

**Return of Organization Exempt From Income Tax**

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

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

**A For the 2011 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>RELIEF INTERNATIONAL</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5455 WILSHIRE BLVD. 1280</b> City or town, state or country, and ZIP + 4 <b>LOS ANGELES, CA 90036</b> <b>F Name and address of principal officer: FARSHAD RASTEGAR</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>95-4300662</b> <b>E Telephone number</b> <b>(323) 932-7888</b> <b>G Gross receipts \$ 32,801,532.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number ▶</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.RI.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation: 1990</b>
<b>M State of legal domicile: CA</b>		

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE PART III, LINE 1.</u>																												
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																												
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> 15																											
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> 14																											
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) .....	<b>5</b> 93																											
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b> 20																											
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> 0.																											
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b> 0.																											
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>FARSHAD RASTEGAR, PRESIDENT &amp; CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b> Firm's address ▶ <b>4550 MONTGOMERY AVE, SUITE 650 NORTH BETHESDA, MA 20814</b>	Firm's EIN ▶ <b>52-1392008</b> Phone no. <b>(301) 951-9090</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: RELIEF INTERNATIONAL IS A HUMANITARIAN NON-PROFIT AGENCY THAT PROVIDES EMERGENCY RELIEF, REHABILITATION, DEVELOPMENT ASSISTANCE, AND PROGRAM SERVICES TO VULNERABLE COMMUNITIES WORLDWIDE. RELIEF INTERNATIONAL IS SOLELY DEDICATED TO REDUCING HUMAN SUFFERING AND IS (SEE SCHEDULE O)

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 11,687,020. including grants of \$ 1,661,224.) (Revenue \$ ) EMERGENCY, HEALTH AND SANITATION: RELIEF INTERNATIONAL MEETS THE IMMEDIATE NEEDS OF VICTIMS OF NATURAL DISASTERS AND CIVIL CONFLICTS WORLDWIDE WITH THE PROVISION OF FOOD RATIONS, CLEAN WATER, NON-FOOD ITEMS, TRANSITIONAL SHELTER AND EMERGENCY MEDICAL SERVICES. BEYOND EMERGENCY SITUATIONS, RELIEF INTERNATIONAL'S FIELD TEAMS PROVIDE LONG TERM HEALTH AND NUTRITION SERVICES TO COMMUNITIES IN NEED BY OPERATING CLINICS AND TRAINING HEALTH WORKERS. RELIEF INTERNATIONAL ALSO PROVIDES WATER AND SANITATION PROGRAMMING, PROVIDING COMMUNITIES WITH ACCESS TO CLEAN WATER, DECREASING THE INCIDENCE OF COMMUNICABLE DISEASES, AND IMPROVING QUALITY OF LIFE.

4b (Code: ) (Expenses \$ 6,122,422. including grants of \$ 1,384,773.) (Revenue \$ 3,132,017.) LIVELIHOODS AND ENTERPRISE: FINDING NEW OR BETTER WORK IS THE MOST DIRECT PATH OUT OF POVERTY FOR FAMILIES IN NEED. RELIEF INTERNATIONAL FACILITATES THIS PROCESS BY PROVIDING VOCATIONAL TRAINING, OFFERING MICROFINANCE OPPORTUNITIES, AND DEVELOPING PROMISING VALUE CHAINS. AS A RESULT OF THESE EFFORTS, FARMERS IN SENEGAL CAN GET THEIR CROPS TO MARKET BEFORE THEY SPOIL AND WOMEN IN AFGHANISTAN CAN EARN AN INCOME TO SUPPORT THEIR FAMILIES. THESE PROGRAMS ARE AIMED AT LONG-TERM, RELIABLE GROWTH, AND RELIEF INTERNATIONAL OFTEN ENGAGES PRIVATE SECTOR PARTNERS TO LEVERAGE ADDITIONAL RESOURCES AND GUARANTEE SUSTAINABILITY.

4c (Code: ) (Expenses \$ 5,585,672. including grants of \$ ) (Revenue \$ ) FOOD AND AGRICULTURE: RELIEF INTERNATIONAL'S FOOD AND AGRICULTURE PROGRAMMING EMBRACES ENVIRONMENTAL AWARENESS BY INCORPORATING CLIMATE CHANGE, NATURAL RESOURCE MANAGEMENT, AND CONSERVATION PRINCIPLES INTO PROJECTS THAT IMPROVE GLOBAL FOOD SECURITY. BY INCREASING COMMUNITIES' KNOWLEDGE OF SOUND AGRICULTURAL METHODS SUITABLE TO THE REGIONAL LANDSCAPE, CULTURAL NEEDS, AND ENVIRONMENT CONCERNS, RELIEF INTERNATIONAL EMPOWERS FARMERS HOW TO DIVERSIFY VIABLE CROPS, MAKE THE BEST USE OF THE LOCAL GROWING SEASON, AND PRESERVE LOCAL NATURAL RESOURCES. THE RESULT IS COMMUNITIES THAT CAN PRODUCE NUTRITIOUS FOOD FOR THEMSELVES IN A SUSTAINABLE WAY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 5,387,155. including grants of \$ 536,495.) (Revenue \$ )

4e Total program service expenses 28,782,269.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
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? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Main form area with questions 1a through 14b and columns for Yes/No and numerical answers.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 15 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>b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 14		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 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, physical address, and telephone number of the person who possesses the books and records of the organization: **LESLIE RUBIN - 323-932-7888**  
**5455 WILSHIRE BLVD., SUITE 1280, LOS ANGELES, CA 90036**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) FARSHAD RASTEGAR PRESIDENT & CEO	70.00	X		X			290,018.	0.	58,958.	
(2) SIMON GOODALL CHAIRMAN	5.00	X		X			0.	0.	0.	
(3) DEBORAH SENIOR SECRETARY	5.00	X		X			0.	0.	0.	
(4) STEVEN HANSCH TREASURER	3.00	X		X			0.	0.	0.	
(5) CHIP DUNCAN BOARD MEMBER	4.00	X					0.	0.	0.	
(6) SARA ABBASI BOARD MEMBER	3.00	X					0.	0.	0.	
(7) KEITH ALLMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(8) GEOFF BELL BOARD MEMBER	1.00	X					0.	0.	0.	
(9) ELLEN FROST BOARD MEMBER	1.00	X					0.	0.	0.	
(10) JOHN GAGE BOARD MEMBER	1.00	X					0.	0.	0.	
(11) HERNANDO GARZON BOARD MEMBER	4.00	X					0.	0.	0.	
(12) CHIP LEVENGOOD BOARD MEMBER	3.00	X					0.	0.	0.	
(13) LEON IRISH BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JIM MOODY BOARD MEMBER	1.00	X					0.	0.	0.	
(15) IRENE WURTZEL BOARD MEMBER	2.00	X					0.	0.	0.	
(16) KATHLEEN ROWAN CHIEF FINANCIAL OFFICER	60.00			X			111,502.	0.	5,356.	
(17) PATRICIA THOMSON CHIEF OPERATING OFFICER	60.00			X			111,923.	0.	2,490.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) JOHN MARIS SENIOR V.P. OF PROGRAMS	60.00					X		131,183.	0.	34,312.
(19) VASLIKI TSILIOPOULOS SR. V.P. OF GRANTS MANAGEMENT	60.00					X		118,197.	0.	19,830.
<b>1b Sub-total</b>								762,823.	0.	120,946.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								762,823.	0.	120,946.

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 **5**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GELMAN, ROSENBERG & FREEDMAN, 4550 MONTGOMERY AVE. #650 N, BETHESDA, MD 20814	AUDIT/ACCOUNTING	100,243.

