- j** 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?

 Yes No

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.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
---	----------	----------	----------	----------	-----------

2a Lobbying nontaxable amount**b** Lobbying ceiling amount
(150% of line 2a, column(e))**c** Total lobbying expenditures**d** Grassroots nontaxable amount**e** Grassroots ceiling amount
(150% of line 2d, column (e))**f** 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
1			
a	Yes		
b	Yes		
c	Yes		90,752
d	Yes		8,274
e	Yes		16,571
f		No	
g	Yes		54,526
h	Yes		41,900
i	Yes		15,177
j			227,200
2a		No	
b			
c			
d			

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 |
|---|-----|----|
| 1 | 1 | |
| 2 | 2 | |
| 3 | 3 | |
- 1 Were substantially all (90% or more) dues received nondeductible by members?
- 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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."

- | | 1 |
|---|----|
| 1 | 1 |
| 2 | 2a |
| b | 2b |
| c | 2c |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
- 1 Dues, assessments and similar amounts from members
- 2 Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid**).
- a Current year
- b Carryover from last year
- c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .
- 4 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 expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

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.

Return Reference	Explanation
SCHEDULE C, PART II-B, 1A	USE OF VOLUNTEERS FOR SENDING LETTERS AND PUBLICATIONS TO GOVERNMENT OFFICIALS AND LEGISLATORS; MEETING WITH AND CALLING GOVERNMENT OFFICIALS AND LEGISLATORS. SCHEDULE C, PART II-B, 1B USE OF PAID STAFF OR MANAGEMENT FOR SENDING LETTERS AND PUBLICATIONS TO GOVERNMENT 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 USE OF PAID CONSULTANTS AND RELATED COSTS 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 CONSTITUENT ADVOCATES, PARTICIPATING IN INTERNAL MEETINGS, PLANNING AND IMPLEMENTING EXTERNAL MEETINGS AND COALITION MANAGEMENT.

Additional Data

Software ID:
Software Version:

Return to Form

2019

Open to Public
Inspection**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.**Name of the organization**COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERWHERE INC**Employer identification number**

13-1685039

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.

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

...
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . .

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,240,164	37,143,738	37,243,208	35,541,074	35,739,921
b Contributions	2,692,256	5,227	5,187	383,008	56,686
c Net investment earnings, gains, and losses	-262,766	2,048,015	2,433,928	3,830,605	862,771
d Grants or scholarships					
e Other expenditures for facilities and programs	2,169,209	3,930,785	2,509,768	2,482,475	1,090,292
f Administrative expenses	24,552	26,031	28,817	29,001	28,012
g End of year balance	35,475,893	35,240,164	37,143,738	37,243,211	35,541,074

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► 14.230 %

b Permanent endowment ► 47.290 %

c Temporarily restricted endowment ► 38.480 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
3a(i)	Yes	
3a(ii)	No	
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,066,714		3,066,714
b Buildings		15,155,441	10,375,150	4,780,291
c Leasehold improvements		2,370,533	2,156,457	214,076
d Equipment		65,546,096	55,340,133	10,205,963
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ►				18,267,044

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (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	136,015,313
(2) OTHER ASSETS	3,558,031
(3) DEPOSITS	941,841
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	140,515,185

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	0
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	40,396,351

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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.

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

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.

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

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.

Return Reference	Explanation
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.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

2019

Open to Public
Inspection**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.Department of the Treasury
Internal Revenue ServiceName of the organization
COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE INC

Employer identification number

13-1685039

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. Yes No

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 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 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
(1) CENTRAL AMERICA AND THE CARIBBEAN	13	272	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	18,106,404
(2) MIDDLE EAST AND NORTH AFRICA	47	679	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	98,650,951
(3) RUSSIA AND THE NEWLY INDEPENDENT STATES	2	21	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	580,833
(4) SOUTH AMERICA	4	67	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	8,055,550
(5) SOUTH ASIA	69	1,296	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	85,983,821
(6) SUB-SAHARAN AFRICA	117	3,686	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	270,822,909
(7) EAST ASIA AND THE PACIFIC	6	43	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	9,932,575
(8) EUROPE (INCLUDING ICELAND AND GREENLAND)	17	208	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	39,411,963
(9) NORTH AMERICA	0	9	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	56,673
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total . . .	275	6,272			531,545,006
b Total from continuation sheets to Part I . . .	0	9			56,673
c Totals (add lines 3a and 3b)	275	6,281			531,601,679

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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

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.

