

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

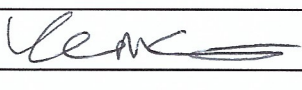
A For the 2020 calendar year, or tax year beginning and ending		D Employer identification number
B Check if applicable: Address change Name change Initial return Final return/terminated <input checked="" type="checkbox"/> Amended return Application pending	C Name of organization RELIEF INTERNATIONAL, INC.	95-4300662
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1101 14TH STREET NW 1100	E Telephone number 202-639-8660
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005	G Gross receipts \$ 60,521,357.
F Name and address of principal officer: ANN KOONTZ SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions
J Website: WWW.RI.ORG		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1990
		M State of legal domicile: DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RELIEF INTERNATIONAL PARTNERS WITH PEOPLE IN VULNERABLE COMMUNITIES TO ACHIEVE RELIEF FROM		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	218
	6	Total number of volunteers (estimate if necessary)	17
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 42,936,377.	Current Year 58,874,881.
	9 Program service revenue (Part VIII, line 2g)	1,790,932.	1,625,465.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-28,863.	19,392.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,720.	972.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,705,166.	60,520,710.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,398,629.	5,648,085.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,984,066.	32,777,730.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 214,964.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,134,901.	22,335,595.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,517,596.	60,761,410.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,812,430.	-240,700.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 14,867,557.	End of Year 20,236,515.
	21 Total liabilities (Part X, line 26)	13,439,655.	19,049,313.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,427,902.	1,187,202.

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.

Sign Here	Signature of officer	Date			
	MARTIN CLEMMY, CFO 	12/08/21			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	JENNIFER BECKER HARRIS	JENNIFER BECKER HARRIS	12/01/21	<input type="checkbox"/>	P00183358
Firm's Information	Firm's name	Firm's EIN			
	CLARK NUBER, PS	91-1194016			
Firm's Address	Firm's address	Phone no.			
	10900 NE 4TH STREET, SUITE 1400 BELLEVUE, WA 98004	425-454-4919			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: RELIEF INTERNATIONAL (RI) PARTNERS WITH PEOPLE IN VULNERABLE COMMUNITIES TO ACHIEVE RELIEF FROM POVERTY BY SUPPORTING THEIR RESPONSE TO CRISES, BUILDING THEIR RESILIENCE TO DISASTERS AND EMERGENCIES, AND PROMOTING DIGNITY AND THE LONG-TERM WELL-BEING OF

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 If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 31,807,672. including grants of \$ 3,490,062.) (Revenue \$ 0.) MULTI-SECTORAL: SOME OF RELIEF INTERNATIONAL'S PROGRAMS COMBINE 2 OR MORE OF THE EXISTING SECTORS: HEALTH, WASH, ECONOMIC OPPORTUNITY, AND EDUCATION. THIS IS AN INTEGRATED APPROACH TO ENSURE SUSTAINABLE DEVELOPMENT.

4b (Code:) (Expenses \$ 8,517,221. including grants of \$ 1,595,586.) (Revenue \$ 0.) HEALTH: SUSTAINABLE AND RESILIENT HEALTH SYSTEMS INCREASE HEALTH AND WELL-BEING OF VULNERABLE COMMUNITIES, THEIR ANIMALS AND ENVIRONMENTAL SETTINGS. RELIEF INTERNATIONAL'S HEALTH SECTOR DELIVERS LIFE-SAVING SERVICES TO CHILDREN, WOMEN AND MEN TO INCREASE THEIR PHYSICAL AND MENTAL WELL-BEING IN EMERGENCIES, PROTRACTED RELIEF AND RECOVERY, AND DEVELOPMENT SETTINGS. RI'S PROGRAMS PREVENT DISEASE AND RESPOND TO TRAUMA; TREAT ACUTE AND CHRONIC ILLNESSES AND INJURIES; AND PROMOTE HEALTHY PRACTICES TO SUPPORT HUMAN PHYSICAL AND PSYCHOLOGICAL DEVELOPMENT BY ADDRESSING THE CAUSES AND RISKS THAT LIMIT HUMAN HEALTH, INCLUDING INTEGRATION WITH ANIMAL AND ENVIRONMENTAL HEALTH ISSUES WHICH HAS A DIRECT IMPACT ON HUMAN HEALTH.

4c (Code:) (Expenses \$ 3,488,880. including grants of \$ 0.) (Revenue \$ 0.) EDUCATION: RELIEF INTERNATIONAL'S EDUCATION PROGRAMS PROMOTE EQUITABLE ACCESS TO SAFE, QUALITY, AND SUSTAINABLE EDUCATIONAL OPPORTUNITIES FOR VULNERABLE CHILDREN AND YOUTH (FEMALES AND MALES) TO ADVANCE IN THEIR LEARNING IN EMERGENCIES, PROTRACTED RELIEF AND RECOVERY, AND DEVELOPMENT SETTINGS. LEARNING ADVANCEMENT SHOULD ENABLE CHILDREN, YOUTH, AND THEIR FAMILIES TO ACTIVELY PARTICIPATE IN THE EDUCATION PROCESS, THEIR COMMUNITIES AND LEAD PRODUCTIVE LIVES WHICH MAXIMIZE THEIR WELL-BEING.