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 **1**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	23,071,243.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	657,236.				
	g	Noncash contributions included in lines 1a-1f: \$		2,520,303.				
	h	<b>Total.</b> Add lines 1a-1f		29,643,609.				
	Program Service Revenue	2 a	<b>LOAN INTEREST</b>	Business Code 900099	3057715.	3057715.		
b		<b>FIXED FEES</b>	900099	34,047.	34,047.			
c		<b>REGISTRATION FEES</b>	900099	19,552.	19,552.			
d		<b>WATER BAG SALES</b>	900099	11,400.	11,400.			
e		<b>GRANT INCOME</b>	900099	9,303.	9,303.			
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		313,2017.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,178.			12,178.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	<b>FX EXCHANGE GAIN</b>	900099	8,673.			8,673.		
b	<b>MISCELLANEOUS</b>	900099	5,055.			5,055.		
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		13,728.					
12	<b>Total revenue.</b> See instructions.		32,801,532.	313,2017.	0.	25,906.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21	1,714,471.	1,714,471.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,868,021.	1,868,021.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	580,247.	145,062.	435,185.	
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	8,162,249.	6,229,944.	1,848,827.	83,478.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	59,550.	58,181.	506.	863.
9 Other employee benefits	1,141,811.	854,540.	275,931.	11,340.
10 Payroll taxes	386,473.	283,241.	99,513.	3,719.
11 Fees for services (non-employees):				
a Management				
b Legal	42,770.	28,277.	14,043.	450.
c Accounting	126,430.	94,770.	31,660.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	361,722.	249,603.	109,654.	2,465.
12 Advertising and promotion	47,637.	26,408.	7,135.	14,094.
13 Office expenses	1,630,591.	1,522,927.	100,790.	6,874.
14 Information technology				
15 Royalties				
16 Occupancy	1,337,447.	957,659.	366,729.	13,059.
17 Travel	1,227,878.	999,738.	226,324.	1,816.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	47,891.	1,767.	46,124.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	80,785.	63,205.	17,580.	
23 Insurance	612,383.	377,762.	229,389.	5,232.
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 PROJECTS	6,616,868.	6,616,868.		
b FOOD & RELIEF CMDTY	4,155,118.	4,155,118.		
c VEHICLES & EQUIPMENT	1,754,657.	1,697,772.	56,744.	141.
d MISCELLANEOUS	570,839.	405,118.	147,422.	18,299.
e All other expenses	481,873.	431,817.	50,056.	
25 Total functional expenses. Add lines 1 through 24e	33,007,711.	28,782,269.	4,063,612.	161,830.
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 Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	480,197.	<b>1</b>	89,112.	
	<b>2</b> Savings and temporary cash investments .....	4,851,149.	<b>2</b>	3,494,548.	
	<b>3</b> Pledges and grants receivable, net .....	18,960,187.	<b>3</b>	22,058,060.	
	<b>4</b> Accounts receivable, net .....	176,597.	<b>4</b>	307,672.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	10,451,474.	<b>7</b>	11,036,908.	
	<b>8</b> Inventories for sale or use .....	7,880,568.	<b>8</b>	6,198,177.	
	<b>9</b> Prepaid expenses and deferred charges .....	134,139.	<b>9</b>	187,083.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 863,266.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 627,364.	279,987.	<b>10c</b> 235,902.	
	<b>11</b> Investments - publicly traded securities .....	11,689.	<b>11</b>	10,255.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	44,243.	<b>15</b>	30,258.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	43,270,230.	<b>16</b>	43,647,975.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,954,985.	<b>17</b>	2,878,256.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	609,991.	<b>23</b>	1,059,430.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	153,803.	<b>25</b>	366,451.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,718,779.	<b>26</b>	4,304,137.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	411,268.	<b>27</b>	1,029,091.	
	<b>28</b> Temporarily restricted net assets .....	39,140,183.	<b>28</b>	38,314,747.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	39,551,451.	<b>33</b>	39,343,838.	
<b>34</b> Total liabilities and net assets/fund balances .....	43,270,230.	<b>34</b>	43,647,975.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,801,532.
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,007,711.
3	Revenue less expenses. Subtract line 2 from line 1	3	-206,179.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,551,451.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,434.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	39,343,838.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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.	X	

Form 990 (2011)

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

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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **RELIEF INTERNATIONAL** Employer identification number **95-4300662**

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	22,586,812.	43,863,448.	26,634,247.	36,114,034.	29,643,609.	158,842,150.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	22,586,812.	43,863,448.	26,634,247.	36,114,034.	29,643,609.	158,842,150.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						402,708.
<b>6 Public support.</b> Subtract line 5 from line 4.						158,439,442.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	22,586,812.	43,863,448.	26,634,247.	36,114,034.	29,643,609.	158,842,150.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	20,665.	47,935.	17,987.	23,916.	12,178.	122,681.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	23,093.	42,703.		8,873.	13,728.	88,397.
<b>11 Total support.</b> Add lines 7 through 10						159,053,228.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	9,007,635.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.61	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	98.48	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2011**

Name of the organization

RELIEF INTERNATIONAL

Employer identification number

95-4300662

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization <b>RELIEF INTERNATIONAL</b>	Employer identification number <b>95-4300662</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT</u>  <u>1300 PENNSYLVANIA AVENUE, NW</u>  <u>WASHINGTON, DC 20004</u>	\$ <u>15,314,208.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>DEPARTMENT OF STATE</u>  <u>2201 C STREET, NW</u>  <u>WASHINGTON, DC 20520</u>	\$ <u>3,804,538.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>DEPARTMENT OF AGRICULTURE</u>  <u>1400 INDEPENDENCE AVENUE, SE</u>  <u>WASHINGTON, DC 20250</u>	\$ <u>3,755,697.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>PIONEERCARBON</u> <u>GUNEYKENT SITESI, 51 CAD, 116.SK,</u> <u>NO:56</u>  <u>AHLATIBEL, ANKARA, TURKEY</u>	\$ <u>1,284,092.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>RELIEF INTERNATIONAL</b>	Employer identification number <b>95-4300662</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>RELIEF INTERNATIONAL</b>	Employer identification number <b>95-4300662</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

RELIEF INTERNATIONAL

Employer identification number

95-4300662

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

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 Tax 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 8/17/06, 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? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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 XIV, 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) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

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

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

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

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

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in 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:

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.** 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				
b Buildings		126,000.	7,288.	118,712.
c Leasehold improvements				
d Equipment		21,119.	21,119.	0.
e Other		716,147.	598,957.	117,190.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				235,902.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELIEF INTERNATIONAL-UK	366,451.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	366,451.

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	32,801,532.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	33,007,711.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-206,179.
4	Net unrealized gains (losses) on investments	4	-1,434.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-1,434.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-207,613.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	32,825,738.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,434.
b	Donated services and use of facilities	2b	25,640.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	24,206.
3	Subtract line 2e from line 1	3	32,801,532.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	32,801,532.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	33,033,351.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	25,640.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	25,640.
3	Subtract line 2e from line 1	3	33,007,711.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	33,007,711.

**Part XIV Supplemental Information**

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

**PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD**

**(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010, RELIEF INTERNATIONAL HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR**



**Part XIV** Supplemental Information (continued)

THREE YEARS AFTER IT IS FILED.

Lined area for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization: **RELIEF INTERNATIONAL** Employer identification number: **95-4300662**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	90	PROGRAM SERVICES	PROTECTION, EDUCATION, EMPOWERMENT OF WOMEN AND CHILDREN	259,200.
EAST ASIA AND THE PACIFIC	4	62	PROGRAM SERVICES	NATURAL RESOURCES/ BIODIVERSITY CONSERVATION AND HEALTH	313,229.
EUROPE	1	12	PROGRAM SERVICES	ADMINISTRATIVE SERVICES	218.
MIDDLE EAST AND NORTH AFRICA	11	165	PROGRAM SERVICES	WATER AND SANITATION, NUTRITION, FOOD SECURITY AND LIVELIHOODS, WOMEN'S EMPOWERMENT, YOUTH	7,326,120.
RUSSIA & THE NEWLY INDEPENDENT STATES	1	17	PROGRAM SERVICES	MICROFINANCE	74,068.
SOUTH AMERICA	0	1	PROGRAM SERVICES	RANCHING/CATTLE VALUE CHAIN STUDY	18,200.
SOUTH ASIA	14	364	PROGRAM SERVICES	SHELTER AND INFRASTRUCTURE, HUMAN RIGHTS AND PROTECTION, HEALTH, LIVESTOCK	7,077,302.
SUB-SAHARAN AFRICA	20	401	PROGRAM SERVICES	HEALTH, WATER AND SANITATION, FOOD SECURITY AND NUTRITION, LIVELIHOODS, LIVESTOCK	11528786.
<b>3 a</b> Sub-total .....	52	1112			26,597,123.
<b>b</b> Total from continuation sheets to Part I .....	0	0			1,868,021.
<b>c Totals</b> (add lines 3a and 3b) .....	52	1112			28,465,144.