ReturnReference	Explanation
PART I, LINE 2:	<p>CARE MONITORS SUB AGREEMENTS TO DETERMINE WHETHER BOTH CARE AND THE SUB-RECIPIENT ARE PERFORMING ACCORDING TO THE AGREED SCOPE OF WORK AND APPLICABLE CAPACITY IMPROVEMENT 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 SUB AGREEMENTS TOWARDS THE ACHIEVEMENT OF INTENDED OUTCOMES AND CONTRIBUTIONS TO CARE'S PROGRAM STRATEGY AND IMPACT.</p> <p>MONITORING THROUGH "ON GOING ACTIVITIES", ALSO KNOWN AS "DURING-THE-AWARD MONITORING" MAY TAKE VARIOUS FORMS. A FUNDAMENTAL MONITORING TOOL IS INFORMING THE SUB-RECIPIENT 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 SUB-RECIPIENT 2. PERFORMING SITE VISITS TO THE SUB-RECIPIENT TO REVIEW FINANCIAL AND PROGRAMMATIC RECORDS AND OBSERVE OPERATIONS 3. REGULAR CONTACT WITH THE SUB-RECIPIENT AND MAKING APPROPRIATE INQUIRIES CONCERNING PROGRAM ACTIVITIES 4. ARRANGING FOR AGREED-UPON PROCEDURES AND ENGAGEMENTS FOR CERTAIN ASPECTS OF SUB-RECIPIENT ACTIVITIES SUCH AS ELIGIBILITY DETERMINATION. DONOR LAWS AND REGULATIONS MAY IMPOSE SUB-RECIPIENT MONITORING REQUIREMENTS SPECIFIC TO A PROGRAM. IN ADDITION, FACTORS SUCH AS THE SIZE OF AWARDS, PERCENTAGE OF THE PASS-THROUGH ENTITY'S TOTAL PROGRAM FUNDS AWARDED TO SUB-RECIPIENTS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, AND RISK OF SUB-RECIPIENT NON-COMPLIANCE AS ASSESSED BY THE PASS-THROUGH ENTITY MAY INFLUENCE THE NATURE AND EXTENT OF MONITORING PROCEDURES.</p>
PART III ACCOUNTING METHOD:	
SCHEDULE F, PART II, COLUMN D	<p>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 (WOMEN'S 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 (WOMEN'S ECONOMIC EMPOWERMENT). 10. HUMANITARIAN-OTHER.</p>

Additional Data

Software ID:

Software Version:

2019

Open to Public Inspection

**SCHEDULE G
(Form 990 or 990-EZ)****Supplemental Information Regarding
Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.Department of the Treasury
Internal Revenue ServiceName of the organization
COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE INCEmployer identification number
13-1685039**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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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			
1 NEWPORT ONE INC 21 RAILROAD AVE DAXBURY, MA 02332	CONSULTS ON DIRECT MAIL AND EMAIL		No	13,516,198	1,223,751	12,292,447
2 CHANGING OUR WORLD INC 220 E 42ND ST 5TH FLOOR NEW YORK, NY 10017	CONSULTS ON CAMPAIGN AND MAJOR GIFTS		No	8,000,000	189,000	7,811,000
3 TRUESENSE MARKETING 155 COMMERCE DR FREEDOM, PA 15042	FUNDRAISING/MARKETING MANAGEMENT CONSULTING		No	6,008,128	402,210	5,605,918
4 MR STRATEGIC SERVICES INC 1901 L ST NW SUITE 800 WASHINGTON, DC 20036	WEB STRATEGY & EXECUTION		No	2,961,338	515,336	2,446,002
5 MDS COMMUNICATION CORP 545 W JUANITA AVE MESA, AZ 85210	TELEMARKETING		No	1,271,384	806,141	465,243
6 ASCENTA GROUP INC 315 W 36TH ST 10TH FL NEW YORK, NY 10018	IN PERSON MARKETING		No	779,604	1,371,931	-592,327
7 BRITTNEY GOVE CONSULTING LLC 585 CHEROKEE AVE SE ATLANTA, GA 30312	CAUSE MARKETING STRATEGY		No	183,465	33,125	150,340
8 NEW CANVASSING EXPERIENCE INC 1812 MAIN ST BASSTROP, TX 78602	IN PERSON MARKETING		No	13,662	27,819	-14,157
9 UP FUNDRAISING 500 QUEEN ST E UNIT 145 TORONTO, ONTARIO CA	IN PERSON MARKETING		No	6,431	142,389	-135,958
10 FORWARDPMX 5 HANOVER SQUARE NEW YORK, NY 10004	LIST BROKER/CONSULTING		No	0	60,000	-60,000
Total				32,740,210	4,771,702	27,968,508