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,646,211. including grants of \$ 562,437.) (Revenue \$ 1,625,465.)

4e Total program service expenses 51,459,984.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with 3 main columns: Question, Yes, No. Rows include 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b, 15, 16.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included on line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); 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).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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 AK, AL, AR, CT, FL, GA, HI, IL, KY, MD, MA, MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MARTIN CLEMMY - 202-503-1281 1101 14TH STREET NW, NO. 1100, WASHINGTON, DC 20005

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY WILSON PRESIDENT & CEO	39.00 21.00	X		X				320,492.	0.	42,017.
(2) ELIA MAKAR VICE PRESIDENT OF HUMAN RESOURCES	29.00 16.00				X			171,985.	0.	18,548.
(3) COURTNEY LOBEL SR. DIR. OF DEV. & COMMUNICATION	29.00 16.00					X		176,194.	0.	13,226.
(4) ANN KOONTZ ACTING CEO EFFECTIVE 12/23/20	29.00 16.00			X				166,155.	0.	17,801.
(5) CHARLES AKINMADE GLOBAL CONTROLLER	29.00 16.00					X		169,416.	0.	11,529.
(6) ERIC FULLILOVE CHIEF FINANCIAL OFFICER THRU 08/2020	29.00 16.00			X				166,584.	0.	13,424.
(7) ANDREW PUGH SVP - INTERNATIONAL PROGRAMS	29.00 16.00				X			169,559.	0.	9,962.
(8) GROVER JONES VICE PRESIDENT PROGRAM DEVELOPMENT	29.00 16.00					X		149,797.	0.	21,196.
(9) VALERIE ROWLES REGIONAL DIRECTOR - MIDDLE EAST	29.00 16.00					X		137,401.	0.	18,484.
(10) RAYMOND BONNIWELL GLOBAL SECURITY & SAFETY DIRECTOR	29.00 16.00					X		132,182.	0.	22,878.
(11) LARA KALWINSKI GEN. COUNSEL (03/20)/CORP. SECRETARY	29.00 16.00			X				80,056.	0.	3,584.
(12) MARTIN CLEMMY CHIEF FINANCIAL OFFICER FROM 09/20	29.00 16.00			X				68,000.	0.	0.
(13) ELIZABETH WHITE ASSISTANT SECRETARY FROM 03/2020	26.00 14.00			X				61,455.	0.	9,198.
(14) CECILIA MENESES ASSISTANT SECRETARY THRU 03/2020	26.00 14.00			X				21,848.	0.	1,830.
(15) PAUL KUGLER "CHIP" LEVENGOOD BOARD CHAIRMAN	5.00 5.00	X		X				0.	0.	0.
(16) DANA FREYER BOARD SECRETARY THRU 03/2020	1.00 1.00	X		X				0.	0.	0.
(17) STEVEN HANSCH TREASURER	1.00 1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) IRENE WURTZEL BOARD MEMBER THRU 03/2020	0.50 0.50	X						0.	0.	0.
(19) ELLEN FROST BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(20) JOHN GAGE BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(21) DEBRA DAVIS BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(22) LEON IRISH BOARD MEMBER THRU 09/2020	0.50 0.50	X						0.	0.	0.
(23) JULIA GUTH BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(24) AMANDA BARNES BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(25) DANIEL BADER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(26) EDWIN DAVISSON HARDMAN JR BOARD MEMBER	2.00 2.00	X						0.	0.	0.
1b Subtotal								1,991,124.	0.	203,677.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,991,124.	0.	203,677.

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 19

	Yes	No
3 Did the organization list any former officer, director, 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
NICHOLS LIU LLP, 700 SIXTH STREET, SUITE 430, WASHINGTON, DC 20001	LEGAL SERVICES	306,619.
CLARK NUBER, 10900 NE 4TH STREET, SUITE 1400, BELLEVUE, WA 98004	ACCOUNTING SERVICES	159,220.
FISHER & PHILLIPS LLP, TWO LOGAN SQUARE 12TH FLOOR 100 N 18TH ST, PHILADELPHIA, PA	LEGAL SERVICES	117,689.