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

Schedule F (Form 990) 2011

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		48,650.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,478,434.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		76,314.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		264,623.
<b>Totals</b> .....					1,868,021.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RELIEF ACTIVITIES FOR THE 2011 JAPAN EARTHQUAKE/Tsunami DISASTER	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RELIEF ACTIVITIES FOR THE 2011 JAPAN EARTHQUAKE/Tsunami DISASTER	23,650.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RELIEF ACTIVITIES FOR THE 2011 JAPAN EARTHQUAKE/Tsunami DISASTER	5,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	COMMUNITY-BASED ACTIVITIES, ENGLISH AND ICT TRAINING	24,400.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	ASSISTING HOMELESS YOUTH	5,100.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	VIOLENCE AGAINST WOMEN, LEGAL ASPECT	5,920.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CREATE A COMMUNITY BASED LEARNING AND ACTION CENTER WHICH OFFERS EDUCATION AND	24,855.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	ESTABLISHING THE BUSINESS DEVELOPMENT SERVICES (BDC) CENTER IN HALBA, AKKAR.	9,611.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 26

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	IMPLEMENT WITH RI'S ASSISTANCE ITS BUSINESS PLAN FOR A SUSTAINABLE YOUTH	32,100.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	WORKING WITH EACH OF NBC MUNICIPALITIES TO GATHER & REPORT ON MUNICIPAL ECONOMIC	7,500.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	ESTABLISHING A STRUCTURED WORKPLACE LEARNING & APPRENTICESHIP	6,750.	WIRE	0.		
		SOUTH ASIA	FORMATION OF ANTI TRAFFICKING COMMUNITY COMMITTEE, RESCUE AND REHABILITATION	60,362.	WIRE	0.		
		SOUTH ASIA	FACILITATION AND SUPPORT PROVIDED FOR THE COMPLETION OF AFGHAN EXCHANGE	15,952.	WIRE	0.		
		SUB-SAHARAN AFRICA	LOCAL NGO PARTNER ASSISTING WASH PROJECT IMPLEMENTATION IN THE	29,206.	WIRE	0.		
		SUB-SAHARAN AFRICA	THIS SUB-AGREEMENT DEFINES LNGO ROLE IN PROVIDING COMMUNITY LEVEL TECHNICAL	12,599.	WIRE	0.		
		SUB-SAHARAN AFRICA	THIS SUB-AGREEMENT DEFINES LNGO ROLE IN PROVIDING COMMUNITY LEVEL TECHNICAL	18,650.	WIRE	0.		
		SUB-SAHARAN AFRICA	THIS SUB-AGREEMENT DEFINES LNGO ROLE IN PROVIDING COMMUNITY LEVEL TECHNICAL	13,338.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	THIS SUB-AGREEMENT DEFINES LNGO ROLE IN PROVIDING COMMUNITY LEVEL TECHNICAL	19,415.	WIRE	0.		
		SUB-SAHARAN AFRICA	THIS SUB-AGREEMENT DEFINES LNGO ROLE IN PROVIDING COMMUNITY LEVEL TECHNICAL	10,942.	WIRE	0.		
		SUB-SAHARAN AFRICA	THIS SUB-AGREEMENT DEFINES LNGO ROLE IN PROVIDING COMMUNITY LEVEL TECHNICAL	17,490.	WIRE	0.		
		SUB-SAHARAN AFRICA	LOCAL NGO PARTNER ASSISTING WASH PROJECT IMPLEMENTATION IN THE	27,450.	WIRE	0.		
		SUB-SAHARAN AFRICA	LOCAL NGO PARTNER ASSISTING WASH PROJECT IMPLEMENTATION IN THE	20,336.	WIRE	0.		
		SUB-SAHARAN AFRICA	LOCAL NGO PARTNER ASSISTING WASH PROJECT IMPLEMENTATION IN THE	34,682.	WIRE	0.		
		SUB-SAHARAN AFRICA	ADVERTISING AGENCY DEVELOPED CREATIVE MATERIALS FFOR PROMOTING BOB	34,449.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CREDIT PROJECT SUPPORTS ACCESS TO CREDIT AND INCREASED BUSSINESS SKILLS FOR	500000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CREDIT PROJECT SUPPORTS ACCESS TO CREDIT AND INCREASED BUSSINESS SKILLS FOR	500000.	WIRE	0.		

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2011



**Part V Supplemental Information**

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

SCHEDULE F, PART I, LINE 2: 1. NO SUB-GRANTS WILL BE DISBURSED UNLESS IT IS A PART OF THE AGREEMENT BETWEEN RELIEF INTERNATIONAL AND A DONOR.

2. THE SUB-GRANT WILL BE AWARDED BASED ON RELIEF INTERNATIONAL'S PROCUREMENT POLICIES MANUAL TO THE MOST SUCCESSFUL BIDDER WHO HAS THE MOST ADVANTAGEOUS OFFER TO RI, PRICE AND OTHER FACTORS WILL BE CONSIDERED IN RESPONSE TO A COMPETITIVE SOLICITATION.

3. SUB-GRANTEE'S OVERHEADS (ICR) RATE, IF ANY EXCEEDS THE RATE PROVIDED BY THE PRIME DONOR AGREEMENT.

4. ALTHOUGH VARIOUS PROJECTS DIFFER IN TERMS OF FORMATTING AND INTERVENTIONS, THE RULES AND REGULATIONS OF RELIEF INTERNATIONAL AND THE DONOR WILL REMAIN THE SAME.

5. TO ASSIST WITH LOCAL RELIEF AND DEVELOPMENT ACTIVITIES RELIEF INTERNATIONAL GIVES PREFERENCE TO LOCAL NGO'S IN THE SELECTION OF SUB-GRANTEES.

6. RELIEF INTERNATIONAL PROVIDES ASSISTANCE TO THE SUB-GRANTEE IN THEIR ACTIVITIES TO ENSURE THAT THE SUB-GRANTEE IS MEETING THEIR CONTRACTUAL OBLIGATIONS TO THE DONOR.

7. RELIEF INTERNATIONAL ASSURES THAT THE SUB-GRANTEE'S ACTIVITIES CONFORM TO THE MAIN OBJECTIVES AND OUTPUTS OF THE PROJECT.

8. RELIEF INTERNATIONAL MONITORS THE PROJECT IMPLEMENTATION FOR COMPLIANCE WITH THE REQUIREMENTS AND REGULATIONS OF THE SUB-GRANT AGREEMENT WITH REGARD TO PERSONNEL, PROCUREMENT, MARKING, REPORTING, FINANCIAL PROCEDURES AND CONTROLS, COMMODITY MANAGEMENT AND ASSET CONTROL.

9. IT IS NECESSARY THAT THE SUB-GRANTEE MAINTAINS AND RECONCILES RECORDS TO VERIFY THAT THE COSTS CHARGED TO THE SUB-GRANT AWARD ARE BASED ON THE SUPPORTING DOCUMENTATION.

**Part V Supplemental Information**

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

10. RELIEF INTERNATIONAL IS RESPONSIBLE FOR PROPERTY AND EQUIPMENT ACQUIRED BY THEIR SUB GRANTEES.

11. RELIEF INTERNATIONAL IS RESPONSIBLE FOR OBSERVING THEIR SUB GRANTEE'S COMPETITIVE BIDDING REQUIREMENTS, IF APPLICABLE, TAGGING AND INVENTORYING SUCH PROPERTY AND EQUIPMENT OF THEIR GRANTEES AND ACCOUNTING FOR THE DISPOSITION OF SUCH PROPERTY AND EQUIPMENT.

12. SUB-GRANTEE SENDS TO RELIEF INTERNATIONAL:

A. ONE COPY OF THE MONTHLY EXPENSE STATEMENT AND AN INVOICE BY THE 10TH WORKING DAY OF THE FOLLOWING MONTH.

B. ONE COPY OF A MONTHLY PROGRESS REPORT.

C. WITHIN ONE MONTH AFTER THE COMPLETION DATE OF THE SUB-GRANT, THE SUB-GRANTEE SUBMITS TWO COPIES OF COMPREHENSIVE FINAL EXPENSE AND PROGRESS REPORTS TO RELIEF INTERNATIONAL.