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

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 IMPACT AWARDS (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	2,070,969			2,070,969
2 Less: Contributions	1,960,469			1,960,469
3 Gross income (line 1 minus line 2)	110,500			110,500
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	36,810			36,810
7 Food and beverages	111,600			111,600
8 Entertainment	10,096			10,096
9 Other direct expenses	264,945			264,945
10 Direct expense summary. Add lines 4 through 9 in column (d)				423,451
11 Net income summary. Subtract line 10 from line 3, column (d)				-312,951

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: _____

Schedule G (Form 990 or 990-EZ) 2019

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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.

Return Reference	Explanation
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 NEWPORT ONE, FUNDRAISING EXPENSES INCLUDE ADDITIONAL EMAIL SENDS = \$57,277. - FOR CHANGING OUR WORLD, FUNDRAISING EXPENSES INCLUDE TRAVEL AND COMMUNICATIONS EXPENSE = \$2,075. - FOR M+R STRATEGIC SERVICES INC. FUNDRAISING EXPENSES INCLUDE PAID SEARCH AND EMAIL ACQUISITION = \$446,919. - FOR FORWARD PMX, FUNDRAISING EXPENSES INCLUDE DONOR LIST SERVICES, REPORTING, SEGMENTATION, LIST FULFILLMENT AND MERGE SERVICES = \$448,161.
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 THE BELOW VENDORS, THE OR CONTRACT DEFINES THE EXACT COSTS FOR PROFESSIONAL FUNDRAISING SERVICES. ALL OTHER COSTS ARE CONSIDERED FUNDRAISING EXPENSES. - NEWPORT ONE - CHANGING OUR WORLD - M+R STRATEGIC SERVICES INC. - FORWARD PMX 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. - ASCENTA (PAY COST BY DONOR) - UP FUNDRAISING (PAY COST BY DONOR) - MDS COMMUNICATIONS CORP (PAY COST BY COMPLETED CALLS) - NEW CANVASSING EXPERIENCE (PAY COST BY DONOR)
GROSS RECEIPTS FROM ACTIVITY	CARE USA USED ASCENTA, NEW CANVASSING EXPERIENCE AND UP FUNDRAISING TO AQUIRE BRAND NEW 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. THIS RESULTED IN A NET NEGATIVE INCOME IN FISCAL YEAR 2020. CARE USA USED FORWARD PMX, AN ACQUISITION BROKERAGE, AS A FEEDER POOL TO HELP GENERATE INCOME IN DIRECT MAIL. INCOME ATTRIBUTED TO THESE EFFORTS ARE ALREADY INCLUDED IN VENDOR OTHER LINES IN PART I.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

OMB No. 1545-0047

**Schedule I
(Form 990)****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 for the latest information.**2019**Open to Public
InspectionDepartment of the
Treasury
Internal Revenue Service