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 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) EDEN COLLINSWORTH BOARD MEMBER THRU 09/2020	0.50 0.50	X						0.	0.	0.
(28) BEVERLY MORRIS ARMSTRONG BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(29) PHILIPPE OBERLIN BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(30) STEPHANE CRESCITZ BOARD MEMBER	0.50 0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
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	57,924,468.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	950,413.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 119,140.				
	h Total. Add lines 1a-1f			58,874,881.			
Program Service Revenue	2 a CARBON CREDIT INCOME	Business Code	900099	940,740.	940,740.		
	b LOAN INTEREST		522291	609,807.	609,807.		
	c OTHER PROGRAM INCOME		900099	74,918.	74,918.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,625,465.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			11,793.		11,793.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other		8,246.		
	b Less: cost or other basis and sales expenses	7b			647.		
c Gain or (loss)	7c			7,599.			
d Net gain or (loss)				7,599.		7,599.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code	900099	972.		972.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				972.		
12 Total revenue. See instructions				60,520,710.	1,625,465.	0.	20,364.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,648,085.	5,648,085.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,274,499.		1,274,499.	
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	24,883,290.	21,682,298.	3,055,533.	145,459.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,142,301.	970,420.	165,724.	6,157.
9 Other employee benefits	4,552,721.	3,655,585.	869,163.	27,973.
10 Payroll taxes	924,919.	497,812.	414,034.	13,073.
11 Fees for services (nonemployees):				
a Management				
b Legal	712,744.	127,657.	585,087.	
c Accounting	207,929.	31,029.	176,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	932,430.	399,708.	514,335.	18,387.
12 Advertising and promotion	53,567.	51,373.	2,056.	138.
13 Office expenses	1,437,252.	1,312,894.	123,971.	387.
14 Information technology	803,581.	674,519.	129,062.	
15 Royalties				
16 Occupancy	1,985,768.	1,493,132.	492,636.	
17 Travel	1,488,641.	1,369,946.	117,938.	757.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	49,927.	45,501.	4,426.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,848.	11,848.		
23 Insurance	190,382.	14,389.	175,993.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT SUPPLIES	7,371,321.	7,371,321.		
b OTHER OPERATING	3,948,539.	3,120,010.	827,349.	1,180.
c VEHICLE & EQUIPMENT	2,083,587.	2,031,417.	50,717.	1,453.
d TRAINING	618,391.	597,321.	21,070.	
e All other expenses	439,688.	353,719.	85,969.	0.
25 Total functional expenses. Add lines 1 through 24e	60,761,410.	51,459,984.	9,086,462.	214,964.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,186,631.	1	2,987,729.
	2 Savings and temporary cash investments	3,658,216.	2	5,930,067.
	3 Pledges and grants receivable, net	3,580,807.	3	5,325,336.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,489,378.	7	2,306,703.
	8 Inventories for sale or use	0.	8	1,685.
	9 Prepaid expenses and deferred charges	1,139,917.	9	915,678.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,881,908.		
	b Less: accumulated depreciation	10b 1,771,714.	55,343.	10c 110,194.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	2,581,338.	13	2,279,830.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	175,927.	15	379,293.
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,867,557.	16	20,236,515.	
Liabilities	17 Accounts payable and accrued expenses	9,695,976.	17	11,110,292.
	18 Grants payable		18	
	19 Deferred revenue	1,739,300.	19	1,925,670.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	140,762.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,004,379.	25	5,872,589.
	26 Total liabilities. Add lines 17 through 25	13,439,655.	26	19,049,313.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,208,863.	27	726,798.
	28 Net assets with donor restrictions	219,039.	28	460,404.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,427,902.	32	1,187,202.
33 Total liabilities and net assets/fund balances	14,867,557.	33	20,236,515.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	60,520,710.
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,761,410.
3	Revenue less expenses. Subtract line 2 from line 1	3	-240,700.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,427,902.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,187,202.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization RELIEF INTERNATIONAL, INC.	Employer identification number 95-4300662
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,270,587.	41,542,650.	46,896,543.	42,936,377.	58,574,881.	214,221,038.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24,270,587.	41,542,650.	46,896,543.	42,936,377.	58,574,881.	214,221,038.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						214,221,038.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	24,270,587.	41,542,650.	46,896,543.	42,936,377.	58,574,881.	214,221,038.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,601.	22,537.	36,843.	4,523.	11,793.	91,297.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	56,957.			6,720.	972.	64,649.
11 Total support. Add lines 7 through 10						214,376,984.
12 Gross receipts from related activities, etc. (see instructions)					12	8,019,853.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.93 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.92 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REFUNDS & REIMBURSEMENTS

2016 AMOUNT: \$ 56,957.

2019 AMOUNT: \$ 6,720.

MISCELLANEOUS INCOME

2020 AMOUNT: \$ 972.

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

OMB No. 1545-0047

2020

Name of the organization

RELIEF INTERNATIONAL, INC.

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization RELIEF INTERNATIONAL, INC.	Employer identification number 95-4300662
--	--

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	<hr/> <hr/> <hr/>	\$ 40,293,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 15,011,902.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization RELIEF INTERNATIONAL, INC.	Employer identification number 95-4300662
--	--

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 RELIEF INTERNATIONAL, INC.	Employer identification number 95-4300662
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: RELIEF INTERNATIONAL, INC. Employer identification number: 95-4300662

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a: Reporting for public service. 1b: Reporting for public service with amounts. 2: Reporting for financial gain with amounts.