D. PROPERTY AND EQUIPMENT REPORT ACQUIRED UNDER THE SUB-GRANT

13. DURING THE PROJECT PERIOD EVENTS MAY OCCUR THAT CAN HAVE SIGNIFICANT IMPACT UPON THE PROGRAM. IN SUCH INSTANCES, THE SUB-GRANTEE INFORMS RELIEF INTERNATIONAL AS SOON AS THE FOLLOWING TYPES OF CONDITIONS BECOME KNOWN:

A. PROBLEMS, DELAYS OR ADVERSE CONDITIONS THAT WILL MATERIALLY AFFECT THE ABILITY TO ATTAIN PROGRAM OBJECTIVES, PREVENT THE MEETING OF TIME SCHEDULES AND GOALS. THIS DISCLOSURE ACCOMPANIES A STATEMENT OF ACTION TAKEN AND, OR CONTEMPLATED, AND ANY RI'S ASSISTANCE NEEDED TO RESOLVE THE SITUATION.

B. IF ANY PERFORMANCE REVIEW CONDUCTED BY THE SUB-GRANTEE DISCLOSES THE NEED FOR CHANGES, THE SUB-GRANTEE SUBMITS A REQUEST FOR BUDGET REVISION (REALIGNMENT) TO RELIEF INTERNATIONAL NO LATER THAN 3 (THREE) MONTHS BEFORE THE PROJECT END.

**Part V Supplemental Information**

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

## PART I, LINE 3, COLUMN (E):

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: WATER AND SANITATION,  
NUTRITION, FOOD SECURITY AND LIVELIHOODS, WOMEN'S EMPOWERMENT, YOUTH  
EMPOWERMENT, MICROFINANCE, LIVESTOCK SERVICES

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SHELTER AND INFRASTRUCTURE,  
HUMAN RIGHTS AND PROTECTION, HEALTH, LIVESTOCK SERVICES, LIVELIHOODS AND  
ECONOMIC DEVELOPMENT, FOOD SECURITY

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: HEALTH, WATER AND SANITATION,  
FOOD SECURITY AND NUTRITION, LIVELIHOODS, LIVESTOCK SERVICES, SHELTER,  
REFUGEE/RETURNEE SERVICES.

## PART II, COLUMN (D):

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: CREATE A COMMUNITY BASED LEARNING AND ACTION  
CENTER WHICH OFFERS EDUCATION AND REMEDIAL COURSES, PSYCHOSOCIAL  
SERVICES, VOCATIONAL TRAINING, BUSINESS TRAINING AND WORKSHOPS, IT  
TRAINING AND RECREATIONAL AND SPORTS ACTIVITIES TO YOUTH.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: IMPLEMENT WITH RI'S ASSISTANCE ITS BUSINESS PLAN  
FOR A SUSTAINABLE YOUTH CENTER. THIS INCLUDES: RECRUIT STAFF, FINALIZE

**Part V Supplemental Information**

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

PROCUREMENT, ROLL-OUT PROMOTIONAL ACTIVITIES, CONDUCT COMMUNITY OUTREACH,  
CONDUCT COMMUNITY ASSESSMENT, PROVIDE REPORTS TO RI.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: WORKING WITH EACH OF NBC MUNICIPALITIES TO GATHER  
& REPORT ON MUNICIPAL ECONOMIC DATA IN NBC MUNICIPALITIES.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: ESTABLISHING A STRUCTURED WORKPLACE LEARNING &  
APPRENTICESHIP PROGRAM IN HOSPITALITY SERVICES IN SHEIKH TABA, AKKAR.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: FORMATION OF ANTI TRAFFICKING COMMUNITY COMMITTEE,  
RESCUE AND REHABILITATION SERVICES FOR TRAFFICKING PERSONS, CREATION OF  
SUPPORT NETWORK OF AT RISK GROUPS , AND LIVELIHOODS TRAINING

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: FACILITATION AND SUPPORT PROVIDED FOR THE  
COMPLETION OF AFGHAN EXCHANGE STUDENTS AND US PARTICIPANTS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LOCAL NGO PARTNER ASSISTING WASH PROJECT  
IMPLEMENTATION IN THE JUABOSO DISTRICT OF WESTERN REGION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: THIS SUB-AGREEMENT DEFINES LNCO ROLE IN PROVIDING  
COMMUNITY LEVEL TECHNICAL ASSISTANCE IN COMMUNITY MOBILIZATION, TRAINING

**Part V Supplemental Information**

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

& BEHAVIOUR CHANGE COMMUNICATION ACTIVITIES FOR THE G-WASH PROJECT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: THIS SUB-AGREEMENT DEFINES LNGO ROLE IN PROVIDING COMMUNITY LEVEL TECHNICAL ASSISTANCE IN COMMUNITY MOBILIZATION, TRAINING & BEHAVIOUR CHANGE COMMUNICATION ACTIVITIES FOR THE G-WASH PROJECT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: THIS SUB-AGREEMENT DEFINES LNGO ROLE IN PROVIDING COMMUNITY LEVEL TECHNICAL ASSISTANCE IN COMMUNITY MOBILIZATION, TRAINING & BEHAVIOUR CHANGE COMMUNICATION ACTIVITIES FOR THE G-WASH PROJECT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: THIS SUB-AGREEMENT DEFINES LNGO ROLE IN PROVIDING COMMUNITY LEVEL TECHNICAL ASSISTANCE IN COMMUNITY MOBILIZATION, TRAINING & BEHAVIOUR CHANGE COMMUNICATION ACTIVITIES FOR THE G-WASH PROJECT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: THIS SUB-AGREEMENT DEFINES LNGO ROLE IN PROVIDING COMMUNITY LEVEL TECHNICAL ASSISTANCE IN COMMUNITY MOBILIZATION, TRAINING & BEHAVIOUR CHANGE COMMUNICATION ACTIVITIES FOR THE G-WASH PROJECT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: THIS SUB-AGREEMENT DEFINES LNGO ROLE IN PROVIDING COMMUNITY LEVEL TECHNICAL ASSISTANCE IN COMMUNITY MOBILIZATION, TRAINING & BEHAVIOUR CHANGE COMMUNICATION ACTIVITIES FOR THE G-WASH PROJECT.

**Part V Supplemental Information**

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

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LOCAL NGO PARTNER ASSISTING WASH PROJECT

IMPLEMENTATION IN THE EAST AKYIM DISTRICT OF EASTERN REGION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LOCAL NGO PARTNER ASSISTING WASH PROJECT

IMPLEMENTATION IN THE BIA DISTRICT OF WESTERN REGION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LOCAL NGO PARTNER ASSISTING WASH PROJECT

IMPLEMENTATION IN THE BIBIANI DISTRICT OF WESTERN REGION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVERTISING AGENCY DEVELOPED CREATIVE MATERIALS

FFOR PROMOTING BOB RAINWATER BAG, SCHEDULED RADIO ADVERTS AND MONITORED THEM.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: CREDIT PROJECT SUPPORTS ACCESS TO CREDIT AND

INCREASED BUSSINESS SKILLS FOR NEW IT ENTERPRENERUS IN LEBANON WITH FOCUS ON CISCO NETWORK ACADEMY GRADUATES.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: CREDIT PROJECT SUPPORTS ACCESS TO CREDIT AND

INCREASED BUSSINESS SKILLS FOR NEW IT ENTERPRENERUS IN LEBANON WITH FOCUS ON CISCO NETWORK ACADEMY GRADUATES.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**RELIEF INTERNATIONAL**

**Employer identification number  
95-4300662**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INTERNATIONAL RESOURCES GROUP 1211 CONNECTICUT AVENUE NW, #700 WASHINGTON, DC 20036	11-2777542	N/A	351,234.	0.			RESEARCH AND TRAINING FOR SECTOR SPECIFIC CASE STUDIES & BUSINESS DEVELOPMENT
ADVENTIST DEVELOPMENT AND RELIEF AGENCY - 12501 OLD COLUMBIA PIKE - SILVER SPRING, MD 20904	52-1314847	501(C)(3)	854,448.	0.			ASSIST IN THE IMPLEMENTATION OF WATER & SANITATION ACTIVITIES
WINROCK INTERNATIONAL 2101 RIVERFRONT DRIVE LITTLE ROCK, AR 72202	71-0603560	501(C)(3)	378,004.	0.			ASSIST IN THE IMPLEMENTATION OF WATER & SANITATION ACTIVITIES
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	GOVERNMENT	19,585.	0.			HOSTING ACTIVITIES AND HELPING TO TRAIN EXCHANGE STUDENTS
INNOVATION FOR POVERTY ACTION 1731 CONNECTICUT AVENUE, 4TH FL WASHINGTON, DC 20009	06-1660068	501(C)(3)	110,499.	0.			EVALUATION OF THE FLEXIBLE RAIN WATER STORAGE DEVICES AS PART OF THE DOMESTIC RAIN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2011)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

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

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

SCHEDULE I, PART I, LINE 2: 1. NO SUB-GRANTS WILL BE DISBURSED UNLESS IT IS

A PART OF THE AGREEMENT BETWEEN RELIEF INTERNATIONAL AND A DONOR.