Name of the organization

COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE INC

Employer identification number

13-1685039

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACTION AGAINST HUNGER USA 1 WHITEHALL ST NEW YORK, NY 10004	13-3327220	501(C)3	9,930		N/A	N/A	1
(2) CATHOLIC RELIEF SERVICES USCCB INC 228 W LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)3	1,585,355		N/A	N/A	1
(3) DOUBLE X ECONOMY LLC 1875 CONN AVE WASHINGTON, DC 20009	46-5559371	N/A	101,152		N/A	N/A	4
(4) EMORY UNIVERSITY GRANTS 1599 CLIFTON ROAD NE 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)3	59,768		N/A	N/A	3
(5) FAMILY HEALTH INTERNATIONAL 359 BLACKWELL ST DURHAM, NC 27709	23-7413005	501(C)3	47,540		N/A	N/A	1
(6) HELEN KELLER INTERNATIONAL 352 PARK AVE S NEW YORK, NY 10010	13-5562162	501(C)3	843,141		N/A	N/A	1
(7) INSTITUTE FOR HEALTHCARE IMPROVEMENT 20 UNIVERSITY ROAD 7TH FLOOR CAMBRIDGE, MA 02138	38-3017223	501(C)3	151,593		N/A	N/A	3
(8) INTERNATIONAL DEVELOPMENT ENTERPRISES 1031 33RD ST 270 DENVER, CO 80205	56-2649306	501(C)3	25,494		N/A	N/A	1
(9) INTERNATIONAL FOOD POLICY RESEARCH 1201 EYE STREET NW WASHINGTON, DC 20005	52-1041632	501(C)3	140,186		N/A	N/A	1
(10) INTERNATIONAL ORTHODOX CHRISTIAN CH 110 WEST ROAD SUITE 360 BALTIMORE, MD 21204	25-1679348	501(C)3	344,129		N/A	N/A	5
(11) INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10017	13-5660870	501(C)3	151,365		N/A	N/A	1
(12) JHPIEGO AN AFFILIATE OF 1615 THAMES STREET BALTIMORE, MD 21205	23-7424444	501(C)3	210,666		N/A	N/A	3
(13) JOHNS HOPKINS UNIVERSITY 615 N WOLFE STREET W4041 BALTIMORE, MD 21205	52-0595110	501(C)3	177,121		N/A	N/A	3
(14) MAP INTERNATIONAL 4700 GLYNCO PKWY	36-2586390	501(C)3	12,733		N/A	N/A	8

BRUNSWICK, GA 31525							
(15) MERCY CORPS INTERNATIONAL 45 SW ANKENY STREET PORTLAND, OR 97201	91-1148123	501(C)3	721,292		N/A	N/A	1
(16) METABIOTA INC 425 CALIFORNIA ST SUITE 1200 SAN FRANCISCO, CA 94104	26-3139661	N/A	23,022		N/A	N/A	3
(17) MOBILIZE LOVE 3321 VICENTE ST SAN FRANCISCO, CA 94116	82-1148375	501(C)3	5,184		N/A	N/A	7
(18) NATIONAL ACTION NETWORK INC 106 W 145TH STREET HARLEM NEW YORK, NY 10039	11-3269182	501(C)4	463,590		N/A	N/A	7
(19) OPPORTUNITY INTERNATIONAL 550 W VAN BUREN ST CHICAGO, IL 60607	54-0907624	501(C)3	1,275,947		N/A	N/A	1
(20) POPULATION SERVICES INTERNATIONAL 1120 19TH STREET NW SUITE 600 WASHINGTON, DC 20036	56-0942853	501(C)3	81,767		N/A	N/A	4
(21) RELIEF INTERNATIONAL 1101 14TH ST NW WASHINGTON, DC 20005	95-4300662	501(C)3	268,289		N/A	N/A	8
(22) SAINT LOUIS UNIVERSITY SPONSORED PROGROMS FUSZ HALL 3RD FLOOR ST LOUIS, MO 63108	43-0654872	501(C)3	39,523		N/A	N/A	3
(23) SAVE THE CHILDREN FEDERATION INC 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501(C)3	3,744,066		N/A	N/A	1
(24) SEARCH FOR COMMON GROUND 1601 CONNECTICUT AVE WASHINGTON, DC 20036	52-1257425	501(C)3	74,135		N/A	N/A	7
(25) SNV USA 7514 WISCONSIN AVENUE SUITE400 BETHESDAMD20814 NASHVILLE, TN 37203	90-0756603	501(C)3	1,371,368		N/A	N/A	1
(26) UNIVERSITY OF CALIFORNIA SAN FRANCISCO UCSF MAIN DEPOSITORY LOS ANGELES, CA 94143	94-6036493	501(C)3	90,655		N/A	N/A	8
(27) WATERAID AMERICA INC 233 BROADWAY SUITE 2705 NEW YORK, NY 10279	30-0181674	501(C)3	1,539,165		N/A	N/A	1
(28) WORLD VISION INC 800 WEST CHESTNUT AVE MONROVIA, CA 91016	95-3202116	501(C)3	49,505		N/A	N/A	1