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		371,866.	261,672.	110,194.
e Other		1,510,042.	1,510,042.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				110,194.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MICROFINANCE LOANS	2,279,830.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	2,279,830.	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED ENTITIES	5,647,589.
(3) CARBON CREDIT OBLIGATION	225,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,872,589.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	60,649,825.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	130,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	130,000.
3	Subtract line 2e from line 1		3	60,519,825.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	885.	
c	Add lines 4a and 4b		4c	885.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	60,520,710.

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

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

1	Total expenses and losses per audited financial statements		1	60,890,525.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	130,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	130,000.
3	Subtract line 2e from line 1		3	60,760,525.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	885.	
c	Add lines 4a and 4b		4c	885.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	60,761,410.

Part XIII Supplemental Information.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF ASSETS 885.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF ASSETS 885.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization RELIEF INTERNATIONAL, INC.	Employer identification number 95-4300662
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	15	634	PROGRAM SERVICES	WATER AND SANITATION, NUTRITION, FOOD SECURITY AND LIVELIHOODS, WOMEN'S EMPOWERMENT, YOUTH	24,549,872.
SUB-SAHARAN AFRICA	16	1318	PROGRAM SERVICES	HEALTH, WATER AND SANITATION, FOOD SECURITY AND NUTRITION, LIVELIHOODS, SHELTER,	10,199,084.
EUROPE (INCLUDING ICELAND AND GREENLAND)	3	25	PROGRAM SERVICES	ADMINISTRATIVE SERVICES, EDUCATION, EMERGENCY ASSISTANCE	6,616,376.
SOUTH ASIA	17	755	PROGRAM SERVICES	SHELTER AND INFRASTRUCTURE, HUMAN RIGHTS AND PROTECTION, HEALTH, LIVESTOCK	4,129,080.
EAST ASIA AND THE PACIFIC	17	360	PROGRAM SERVICES SUPPORT	NATURAL RESOURCES/BIODIVERSITY CONSERVATION, WASH, PROTECTION, HEALTH,	590,578.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM RELATED INVESTMENTS	MICROFINANCE PROGRAM IN IRAQ	2,279,830.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		2,889,181.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTS TO RECIPIENTS IN THE REGION		1,456,745.
3 a Subtotal	68	3092			52,710,746.
b Total from continuation sheets to Part I	0	0			1,302,159.
c Totals (add lines 3a and 3b)	68	3092			54,012,905.

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

Schedule F (Form 990) 2020

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
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		778,635.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION		521,328.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS IN THE REGION		2,196.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING		0.
NORTH AMERICA	0	0	FUNDRAISING		0.
Totals					1,302,159.

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

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	PROTECTION AND HEALTH ASSISTANCE TO SYRIA TOGETHER	1,463,530.	CHECK/WIRES	0.		
		MIDDLE EAST AND NORTH AFRICA	SPECIALIZED AND PREVENTIVE HEALTH CARE TO REFUGEES	661,876.	CHECK/WIRES	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE SALE OF VOLUNTARY EMISSIONS REDUCTIONS (VERS) EARNED FROM FUEL	558,600.	CHECK/WIRES	0.		
		MIDDLE EAST AND NORTH AFRICA	INTEGRATED HEALTH AND WASH TO REDUCE COVID-19 IMPACT IN OVERCROWDED SETTINGS	507,717.	CHECK/WIRES	0.		
		MIDDLE EAST AND NORTH AFRICA	SPECIALIZED AND PREVENTIVE HEALTH CARE TO REFUGEES	317,149.	CHECK/WIRES	0.		
		MIDDLE EAST AND NORTH AFRICA	EXPANDED PROTECTION PROGRAM	304,222.	CHECK/WIRES	0.		
		SOUTH ASIA	YOUTH ENTREPRENEURSHIP AND EMPOWERMENT SUPPORT	285,465.	CHECK/WIRES	0.		
		MIDDLE EAST AND NORTH AFRICA	SPECIALIZED AND PREVENTIVE HEALTH CARE TO REFUGEES	264,034.	CHECK/WIRES	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► 19