2. THE SUB-GRANT WILL BE AWARDED BASED ON RELIEF INTERNATIONAL'S

PROCUREMENT POLICIES MANUAL TO THE MOST SUCCESSFUL BIDDER WHO HAS THE MOST

ADVANTAGEOUS OFFER TO RI, PRICE AND OTHER FACTORS WILL BE CONSIDERED IN

RESPONSE TO A COMPETITIVE SOLICITATION.

3. SUB-GRANTEE'S OVERHEADS (ICR) RATE, IF ANY EXCEEDS THE RATE PROVIDED BY

THE PRIME DONOR AGREEMENT.

4. ALTHOUGH VARIOUS PROJECTS DIFFER IN TERMS OF FORMATTING AND



**Part IV Supplemental Information**

INTERVENTIONS, THE RULES AND REGULATIONS OF RELIEF INTERNATIONAL AND THE DONOR WILL REMAIN THE SAME.

5. TO ASSIST WITH LOCAL RELIEF AND DEVELOPMENT ACTIVITIES RELIEF INTERNATIONAL GIVES PREFERENCE TO LOCAL NGO'S IN THE SELECTION OF SUB-GRANTEES.

6. RELIEF INTERNATIONAL PROVIDES ASSISTANCE TO THE SUB-GRANTEE IN THEIR ACTIVITIES TO ENSURE THAT THE SUB-GRANTEE IS MEETING THEIR CONTRACTUAL OBLIGATIONS TO THE DONOR.

7. RELIEF INTERNATIONAL ASSURES THAT THE SUB-GRANTEE'S ACTIVITIES CONFORM TO THE MAIN OBJECTIVES AND OUTPUTS OF THE PROJECT.

8. RELIEF INTERNATIONAL MONITORS THE PROJECT IMPLEMENTATION FOR COMPLIANCE WITH THE REQUIREMENTS AND REGULATIONS OF THE SUB-GRANT AGREEMENT WITH REGARD TO PERSONNEL, PROCUREMENT, MARKING, REPORTING, FINANCIAL PROCEDURES AND CONTROLS, COMMODITY MANAGEMENT AND ASSET CONTROL.

9. IT IS NECESSARY THAT THE SUB-GRANTEE MAINTAINS AND RECONCILES RECORDS TO VERIFY THAT THE COSTS CHARGED TO THE SUB-GRANT AWARD ARE BASED ON THE SUPPORTING DOCUMENTATION.

10. RELIEF INTERNATIONAL IS RESPONSIBLE FOR PROPERTY AND EQUIPMENT ACQUIRED BY THEIR SUB GRANTEES.

11. RELIEF INTERNATIONAL IS RESPONSIBLE FOR OBSERVING THEIR SUB GRANTEE'S COMPETITIVE BIDDING REQUIREMENTS, IF APPLICABLE, TAGGING AND INVENTORYING SUCH PROPERTY AND EQUIPMENT OF THEIR GRANTEES AND ACCOUNTING FOR THE DISPOSITION OF SUCH PROPERTY AND EQUIPMENT.

12. SUB-GRANTEE SENDS TO RELIEF INTERNATIONAL:

A. ONE COPY OF THE MONTHLY EXPENSE STATEMENT AND AN INVOICE BY THE 10TH WORKING DAY OF THE FOLLOWING MONTH.

B. ONE COPY OF A MONTHLY PROGRESS REPORT.

C. WITHIN ONE MONTH AFTER THE COMPLETION DATE OF THE SUB-GRANT, THE

**Part IV Supplemental Information**

SUB-GRANTEE SUBMITS TWO COPIES OF COMPREHENSIVE FINAL EXPENSE AND PROGRESS REPORTS TO RELIEF INTERNATIONAL.

D. PROPERTY AND EQUIPMENT REPORT ACQUIRED UNDER THE SUB-GRANT

13. DURING THE PROJECT PERIOD EVENTS MAY OCCUR THAT CAN HAVE SIGNIFICANT IMPACT UPON THE PROGRAM. IN SUCH INSTANCES, THE SUB-GRANTEE INFORMS RELIEF INTERNATIONAL AS SOON AS THE FOLLOWING TYPES OF CONDITIONS BECOME KNOWN:

A. PROBLEMS, DELAYS OR ADVERSE CONDITIONS THAT WILL MATERIALLY AFFECT THE ABILITY TO ATTAIN PROGRAM OBJECTIVES, PREVENT THE MEETING OF TIME SCHEDULES AND GOALS. THIS DISCLOSURE ACCOMPANIES A STATEMENT OF ACTION TAKEN AND, OR CONTEMPLATED, AND ANY RI'S ASSISTANCE NEEDED TO RESOLVE THE SITUATION.

B. IF ANY PERFORMANCE REVIEW CONDUCTED BY THE SUB-GRANTEE DISCLOSES THE NEED FOR CHANGES, THE SUB-GRANTEE SUBMITS A REQUEST FOR BUDGET REVISION (REALIGNMENT) TO RELIEF INTERNATIONAL NO LATER THAN 3 (THREE) MONTHS BEFORE THE PROJECT END.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: INNOVATION FOR POVERTY ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF THE FLEXIBLE RAIN WATER STORAGE DEVICES AS PART OF THE DOMESTIC RAIN WATER HARVESTING LEARNING & PILOT PROGRAM IN UGANDA.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

RELIEF INTERNATIONAL

Employer identification number

95-4300662

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b>	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. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization? .....	<b>5a</b>	X
<b>b</b>	Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.			
<b>6</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization? .....	<b>6a</b>	X
<b>b</b>	Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.			
<b>7</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b>	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b>	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FARSHAD RASTEGAR	(i)	290,018.	0.	0.	24,750.	34,208.	348,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOHN MARIS	(i)	131,183.	0.	0.	14,719.	19,593.	165,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open To Public  
Inspection

Name of the organization <p style="text-align:center; margin: 0;">RELIEF INTERNATIONAL</p>	Employer identification number <p style="text-align:center; margin: 0;">95-4300662</p>
---	---

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> .....				▶ \$ _____						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RELIEF INTERNATIONAL UK	PART OF THE GLOBAL	892,347.	RELIEF INTE		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RELIEF INTERNATIONAL UK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PART OF THE GLOBAL FAMILY OF RELIEF INTERNATIONAL AGENCIES

(C) AMOUNT OF TRANSACTION \$ 892,347.

(D) DESCRIPTION OF TRANSACTION: RELIEF INTERNATIONAL AND RELIEF-UK HAVE COMMON BOARD MEMBERS.

RELIEF INTERNATIONAL UK (RI-UK) IS PART OF THE GLOBAL FAMILY OF RELIEF INTERNATIONAL AGENCIES THROUGH WHICH INTERNATIONAL PROGRAMMATIC ACTIVITIES ARE COORDINATED. IN SEVERAL COUNTRIES, RI-UK SHARES STAFF AND FIELD OFFICES WITH RELIEF INTERNATIONAL (RI). THIS RESULTS IN INTER-AGENCY TRANSACTIONS TO ALLOCATE SHARED EXPENDITURES SUCH AS SALARIES, BENEFITS AND OTHER OFFICE EXPENSES. RI ALSO PROVIDES PRE-FINANCING FOR SOME RI-UK PROJECTS AND RI-UK PROVIDES PRE-FINANCING FOR SOME RI PROJECTS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(C) ABOVE, REFERS TO THE NET AMOUNT OF THE TRANSACTION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

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Department of the Treasury  
Internal Revenue Service

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

Name of the organization **RELIEF INTERNATIONAL** Employer identification number **95-4300662**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
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	2	1,250,326.	ESTIMATED FMV
20 Drugs and medical supplies .....	X	1	362,431.	ESTIMATED FMV
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( COST SHARE ) .....	X	1	868,333.	ESTIMATED FMV
26 Other ▶ ( VARIOUS ) .....	X	1	24,955.	ESTIMATED FMV
27 Other ▶ ( COMPUTERS ) .....	X	1	14,258.	ESTIMATED FMV
28 Other ▶ ( ) .....				