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

25

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

3

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	CARE MONITORS SUB AGREEMENTS TO DETERMINE WHETHER BOTH CARE AND THE SUB-RECIPIENT ARE PERFORMING ACCORDING TO THE AGREED SCOPE OF WORK AND APPLICABLE CAPACITY IMPROVEMENT 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 SUB AGREEMENTS TOWARDS THE ACHIEVEMENT OF INTENDED OUTCOMES AND CONTRIBUTIONS TO CARE'S PROGRAM STRATEGY AND IMPACT. MONITORING THROUGH "ON GOING ACTIVITIES", ALSO KNOWN AS "DURING-THE-AWARD MONITORING" MAY TAKE VARIOUS FORMS. A FUNDAMENTAL MONITORING TOOL IS INFORMING THE SUB-RECIPIENT 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 SUB-RECIPIENT 2. PERFORMING SITE VISITS TO THE SUB-RECIPIENT TO REVIEW FINANCIAL AND PROGRAMMATIC RECORDS AND OBSERVE OPERATIONS 3. REGULAR CONTACT WITH THE SUB-RECIPIENT AND MAKING APPROPRIATE INQUIRIES CONCERNING PROGRAM ACTIVITIES 4. ARRANGING FOR AGREED-UPON PROCEDURES AND ENGAGEMENTS FOR CERTAIN ASPECTS OF SUB-RECIPIENT ACTIVITIES SUCH AS ELIGIBILITY DETERMINATION. DONOR LAWS AND REGULATIONS MAY IMPOSE SUB-RECIPIENT MONITORING REQUIREMENTS SPECIFIC TO A PROGRAM. IN ADDITION, FACTORS SUCH AS THE SIZE OF AWARDS, PERCENTAGE OF THE PASS-THROUGH ENTITY'S TOTAL PROGRAM FUNDS AWARDED TO SUB-RECIPIENTS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, AND RISK OF SUB-RECIPIENT 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 4. DEVELOPMENT-ACCESS TO AND CONTROL OVER ECONOMIC RESOURCES (WOMEN'S 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

Additional Data

Software ID:

Software Version:

Return to Form

**Schedule J
(Form 990)****Compensation Information**

OMB No. 1545-0047

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 for instructions and the latest information.**2019****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERWHERE INC

Employer identification number

13-1685039

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 (e.g., 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

	Yes	No
1b	Yes	

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

2	Yes	
----------	-----	--

- 3** Indicate which, if any, of the following the filing 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.

4a	Yes	
4b	No	
4c	No	

Only 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:

5a	No
5b	No

- 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:

6a	No
6b	No

- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

7	No
8	No

- 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	No

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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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) 390,127 (ii) 0	(i) 0 (ii) 0	(i) 1,858 (ii) 0	(i) 12,530 (ii) 0	(i) 7,356 (ii) 0	(i) 411,871 (ii) 0	(i) 0 (ii) 0
2 PETER BUIJS CHIEF FINANCIAL OFFICER	(i) 229,825 (ii) 0	(i) 0 (ii) 0	(i) 6,439 (ii) 0	(i) 18,887 (ii) 0	(i) 6,264 (ii) 0	(i) 261,415 (ii) 0	(i) 0 (ii) 0
3 ERIC D JOHNSON SECRETARY/GEN COUNSEL	(i) 162,895 (ii) 0	(i) 0 (ii) 0	(i) 773 (ii) 0	(i) 13,828 (ii) 0	(i) 9,956 (ii) 0	(i) 187,452 (ii) 0	(i) 0 (ii) 0
4 EMMA M NAYLOR-NGUGI REGIONAL DIR EAST, CENTRAL, & S. AFR	(i) 264,965 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 13,893 (ii) 0	(i) 2,183 (ii) 0	(i) 281,041 (ii) 0	(i) 0 (ii) 0
5 JAMIE D TERZI VP PROGRAM PARTNERSHIP & LEARNING	(i) 203,369 (ii) 0	(i) 0 (ii) 0	(i) 630 (ii) 0	(i) 16,000 (ii) 0	(i) 4,083 (ii) 0	(i) 224,082 (ii) 0	(i) 0 (ii) 0
6 NICHOLAS C OSBORNE VP INTL PROGRAM OPERATIONS	(i) 252,769 (ii) 0	(i) 0 (ii) 0	(i) 1,272 (ii) 0	(i) 20,437 (ii) 0	(i) 2,692 (ii) 0	(i) 277,170 (ii) 0	(i) 0 (ii) 0
7 SARAH J TAYLOR PEACE CHIEF REVENUE OFFICER	(i) 283,803 (ii) 0	(i) 0 (ii) 0	(i) 846 (ii) 0	(i) 10,400 (ii) 0	(i) 7,197 (ii) 0	(i) 302,246 (ii) 0	(i) 0 (ii) 0
8 DEEPMALA MAHLA REG DIR ASIA REG MGMT UNIT	(i) 193,461 (ii) 0	(i) 0 (ii) 0	(i) 25,456 (ii) 0	(i) 0 (ii) 0	(i) 1,009 (ii) 0	(i) 219,926 (ii) 0	(i) 0 (ii) 0
9 TJADA D MCKENNA CHIEF OPERATIONS OFFICER	(i) 180,225 (ii) 0	(i) 12,538 (ii) 0	(i) 556 (ii) 0	(i) 0 (ii) 0	(i) 8,891 (ii) 0	(i) 202,210 (ii) 0	(i) 0 (ii) 0
10 YAWA U MENSAH REGIONAL DIRECTOR WEST AFRICA	(i) 155,891 (ii) 0	(i) 0 (ii) 0	(i) 37,427 (ii) 0	(i) 10,147 (ii) 0	(i) 2,938 (ii) 0	(i) 206,403 (ii) 0	(i) 0 (ii) 0
11 NIRVANA SHAWKY REGIONAL DIRECTOR MIDDLE EAST/N. AFR	(i) 146,805 (ii) 0	(i) 0 (ii) 0	(i) 26,163 (ii) 0	(i) 2,598 (ii) 0	(i) 3,422 (ii) 0	(i) 178,988 (ii) 0	(i) 0 (ii) 0
12 JOHN AYLWARD CHIEF MARKETING OFFICER	(i) 257,919 (ii) 0	(i) 0 (ii) 0	(i) 846 (ii) 0	(i) 20,800 (ii) 0	(i) 2,081 (ii) 0	(i) 281,646 (ii) 0	(i) 0 (ii) 0
13 MARC NOSBACH COUNTRY DIRECTOR	(i) 127,263 (ii) 0	(i) 0 (ii) 0	(i) 112,038 (ii) 0	(i) 4,336 (ii) 0	(i) 3,422 (ii) 0	(i) 247,059 (ii) 0	(i) 0 (ii) 0
14 ROSE FRANCOISE M TCHWENKO COUNTRY DIRECTOR	(i) 133,841 (ii) 0	(i) 0 (ii) 0	(i) 102,797 (ii) 0	(i) 3,930 (ii) 0	(i) 3,303 (ii) 0	(i) 243,871 (ii) 0	(i) 0 (ii) 0
15 WALTER M MWASAA ACTING COUNTRY DIRECTOR	(i) 122,382 (ii) 0	(i) 0 (ii) 0	(i) 104,137 (ii) 0	(i) 8,296 (ii) 0	(i) 3,422 (ii) 0	(i) 238,237 (ii) 0	(i) 0 (ii) 0
16 DAVID B RAY VP ADVOCACY	(i) 221,937 (ii) 0	(i) 0 (ii) 0	(i) 3,021 (ii) 0	(i) 17,244 (ii) 0	(i) 4,930 (ii) 0	(i) 247,132 (ii) 0	(i) 0 (ii) 0
17 HEATHER A HIGGINBOTTOM COO (THROUGH 4/19)	(i) 95,624 (ii) 0	(i) 0 (ii) 0	(i) 9,377 (ii) 0	(i) 4,157 (ii) 0	(i) 2,395 (ii) 0	(i) 111,553 (ii) 0	(i) 0 (ii) 0
18 NAVAR GYAWALI REGIONAL DIRECTOR (THROUGH 12/18)	(i) 9,870 (ii) 0	(i) 0 (ii) 0	(i) 113,071 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 122,941 (ii) 0	(i) 0 (ii) 0
19 ROBERT M PHILLIPS III CHIEF DIGITAL OFFICER (THROUGH 6/19)	(i) 154,565 (ii) 0	(i) 0 (ii) 0	(i) 18,863 (ii) 0	(i) 6,808 (ii) 0	(i) 3,000 (ii) 0	(i) 183,236 (ii) 0	(i) 0 (ii) 0