3 Enter total number of other organizations or entities ► 1

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	SPECIALIZED AND PREVENTIVE HEALTH CARE TO REFUGEES	195,405.	CHECK/WIRES	0.		
		MIDDLE EAST AND NORTH AFRICA	EXPANDED PROTECTION PROGRAM	181,318.	CHECK/WIRES	0.		
		MIDDLE EAST AND NORTH AFRICA	EXPANDED PROTECTION PROGRAM	169,028.	CHECK/WIRES	0.		
		SOUTH ASIA	YOUTH ENTREPRENEURSHIP AND EMPOWERMENT SUPPORT	146,192.	CHECK/WIRES	0.		
		SUB-SAHARAN AFRICA	EMERGENCY AND RECOVERY SERVICES	117,275.	CHECK/WIRES	0.		
		SUB-SAHARAN AFRICA	EMERGENCY INTEGRATED HEALTH AND NUTRITION SERVICES	102,759.	CHECK/WIRES	0.		
		MIDDLE EAST AND NORTH AFRICA	INTEGRATED HEALTH AND WASH TO REDUCE COVID-19 IMPACT IN OVERCROWDED SETTINGS	92,084.	CHECK/WIRES	0.		
		SOUTH ASIA	YOUTH ENTREPRENEURSHIP AND EMPOWERMENT SUPPORT	89,671.	CHECK/WIRES	0.		
		MIDDLE EAST AND NORTH AFRICA	EXPANDED PROTECTION PROGRAM	60,283.	CHECK/WIRES	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)
		MIDDLE EAST AND NORTH AFRICA	INTEGRATED HEALTH AND WASH TO REDUCE COVID-19 IMPACT IN OVERCROWDED SETTINGS	55,937.	CHECK/WIRES	0.		
		MIDDLE EAST AND NORTH AFRICA	EXPANDED PROTECTION PROGRAM	37,062.	CHECK/WIRES	0.		
		MIDDLE EAST AND NORTH AFRICA	FACILITATING ASSISTANCE TO SYRIA TOGETHER	18,000.	CHECK/WIRES	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
DRUGS AND MEDICAL SUPPLIES	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	524	0.		18,282.	DRUGS AND MEDICAL SUPPLIES	FMV

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS FUNDS

INCLUDE:

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 OVERHEAD (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, MARKETING, REPORTING,

FINANCIAL PROCEDURES AND CONTROLS, COMMODITY MANAGEMENT AND ASSET

CONTROL.

Part V Supplemental Information

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

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 GRANTEE'S 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 AND PREVENT THE MEETING OF TIME

SCHEDULES AND GOALS. THIS DISCLOSURE ACCOMPANIES A STATEMENT OF ACTION

TAKEN AND/OR CONTEMPLATED, AND ANY RI ASSISTANCE NEEDED TO RESOLVE THE

SITUATION.

B. IF ANY PERFORMANCE REVIEW CONDUCTED BY THE SUB-GRANTEE DISCLOSES THE

Part V Supplemental Information

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

NEED FOR CHANGES, THE SUB-GRANTEE SUBMITS A REQUEST FOR BUDGET REVISION

(REALIGNMENT) TO RELIEF INTERNATIONAL NO LATER THAN THREE MONTHS BEFORE

THE PROJECT END.

PART I, LINE 3:

THE ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES.

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, MICRO-FINANCE, LIVESTOCK SERVICES, EMERGENCY RESPONSE, CIVIL

SOCIETY ORGANIZATIONS

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: HEALTH, WATER AND SANITATION,

FOOD SECURITY AND NUTRITION, LIVELIHOODS, SHELTER, REFUGEE/RETURNEE

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: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: NATURAL RESOURCES/

BIODIVERSITY CONSERVATION, WASH, PROTECTION, HEALTH, LIVELIHOODS,

Part V Supplemental Information

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

EDUCATION, EMERGENCY RESPONSE

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE SALE OF VOLUNTARY EMISSIONS REDUCTIONS

(VERS) EARNED FROM FUEL EFFICIENT STOVES IN GHANA.

PART IV, LINE 1:

FORM 926 IS NOT REQUIRED TO BE FILED BECAUSE THE TRANSFER TO A FOREIGN

CORPORATION DOES NOT MEET THE REPORTING REQUIREMENTS IN IRC

6038(A)(1)(A).

PART I, LINE 3, COLUMN (C):

AS OF DECEMBER 31, 2020 RELIEF INTERNATIONAL HAD 3,092 EMPLOYEES, OF

THOSE, 2,977 WERE LOCAL NATIONALS, HIRED UNDER LOCAL CONTRACTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

RELIEF INTERNATIONAL, INC.

Employer identification number

95-4300662

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NANCY WILSON PRESIDENT & CEO	(i)	320,492.	0.	0.	28,242.	13,775.	362,509.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIA MAKAR VICE PRESIDENT OF HUMAN RESOURCES	(i)	171,985.	0.	0.	17,497.	1,051.	190,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) COURTNEY LOBEL SR. DIR. OF DEV. & COMMUNICATION	(i)	176,194.	0.	0.	8,035.	5,191.	189,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANN KOONTZ ACTING CEO EFFECTIVE 12/23/20	(i)	166,155.	0.	0.	16,750.	1,051.	183,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHARLES AKINMADE GLOBAL CONTROLLER	(i)	169,416.	0.	0.	10,965.	564.	180,945.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIC FULLILOVE CHIEF FINANCIAL OFFICER THRU 08/2020	(i)	124,682.	0.	41,902.	5,688.	7,736.	180,008.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANDREW PUGH SVP - INTERNATIONAL PROGRAMS	(i)	169,559.	0.	0.	9,962.	0.	179,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GROVER JONES VICE PRESIDENT PROGRAM DEVELOPMENT	(i)	149,797.	0.	0.	15,061.	6,135.	170,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VALERIE ROWLES REGIONAL DIRECTOR - MIDDLE EAST	(i)	114,231.	0.	23,170.	11,423.	7,061.	155,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RAYMOND BONNIWELL GLOBAL SECURITY & SAFETY DIRECTOR	(i)	132,182.	0.	0.	11,545.	11,333.	155,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