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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

RELIEF INTERNATIONAL

Employer identification number

95-4300662

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

NON-POLITICAL AND NON-SECTARIAN IN ITS MISSION. RELIEF INTERNATIONAL'S  
MISSION IS TO:

- SERVE THE NEEDS OF THE MOST VULNERABLE - PARTICULARLY WOMEN AND CHILDREN, VICTIMS OF NATURAL DISASTERS & CIVIL CONFLICTS, AND THE POOR
- WITH A SPECIFIC FOCUS ON NEGLECTED GROUPS AND CASES.
- PROVIDE HOLISTIC, MULTI-SECTORAL, SUSTAINABLE, AND PRO-POOR PROGRAMS THAT BRIDGE EMERGENCY RELIEF AND LONG-TERM DEVELOPMENT AT THE GRASSROOTS LEVEL.
- EMPOWER COMMUNITIES BY BUILDING CAPACITY AND BY MAXIMIZING LOCAL RESOURCES IN BOTH PROGRAM DESIGN AND IMPLEMENTATION.
- PROMOTE SELF-RELIANCE, PEACEFUL COEXISTENCE, AND REINTEGRATION OF MARGINALIZED COMMUNITIES.
- PROTECT LIVES FROM PHYSICAL INJURY OR DEATH AND/OR PSYCHOLOGICAL TRAUMA WHERE PRESENT.
- UPHOLD THE HIGHEST PROFESSIONAL NORMS IN PROGRAM DELIVERY, INCLUDING ACCOUNTABILITY TO BENEFICIARIES AND DONORS ALIKE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROTECTION AND HUMAN RIGHTS: MILLIONS OF INDIVIDUALS WORLDWIDE FACE DISCRIMINATION, PERSECUTION, AND EVEN VIOLENCE. RELIEF INTERNATIONAL IS ON THE FOREFRONT OF IMPLEMENTING PROGRAMS TO PROTECT AND SUPPORT THESE INDIVIDUALS AND ENCOURAGE PEACE THROUGH NONVIOLENT CONFLICT RESOLUTION. THE RESULT IS PROGRAMMING THAT PROVIDES LEGAL-ASSISTANCE, FIGHTS TRAFFICKING IN PERSONS, PROMOTES MEDIA AND JOURNALISM, AND



Name of the organization RELIEF INTERNATIONAL	Employer identification number 95-4300662
--	--

ENCOURAGES DEMOCRATIC GOVERNANCE. THE RIGHTS OF WOMEN AND GIRLS IS A CRITICAL ISSUE IN THIS SECTOR, AND IS INCORPORATED IN MANY OF RELIEF INTERNATIONAL'S PROGRAMS. RELIEF INTERNATIONAL'S APPROACH TO CIVIL SOCIETY DEVELOPMENT EMPHASIZES CROSS-CULTURAL UNDERSTANDING AND EMPOWERMENT OF VULNERABLE AND UNDER-REPRESENTED MEMBERS OF SOCIETY. EXPENSES \$ 2,101,705. INCLUDING GRANTS OF \$ 415,256. REVENUE \$ 0.

EDUCATION AND EMPOWERMENT: EDUCATION IS VITAL TO THE SOCIAL AND ECONOMIC INTEGRATION OF FUTURE GENERATIONS. RELIEF INTERNATIONAL PLACES A SIGNIFICANT FOCUS ON THIS SECTOR TO ENSURE THAT CHILDREN AFFECTED BY CONFLICT CAN CONTINUE TO PURSUE THEIR EDUCATION. PROGRAMS INCLUDE A WIDE RANGE OF ACTIVITIES: TEACHER TRAINING PROGRAMS, BUILDING LIBRARIES AND INTERNET CENTERS, PROVIDING BOOKS AND CLASSROOM FURNITURE TO UNDER-RESOURCED SCHOOLS, AND PROMOTING EQUAL ACCESS TO EDUCATION. THESE PROGRAMS ALSO EMPOWER YOUTH THROUGH SERVICE LEARNING AND LEADERSHIP TRAINING TO BECOME ACTIVE IN THEIR COMMUNITIES AND ACT AS AGENTS FOR CHANGE.

EXPENSES \$ 1,986,189. INCLUDING GRANTS OF \$ 121,239. REVENUE \$ 0.

SHELTER AND INFRASTRUCTURE: WHEN NATURAL DISASTERS DESTROY HOUSING OR CONFLICT FORCES FAMILIES TO FLEE THEIR HOMES, RELIEF INTERNATIONAL PROVIDES FOR TEMPORARY AND PERMANENT SHELTER. RELIEF INTERNATIONAL ALSO CONTRIBUTES TO LOCAL INFRASTRUCTURE BY BUILDING SCHOOLS, IRRIGATION CANALS, AND COMMUNITY CENTERS IN IMPOVERISHED COMMUNITIES. RELIEF INTERNATIONAL SUPPORTS TRAINING FOR LOCAL RESIDENTS SO THAT THEY CAN PARTICIPATE IN THE CONSTRUCTION PROCESS, CREATING LIVELIHOOD OPPORTUNITIES FOR COMMUNITY MEMBERS. COMPLEMENTARY PROGRAMS HELP MAKE HOMES SAFER AND MORE COMFORTABLE BY PROMOTING PRODUCTS LIKE

Name of the organization RELIEF INTERNATIONAL	Employer identification number 95-4300662
--	--

HIGH-EFFICIENCY COOK STOVES, WHICH DECREASE INDOOR AIR POLLUTION AND  
REDUCE THE NEED TO GATHER FUEL.

EXPENSES \$ 1,299,261. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

AFGHANISTAN, AZERBAIJAN, BANGLADESH, GHANA,

GUINEA, HAITI, HUNGARY, INDONESIA,

IRAQ, JAPAN, JORDAN, KENYA,

LEBANON, BURMA, NIGER, PAKISTAN,

OTHER COUNTRY, PHILIPPINES, SENEGAL, SRI LANKA,

SUDAN, TAJIKISTAN, UGANDA, YEMEN (ADEN)

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE  
OUTSIDE ACCOUNTANTS WITH THE ASSISTANCE OF THE ORGANIZATION'S CFO. THE CFO  
AND PRESIDENT/CEO REVIEW THE RETURN BEFORE SUBMITTING VIA EMAIL TO THE FULL  
BOARD FOR THEIR REVIEW PRIOR TO ITS SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, DIRECTORS AND KEY  
EMPLOYEES ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST STATEMENT ON AN  
ANNUAL BASIS.

UPON DISCOVERY OF A POTENTIAL CONFLICT, EITHER IN PROCUREMENT OR HIRING OR  
ANY OTHER AREA OF ORGANIZATIONAL INTEREST, THE EMPLOYEE OR BOARD MEMBER  
MAKES PROMPT DISCLOSURE TO THE COUNTRY DIRECTOR, BUT NO LATER THAN 30 DAYS  
AFTER THE OCCURRENCE.

MEMBERS OF THE BOARD AND EMPLOYEES WHO HAVE A CONFLICT OF INTEREST IN ANY  
MATTER WILL REFRAIN FROM PARTICIPATING IN THE CONSIDERATION OF THE PROPOSED

Name of the organization RELIEF INTERNATIONAL	Employer identification number 95-4300662
--	--

TRANSACTION. FAILURE ON THE PART OF THE OFFICERS, DIRECTORS OR EMPLOYEE TO ABIDE BY THE CONFLICT OF INTEREST POLICY WILL BE CONSIDERED A MAJOR MISCONDUCT AND THE EMPLOYEE WILL BE TERMINATED IMMEDIATELY FROM EMPLOYMENT WITH RELIEF INTERNATIONAL.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS, VIA ITS EXECUTIVE COMMITTEE AND THE HUMAN RESOURCES COMMITTEE, REVIEWS THE PERFORMANCE AND COMPENSATION OF THE CEO AND THE CFO. AFTER REVIEW OF DATA ON THE COMPENSATION OF CEOS AND CFOS IN THE RELEVANT NGO SECTOR AND THE PERFORMANCE OF THE CEO AND THE CFO, THE BOARD DETERMINES THE APPROPRIATE COMPENSATION FOR THESE TWO EXECUTIVES. THIS PROCESS IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES. THE DATE OF THE LAST REVIEW WAS DECEMBER 2011.