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.

Return Reference	Explanation
PART I, LINE 4A	THE FOLLOWING STAFF RECEIVED A SEPARATION PAYMENT IN CALENDAR YEAR 2019: - NAVA R. GYAWALI, REGIONAL DIRECTOR - \$104,908
SCHEDULE J, PART I, LINE 1A	-FIRST CLASS TRAVEL IS ALLOWED FOR PRESIDENT AND CEO AS APPROVED BY THE BOARD OF DIRECTORS. COSTS ASSOCIATED WITH FIRST CLASS TRAVEL ARE NOT 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 \$32,606-\$61,871. -HOUSING IS PROVIDED FOR QUALIFIED INTERNATIONAL STAFF RESIDING OUTSIDE THEIR HOME COUNTRY. THE COSTS ASSOCIATED WITH HOUSING ARE INCLUDED IN THE EMPLOYEE'S INCOME. -HEALTH CLUB FEES, NOT TO EXCEED \$20/MONTH, ARE REIMBURSABLE TO ALL EMPLOYEES. HEALTH CLUB REIMBURSEMENTS ARE INCLUDED IN THE EMPLOYEE'S INCOME.

Additional Data

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Inspection**SCHEDULE M
(Form 990)****Noncash Contributions**

- 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 for the latest information.

Department of the Treasury
Internal Revenue ServiceName of the organization
COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE INCEmployer identification number
13-1685039**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	X	1	250,000	FMV
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	167	7,071,565	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	85,134	22,845,097	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (ALL OTHER)	X	8,738,162	2,510,983	FMV
Other (NON-FOOD ITEM KITS)	X	15,000	1,813,573	FMV
Other (SOFTWARE LICENSES)	X	5	715,450	FMV
Other (HYGIENE KITS)	X	16,500	543,162	FMV
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29		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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		
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?	31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes
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.