VALERIE ROWLES, BASED ON THE EMPLOYMENT CONTRACT, RECEIVED HOUSING

ALLOWANCE THAT WAS TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT.

PART I, LINE 4A:

ERIC FULLILOVE RECEIVED \$32,376 OR TWO MONTHS OF SALARY CONTINUATION AS

SEPARATION PAYMENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

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

Name of the organization: **RELIEF INTERNATIONAL, INC.** 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	X	287	31,958.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	554	18,282.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EQUIPMENT)	X	195	68,900.	FMV
26 Other				
27 Other				
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 V, Donee Acknowledgement: **29** 0

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

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN B IS BASED ON THE NUMBER OF ITEMS RECEIVED.

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

RELIEF INTERNATIONAL, INC.

Employer identification number

95-4300662

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

POVERTY, BY SUPPORTING THEIR RESPONSE TO CRISES, BUILDING THEIR

RESILIENCE TO DISASTERS AND EMERGENCIES, AND PROMOTING DIGNITY AND THE

LONG-TERM WELL-BEING OF PEOPLE IN THE COMMUNITIES THAT WE SERVE. RELIEF

INTERNATIONAL IS NON-POLITICAL AND NON-SECTARIAN.

FORM 990, PART I, LINE 6: VOLUNTEERS

UNCOMPENSATED BOARD MEMBERS AND INTERNS SERVE AS VOLUNTEERS.

PAGE 1, BOX B, AMENDED RETURN STATEMENT

THE FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2020 HAS BEEN AMENDED TO

UPDATE THE FOLLOWING FOR A FINANCIAL STATEMENT AUDIT THAT WAS FORMALLY

ISSUED AFTER THE ORIGINAL FILING OF THE RETURN:

PART IV, LINE 12A IS NOW CHECKED YES TO INDICATE AN AUDIT WAS COMPLETED

FOR THE YEAR

PART XII, LINE 2B WAS ANSWERED YES TO INDICATE AN AUDIT WAS COMPLETED

FOR THE YEAR. THE SEPARATE BASIS BOX WAS ALSO CHECKED ON THIS LINE.

PART XII, LINE 12C WAS CHECKED YES AS THERE WAS A BOARD COMMITTEE WHO

EXERCISED OVERSIGHT OF THE AUDIT ISSUED AFTER THE ORIGINAL RETURN WAS

FILED.

SCHEDULE D, PARTS XI AND XII WERE COMPLETED DUE TO THE FACT THAT THE

ORGANIZATION HAS AUDITED FINANCIAL STATEMENTS FOR THE YEAR.

SCHEDULE O WAS UPDATED TO REMOVE THE EXPLANATION PROVIDED FOR PART IV,

LINE 12A AND PART XII, LINE 2B SINCE AN AUDIT HAS NOW BEEN ISSUED.

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization RELIEF INTERNATIONAL, INC.	Employer identification number 95-4300662
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PEOPLE IN THE COMMUNITIES THAT WE SERVE. RELIEF INTERNATIONAL IS

NON-POLITICAL AND NON-SECTARIAN. RI'S CORE PARTNERS ARE COMMUNITIES OF

POOR AND VULNERABLE PEOPLE, ESPECIALLY:

- PEOPLE LIVING IN UNDERSERVED, REMOTE AND/OR DANGEROUS PLACES.

- REFUGEES, INTERNALLY DISPLACED PERSONS, AND VICTIMS OF NATURAL AND

MAN-MADE DISASTERS AND CIVIL WARS.

- WOMEN AND GIRLS, ESPECIALLY THOSE IN NEED OF PRIMARY EDUCATION AND

HEALTH SERVICES.

- SMALL-SCALE ENTREPRENEURS, FARMERS AND RURAL DWELLERS IN NEED OF

TRAINING AND STRATEGIC VALUE CHAIN INTERVENTIONS.

- OTHER VULNERABLE COMMUNITIES WHOSE NEEDS MATCH RI'S SELECTIVE SKILLS.