THE BOARD OF DIRECTORS, VIA ITS EXECUTIVE COMMITTEE AND HUMAN RESOURCES COMMITTEE, REVIEWS THE PERFORMANCE AND COMPENSATION OF KEY EMPLOYEES. AFTER REVIEW OF THE DATA ON THE COMPENSATION OF THE KEY EMPLOYEES IN THE RELEVANT NGO SECTOR AND THE PERFORMANCE OF THE KEY EMPLOYEES, THE HR AND EXECUTIVE COMMITTEE DETERMINES THE APPROPRIATE COMPENSATION FOR THESE KEY EMPLOYEES. THIS PROCESS IS DOCUMENTED IN THE PERSONNEL RECORDS.

FORM 990, PART VI, SECTION C, LINE 19: RI PRESENTS ITS FINANCIAL STATEMENTS ON THE WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -1,434.

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

Name of the organization  
RELIEF INTERNATIONAL

Employer identification number  
95-4300662

COUNTRY" LISTED ABOVE REFERS TO OCCUPIED PALESTINE TERRITORIES.

Multiple horizontal lines for additional information or continuation.

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2011

<b>Prepared for</b>	RELIEF INTERNATIONAL 5455 WILSHIRE BLVD. NO. 1280 LOS ANGELES, CA 90036
<b>Prepared by</b>	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE, SUITE 650 NORTH BETHESDA, MA 20814
<b>Amount due or refund</b>	NO PAYMENT REQUIRED
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0700
<b>Return must be mailed on or before</b>	DECEMBER 17, 2012
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

**California Exempt Organization  
Annual Information Return**

Calendar Year 2011 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

Corporation/Organization name <b>RELIEF INTERNATIONAL</b>		California corporation number <b>1490257</b>
Address (suite, room, or PMB no.) <b>5455 WILSHIRE BLVD., NO. 1280</b>		FEIN <b>95-4300662</b>
City <b>LOS ANGELES</b>	State <b>CA</b>	ZIP Code <b>90036</b>

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>• <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn)</p> <p>• <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)</p> <p><b>G</b> Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p><b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p><b>I</b> Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&amp;TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,157,923.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	29643609.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B	4	32801532.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	32801532.00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	33007711.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-206,179.00
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Title <b>PRES. &amp; CEO</b>	Date	Telephone
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address <b>GELMAN, ROSENBERG &amp; FREEDMAN 4550 MONTGOMERY AVE, SUITE 650 NORTH BETHESDA, MA 20814</b>	FEIN <b>52-1392008</b>	Telephone <b>(301) 951-9090</b>	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.**

128951 12-08-11

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	12,178.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	3,145,745.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	3,157,923.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	•	9	3,582,492.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	513,443.00
	12	Other salaries and wages	•	12	8,229,053.00
	13	Interest	•	13	47,891.00
	14	Taxes	•	14	386,473.00
	15	Rents	•	15	1,337,447.00
	16	Depreciation and depletion (See instructions)	•	16	80,785.00
	17	Other Expenses and Disbursements	•	17	18830127.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	33007711.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		5,331,346.		• 3,583,660.
2 Net accounts receivable		176,597.		• 307,672.
3 Net notes receivable <b>STMT 6</b>		10,451,474.		• 11,036,908.
4 Inventories		7,880,568.		• 6,198,177.
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock <b>STMT 7</b>		11,689.		• 10,255.
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets	826,566.		863,266.	
b Less accumulated depreciation	( 546,579. )	279,987.	( 627,364. )	235,902.
11 Land				•
12 Other assets <b>STMT 8</b>		19,138,569.		• 22,275,401.
13 Total assets		43,270,230.		43,647,975.
<b>Liabilities and net worth</b>				
14 Accounts payable		2,954,985.		• 2,878,256.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		609,991.		• 1,059,430.
18 Other liabilities <b>STMT 9</b>		153,803.		366,451.
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		39,551,451.		• 39,343,838.
22 Total liabilities and net worth		43,270,230.		43,647,975.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1 Net income per books	• -207,613.	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year <b>STMT 10</b>	• 1,434.	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	-206,179.
6 Total.			
Add line 1 through line 5	-206,179.		

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1  
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT	1300 PENNSYLVANIA AVENUE, NW WASHINGTON, DC, 20004		15314208.
DEPARTMENT OF STATE	2201 C STREET, NW WASHINGTON, DC, 20520		3,804,538.
DEPARTMENT OF AGRICULTURE	1400 INDEPENDENCE AVENUE, SE WASHINGTON, DC, 20250		3,755,697.
PIONEERCARBON	GUNEYKENT SITESI, 51 CAD, 116.SK, NO:56		1,284,092.
EARTHQUAKE RECONS & REHAB AGENCY NWF	P.O. BOX 2688		473,072.
EDUCATION DEVELOPMENT CENTER	55 CHAPEL STREET NEWTON, MA, 02458		292,212.
GUINNESS GHANA BREWERIES LIMITED	GHANA BREWERIES LTD. P.O. BOX 114		283,448.
AUSTRALIAN GOVERNMENT OVERSEAS AID PROGRAM	G.P.O. BOX 887		196,800.
AMERICAN PAKISTAN FOUNDATION	59 E 74TH ST APT 6B NEW YORK, NY, 10021		125,000.
KAISER PERMANENTE MED GROUP	815 W. COLORADO BLVD LOS ANGELES, CA, 90041		100,000.
THE WILLIAM H DONNER FOUND. FOR HAITI	60 E. 42ND STREET, RM. 1560 NEW YORK, NY, 10165		70,000.
TOTAL INCLUDED ON LINE 3			<u>25699067.</u>



FORM 199	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
MISCELLANEOUS	5,055.
FX EXCHANGE GAIN	8,673.
LOAN INTEREST	3,057,715.
WATER BAG SALES	11,400.
REGISTRATION FEES	19,552.
GRANT INCOME	9,303.
FIXED FEES	34,047.
TOTAL TO FORM 199, PART II, LINE 7	3,145,745.

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	3
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## ACTIVITY CLASSIFICATION: GRANTS TO ORGANIZATIONS IN THE U.S.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
INTERNATIONAL RESOURCES GROUP	1211 CONNECTICUT AVENUE, NW, STE 7, WASHINGTON, DC 20036	NONE	351,234.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ADVENTIST DEVELOPMENT AND RELIEF AGENCY	12501 OLD COLUMBIA PIKE, SILVER SPRING, MD, 20904	NONE	854,448.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
WINROCK INTERNATIONAL	2101 RIVERFRONT DRIVE, LITTLE ROCK, AR 72202	NONE	378,004.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY OF VIRGINIA	P.O. BOX 400195, CHARLOTTESVILLE, VA 22904	NONE	19,585.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INOVIATION FOR POVERTY ACTION	1731 CONNECTICUT AVENUE, 4TH FL, WASHINGTON, DC 20009	NONE	110,499.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRANTS LESS THAN \$5,000	VARIOUS	NONE	701.