Return Reference	Explanation
PART I, COLUMN (B):	FOR LINE 9, QUANTITY REPRESENTS NUMBER OF CONTRIBUTIONS. FOR ALL OTHER LINES, QUANTITY REPRESENTS NUMBER OF ITEMS CONTRIBUTED. "ALL OTHER" NON-FOOD IN-KIND CONTRIBUTIONS ON LINE 25 (\$2,510,983) ARE COMPRISED OF THE FOLLOWING: - \$509,350 FOR 3,279,880 SOAP BARS - \$471,450 FOR 15,000 KITCHEN SETS - \$432,000 FOR 4,000 WINTERIZATION HEATING KIT ITEMS - \$365,052 FOR 2,000 COMPREHENSIVE SHELTER KITS - \$333,900 FOR 5,300,000 WATER PURIFICATION PACKETS - \$228,430 FOR 2,000 SHELTER REPAIR KITS - \$66,054 FOR 15,149 SCHOOL SUPPLIES - \$23,783 FOR 17 CLOUD MANAGED AP - \$18,039 FOR 100,000 AQUA TABS - \$14,600 FOR 20,000 FACE SHIELDS - \$14,400 FOR 9 ADVANCED SECURITY LICENSE & SUPPORT - \$11,205 FOR 9 CLOUD MANAGED SECURITY APPLICANCES - \$7,160 FOR 8 CLOUD MANAGED SWITCHES - \$6,766 FOR 34 DUAL-BAND OMNI ANTENNAS - \$5,900 FOR 25 ENTERPRISE LICENSES & SUPPORT - \$1,528 FOR 7 STEEL STORAGE PRODUCTS - \$1,043 FOR 7 POE INJECTOR, US PLUGS - \$323 FOR 17 AC POWER CORD FOR MX & MS, US PLUGS
PART I, LINE 32B:	WE USE A THIRD PARTY TO ADMINISTER/PROCESS OUR DONATED GIFT ANNUITIES.

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Inspection**SCHEDULE O**
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.Department of the Treasury
Internal Revenue ServiceName of the organization
COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERWHERE INC

Employer identification number

13-1685039

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BOARD APPROVED A CHANGE TO THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS TO ENABLE CARE TO CONDUCT OPERATIONS WITHIN THE UNITED STATES. PREVIOUSLY, CARE'S STATED MISSION WAS LIMITED TO OPERATIONS CONDUCTED OVERSEAS.
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.
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, 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:	DECREASE IN VALUE OF SPLIT INTEREST AGREEMENTS -2,767,911. CHANGE IN SUBSIDIARY NET ASSET BALANCE 178,184. MINORITY INTEREST IN SUBSIDIARY INCOME 155,762. OTHER MISCELLANEOUS CHANGES -1,274.
FORM 990, PART I, LINE 5	IN THE SUMMARY IN PART I ON LINE 5, THE TOTAL NUMBER OF STAFF LISTED OF 534 IS COMPRISED OF THE US AND INTERNATIONAL STAFF ON THE US PAYROLL AND RECONCILES TO THE FORM W-3 TRANSMITTAL OF WAGE AND TAX STATEMENTS. THE SALARY EXPENSE REPRESENTED ON LINE 15 REPRESENTS THE TOTAL COMPENSATION EXPENSE FOR CARE'S GLOBAL WORKFORCE, WHICH INCLUDES STAFF PAID ON LOCAL PAYROLLS IN CARE'S COUNTRY OFFICES. THE TOTAL GLOBAL WORKFORCE IS APPROXIMATELY 7,000 AS OF JUNE 30, 2020.

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**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2019**Open to Public
Inspection****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 for instructions and the latest information.Name of the organization
COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE INC**Employer identification number**

13-1685039

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					
(1) CARE ACTION NOW INCORPORATED 1100 17TH STREET NW SUITE 900	ADVOCACY	DC	501(C)(4)		CARE USA	Yes
WASHINGTON, DC 20036 26-1728410						

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	
(1) ACCESS AFRICA FUND 7315 WI AVENUE 300W BETHESDA, MD 20814 27-3080676	MICROFINANCE	DE	CARE USA	RELATED INVESTMENT I	-19,222	2,021,987			No		No 90.910 %

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
(1) CARE SOCIAL VENTURES INC 151 ELLIS STREET NE ATLANTA, GA 30303 38-3873371	HOLDING COMPANY	DE	CARE USA	C	183,245	642,490	100.000 %		No
(2) THOMAS WILLIAMS TRUST 3455 PEACHTREE ROAD NE ATLANTA, GA 30326 36-6673112	INVESTING	GA	BESSEMER	T	5,844,298	118,240,177	66.670 %		No

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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Pérfořmānce or ſerվiceš or 'meṁberſhip or fuñdrāiſing sōlicitatiōns by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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
(1) CARE ACTION NOW INCORPORATED		B	500,400	COST/FMV
(2) CARE SOCIAL VENTURES		B	1,040,000	COST/FMV

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
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.

Schedule R (Form 990) 2019

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