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

ECONOMIC OPPORTUNITY: RELIEF INTERNATIONAL CREATES AND STRENGTHENS A

SUSTAINABLE, EQUITABLE, AND RESILIENT ECONOMIC/LIVELIHOODS ENVIRONMENT

FOR VULNERABLE WOMEN AND MEN IN EMERGENCIES, PROTRACTED RELIEF AND

RECOVERY, AND DEVELOPMENT SETTINGS. RI'S PROGRAMS INCREASE JOBS,

INCOMES AND ASSETS BY ADDRESSING THE CAUSES AND RISKS THAT RESTRICT

ACCESS TO ECONOMIC OPPORTUNITIES. RI INCORPORATES DISASTER RISK

REDUCTION, CLIMATE CHANGE ADAPTATION, AND OTHER RISK REDUCTION

CONSIDERATIONS TO BUILD RESILIENCE IN THE AFFECTED COMMUNITIES.

EXPENSES \$ 3,428,081. INCL GRANTS OF \$ 558,600. REVENUE \$ 1,625,465.

OTHER: RELIEF INTERNATIONAL ALSO PROVIDES PROTECTION AND EMERGENCY

RESPONSE SERVICES (INCLUDING SHELTER, FOOD ITEMS, NON-FOOD ITEMS,

WATER, ETC.) TO POPULATIONS FACING SUDDEN AND SLOW ONSET DISASTERS,

BOTH NATURAL AND MAN-MADE.

EXPENSES \$ 3,131,353. INCLUDING GRANTS OF \$ 3,837. REVENUE \$ 0.

Name of the organization RELIEF INTERNATIONAL, INC.	Employer identification number 95-4300662
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WASH (WATER, SANITATION, AND HYGIENE): RELIEF INTERNATIONAL'S WASH

SECTOR PROGRAM ENSURES VULNERABLE CHILDREN, WOMEN, AND MEN HAVE ACCESS

TO SUSTAINABLE AND RESILIENT SAFE DRINKING WATER AND APPROPRIATE

SANITATION FACILITIES AS WELL AS ADOPT KEY HYGIENE BEHAVIORS TO SUPPORT

THEIR OVERALL HEALTH AND WELL-BEING. RI DOES THIS BY:

I) INCREASING ACCESS TO APPROPRIATE AND SUSTAINABLE WATER AND

SANITATION INFRASTRUCTURES,

II) PROMOTING BEHAVIORAL CHANGES (HYGIENE, WATER SAFETY, ENVIRONMENT

SANITATION PRACTICES), AND,

III) IMPROVING THE SUSTAINABILITY OF THE WASH INFRASTRUCTURES AND

SYSTEMS.

EXPENSES \$ 1,086,777. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

YEMEN (ADEN), IRAQ, JORDAN, TURKEY,

LEBANON, AFGHANISTAN, PAKISTAN, PHILIPPINES,

BANGLADESH, SOMALIA, SUDAN, UGANDA,

KENYA, GHANA, SOUTH SUDAN, BURMA

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS WITH THE ASSISTANCE OF

THE ORGANIZATION'S CFO AND STAFF. THE CFO AND 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:

IT IS THE POLICY OF RELIEF INTERNATIONAL (RI) TO PROHIBIT ITS EMPLOYEES AND

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

BOARD MEMBERS FROM ENGAGING IN ANY ACTIVITY, PRACTICE, OR ACT WHICH
CONFLICTS WITH, OR APPEARS TO CONFLICT WITH, THE INTERESTS OF RI. EACH
EMPLOYEE AND BOARD MEMBER IS REQUIRED TO DISCLOSE ANY INTEREST OR
INVOLVEMENT WHEN PARTICIPATING IN A TRANSACTION OF THE ORGANIZATION IN
WHICH ANOTHER PARTY TO THE TRANSACTION INCLUDES HIMSELF, A CLOSE RELATIVE
(SPOUSE, PARENT, CHILD, SIBLING, NIECE, NEPHEW OR IN-LAW) OR AN
ORGANIZATION WITH WHICH THE MEMBER OF THE BOARD, THE EMPLOYEE, OR A CLOSE
RELATIVE, IS AFFILIATED.

THIS POLICY IS NOT INTENDED TO DETAIL EVERY SITUATION THAT COULD GIVE RISE
TO A CONFLICT OF INTEREST. A PERSON WITH ORDINARY GOOD JUDGMENT SHOULD KNOW
WHETHER OR NOT A PARTICULAR ACTIVITY INVOLVES AN ACTUAL OR POTENTIAL
CONFLICT. WHERE THERE IS DOUBT, THE MATTER SHOULD BE BROUGHT TO THE
ATTENTION OF THE INDIVIDUAL'S IMMEDIATE SUPERVISOR (FOR STAFF) OR THE BOARD
CHAIRPERSON (FOR BOARD MEMBERS), WHO WILL TAKE ACTION AS APPROPRIATE. IN
GENERAL, EMPLOYEES AND BOARD MEMBERS SHOULD REFRAIN FROM: OFFERING,
SOLICITING OR ACCEPTING GIFTS, EXCEPT THOSE OF A NOMINAL VALUE, IN RETURN
FOR AN ADVANTAGEOUS POSITION; ENGAGING IN CONDUCT THAT INTERFERES WITH THE
PRIMARY TIME AND EFFORT OBLIGATION TO RI OR DIVIDES HIS OR HER LOYALTY, OR
DISCREDITS RI'S NAME; OR, DISCLOSING CONFIDENTIAL OR PROPRIETARY
INFORMATION ABOUT RI TO THIRD PARTIES.