TOTAL FOR THIS ACTIVITY			1714471.
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## ACTIVITY CLASSIFICATION: GRANTS TO ORGANIZATIONS OUTSIDE THE U.S.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	EAST ASIA AND THE PACIFIC	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	EAST ASIA AND THE PACIFIC	NONE	23,650.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	EAST ASIA AND THE PACIFIC	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	MIDDLE EAST AND NORTH AFRICA	NONE	24,400.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	MIDDLE EAST AND NORTH AFRICA	NONE	5,100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	MIDDLE EAST AND NORTH AFRICA	NONE	5,920.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	MIDDLE EAST AND NORTH AFRICA	NONE	24,855.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	MIDDLE EAST AND NORTH AFRICA	NONE	9,611.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	MIDDLE EAST AND NORTH AFRICA	NONE	32,100.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	MIDDLE EAST AND NORTH AFRICA	NONE	7,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	MIDDLE EAST AND NORTH AFRICA	NONE	6,750.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	SOUTH ASIA	NONE	60,362.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	SOUTH ASIA	NONE	15,952.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	SUB-SAHARAN AFRICA	NONE	29,206.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	SUB-SAHARAN AFRICA	NONE	12,599.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	SUB-SAHARAN AFRICA	NONE	18,650.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	SUB-SAHARAN AFRICA	NONE	13,338.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	SUB-SAHARAN AFRICA	NONE	19,415.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	SUB-SAHARAN AFRICA	NONE	10,942.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	SUB-SAHARAN AFRICA	NONE	17,490.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	SUB-SAHARAN AFRICA	NONE	27,450.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	SUB-SAHARAN AFRICA	NONE	20,336.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	SUB-SAHARAN AFRICA	NONE	34,682.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	SUB-SAHARAN AFRICA	NONE	34,449.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	MIDDLE EAST AND NORTH AFRICA	NONE	500,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
	MIDDLE EAST AND NORTH AFRICA	NONE	500,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRANTS LESS THAN \$5,000	VARIOUS	NONE	388,264.
	TOTAL FOR THIS ACTIVITY		1868021.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			<u>3,582,492.</u>

## FORM 199      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES      STATEMENT      4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
FARSHAD RASTEGAR 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	PRESIDENT & CEO 70.00	290,018.
SIMON GOODALL 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	CHAIRMAN 5.00	0.
DEBORAH SENIOR 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	SECRETARY 5.00	0.
STEVEN HANSCH 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	TREASURER 3.00	0.
CHIP DUNCAN 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	BOARD MEMBER 4.00	0.
SARA ABBASI 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	BOARD MEMBER 3.00	0.
KEITH ALLMAN 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	BOARD MEMBER 1.00	0.
GEOFF BELL 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	BOARD MEMBER 1.00	0.
ELLEN FROST 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	BOARD MEMBER 1.00	0.
JOHN GAGE 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	BOARD MEMBER 1.00	0.
HERNANDO GARZON 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	BOARD MEMBER 4.00	0.

## RELIEF INTERNATIONAL

95-4300662

CHIP LEVENGOOD 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	BOARD MEMBER 3.00	0.
LEON IRISH 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	BOARD MEMBER 1.00	0.
JIM MOODY 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	BOARD MEMBER 1.00	0.
IRENE WURTZEL 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	BOARD MEMBER 2.00	0.
KATHLEEN ROWAN 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	CHIEF FINANCIAL OFFICER 60.00	111,502.
PATRICIA THOMSON 5455 WILSHIRE BLVD., NO. 1280 LOS ANGELES, CA 90036	CHIEF OPERATING OFFICER 60.00	111,923.
TOTAL TO FORM 199, PART II, LINE 11		<u>513,443.</u>

FORM 199	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
PROJECTS		6,616,868.	
FOOD & RELIEF CMDTY		4,155,118.	
VEHICLES & EQUIPMENT		1,754,657.	
MISCELLANEOUS		570,839.	
PENSION PLAN CONTRIBUTIONS		59,550.	
OTHER EMPLOYEE BENEFITS		1,141,811.	
LEGAL FEES		42,770.	
ACCOUNTING FEES		126,430.	
OTHER PROFESSIONAL FEES		361,722.	
ADVERTISING AND PROMOTION		47,637.	
OFFICE EXPENSES		1,630,591.	
TRAVEL		1,227,878.	
INSURANCE		612,383.	
ALL OTHER EXPENSES		481,873.	
TOTAL TO FORM 199, PART II, LINE 17		<u>18,830,127.</u>	

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FORM 199	NET NOTES RECEIVABLE	STATEMENT	6
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<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
NOTES AND LOANS RECEIVABLE, NET	10,451,474.	11,036,908.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	10,451,474.	11,036,908.

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FORM 199	INVESTMENTS IN STOCK	STATEMENT	7
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<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PUBLICLY TRADED SECURITIES	11,689.	10,255.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	11,689.	10,255.

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FORM 199	OTHER ASSETS	STATEMENT	8
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<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PLEDGES AND GRANTS RECEIVABLE	18,960,187.	22,058,060.
PREPAID EXPENSES AND DEFERRED CHARGES	134,139.	187,083.
DEPOSITS	44,243.	30,258.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	19,138,569.	22,275,401.

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FORM 199	OTHER LIABILITIES	STATEMENT	9
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<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
REFUNDABLE ADVANCES	153,803.	0.
DUE TO RELIEF INTERNATIONAL-UK	0.	366,451.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	153,803.	366,451.



FORM 199	INCOME NOT RECORDED ON BOOKS THIS YEAR	STATEMENT 10
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	1,434.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 4	1,434.

FORM 199	FUND BALANCES	STATEMENT 11
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	411,268.	1,029,091.
TEMPORARILY RESTRICTED ASSETS	39,140,183.	38,314,747.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	39,551,451.	39,343,838.

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

DECEMBER 31, 2011

<b>Prepared for</b>	RELIEF INTERNATIONAL 5455 WILSHIRE BLVD. NO. 1280 LOS ANGELES, CA 90036
<b>Prepared by</b>	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE, SUITE 650 NORTH BETHESDA, MA 20814
<b>Mail tax return to</b>	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
<b>Return must be mailed on or before</b>	NOVEMBER 15, 2012
<b>Special Instructions</b>	<p>THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.</p> <p>ENCLOSE A CHECK FOR \$225 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.</p> <p>A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.</p>

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT 80343</b>  <b>RELIEF INTERNATIONAL</b> <small>Name of Organization</small>  <b>5455 WILSHIRE BLVD., NO. 1280</b> <small>Address (Number and Street)</small>  <b>LOS ANGELES, CA 90036</b> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>1490257</u>  Federal Employer I.D. No. <u>95-4300662</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2011 ending 12/31/2011) list:  
 Gross annual revenue \$ 32,801,532. Total assets \$ 43,647,975.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? <span style="float:right"><b>SEE STATEMENT 12</b></span>	<b>X</b>	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		<b>X</b>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		<b>X</b>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		<b>X</b>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float:right"><b>SEE STATEMENT 13</b></span>	<b>X</b>	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		<b>X</b>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		<b>X</b>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<b>X</b>	

Organization's area code and telephone number (323) 932-7888

Organization's e-mail address CFO@RI.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

<b>FARSHAD RASTEGAR</b>	<b>PRESIDENT &amp; CEO</b>
<small>Signature of authorized officer</small>	<small>Printed Name</small>
	<small>Title</small>
	<small>Date</small>

RELIEF INTERNATIONAL AND RELIEF-UK HAVE COMMON BOARD MEMBERS. RELIEF INTERNATIONAL UK (RI-UK) IS PART OF THE GLOBAL FAMILY OF RELIEF INTERNATIONAL AGENCIES THROUGH WHICH INTERNATIONAL PROGRAMMATIC ACTIVITIES ARE COORDINATED. IN SEVERAL COUNTRIES, RI-UK SHARES STAFF AND FIELD OFFICES WITH RELIEF INTERNATIONAL (RI). THIS RESULTS IN INTER-AGENCY TRANSACTIONS TO ALLOCATE SHARED EXPENDITURES SUCH AS SALARIES, BENEFITS AND OTHER OFFICE EXPENSES. RI ALSO PROVIDES PRE-FINANCING FOR SOME RI-UK PROJECTS AND RI-UK PROVIDES PRE-FINANCING FOR SOME RI PROJECTS. THE AMOUNT OF THE TRANSACTION WAS \$892,347 DURING 2011.

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING  
PART B, LINE 6

STATEMENT 13

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT      \$15,314,208  
1300 PENNSYLVANIA AVENUE, NW  
WASHINGTON, DC      20004

DEPARTMENT OF STATE      \$3,804,538  
2201 C STREET, NW  
WASHINGTON, DC      20520

DEPARTMENT OF AGRICULTURE      \$3,755,697  
1400 INDEPENDENCE AVENUE, SE  
WASHINGTON, DC      20250