UPON DISCOVERY OF A POTENTIAL CONFLICT, EITHER IN PROCUREMENT OR HIRING OR
ANY OTHER AREA OF ORGANIZATIONAL INTEREST, THE EMPLOYEE OR BOARD MEMBER
SHOULD MAKE PROMPT DISCLOSURE TO THE SUPERVISOR OR BOARD CHAIRPERSON (AS
APPROPRIATE), BUT NO LATER THAN 30 DAYS AFTER BECOMING AWARE OF AN
ANTICIPATED OR ACTUAL OCCURRENCE.

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

Name of the organization RELIEF INTERNATIONAL, INC.	Employer identification number 95-4300662
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FORM 990, PART VI, SECTION B, LINE 15:

IN 2020, THE BOARD OF DIRECTORS, THROUGH THE HUMAN RESOURCES COMMITTEE, APPROVED A HEAD OFFICE SALARY SCALE THAT WAS DESIGNED BY THE HR DEPARTMENT BASED ON MARKET ANALYSIS. THIS SALARY SCALE ALSO COVERED SENIOR STAFF'S COMPENSATION. THE BOARD OF DIRECTORS APPROVED AND DECIDED UPON CEO COMPENSATION BASED ON THIS MARKET AND COMPARATIVE ANALYSIS. THE PROCESS AND DETERMINATION WAS CONTEMPORANEOUSLY DOCUMENTED.

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

AK,AL,AR,CT,FL,GA,HI,IL,KY,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC,OK,OR,PA,RI,SC
TN,UT,VA,WV,WI,CO,KS,ME,MO,ND,OH,WA

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

RELIEF INTERNATIONAL PRESENTS ITS FINANCIAL STATEMENTS ON ITS WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2B AND PART IV LINE 12A

ACTIVITY REPORTED ON THIS FORM 990 AND ITS AUDITED FINANCIAL STATEMENTS INCLUDES ALL ACTIVITY FOR RELIEF INTERNATIONAL KENYA, A RELATED TAX EXEMPT ORGANIZATION INCLUDED ON SCHEDULE R, PART II.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ENTERPRISE WORKS, LLC - 52-1079034 818 CONNECTICUT AVE NW, SUITE 600, WASHINGTON, DC 20006	PROMOTES SUSTAINABLE, ENTERPRISE-ORIENTED SOLUTIONS TO ECONOMIC	DISTRICT OF COLUMBIA	0.	0.	RELIEF INTERNATIONAL, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
RELIEF INTERNATIONAL EUROPE AVENUE LOUISE 65-1050 BRUSSELS, BELGIUM	REDUCE HUMAN SUFFERING	BELGIUM	501(C)(3) EQUIVALENT				X
MRCA/RELIEF INTERNATIONAL - FRANCE 3 BIS, RUE DE BUDAPEST PARIS, FRANCE	REDUCE HUMAN SUFFERING	FRANCE	501(C)(3) EQUIVALENT				X
RELIEF INTERNATIONAL UK 31-35 KIRBY STREET, HOLLBORN LONDON, UNITED KINGDOM EC1N8TE	REDUCE HUMAN SUFFERING	UNITED KINGDOM	501(C)(3) EQUIVALENT				X
RELIEF INTERNATIONAL AFGHANISTAN STREET 4, TAIMANI, PD 4, HOUSE #12 KABUL, AFGHANISTAN	REDUCE HUMAN SUFFERING	AFGHANISTAN	501(C)(3) EQUIVALENT		MRCA/RELIEF INTERNATIONAL - FRANCE		X

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

Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
RELIEF INTERNATIONAL KENYA PO BOX 14472 - 00800 NAIROBI, KENYA	REDUCE HUMAN SUFFERING	KENYA	501(C)3) EQUIVALENT		RELIEF INTERNATIONAL, INC.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o	X	
1p	X	
1q	X	
1r		X
1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	RELIEF INTERNATIONAL KENYA	Q	106,858.	COST
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Table with 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Predominant income (related, unrelated, excluded from tax under sections 512-514); (e) Are all partners sec. 501(c)(3) orgs.? (Yes/No); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Part VII Supplemental Information

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

ENTERPRISE WORKS, LLC

PRIMARY ACTIVITY: PROMOTES SUSTAINABLE, ENTERPRISE-ORIENTED SOLUTIONS TO

ECONOMIC CHALLENGES