

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RELIEF INTERNATIONAL, INC.		D Employer identification number 95-4300662
	Doing business as		E Telephone number 202-639-8660
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1717 K STREET NW Room/suite 900		G Gross receipts \$ 66,127,909.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006		
F Name and address of principal officer: VALERIE DOCHER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

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

J Website: WWW.RI.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1990 **M** State of legal domicile: DE

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RELIEF INTERNATIONAL (RI) PARTNERS WITH COMMUNITIES IMPACTED BY CONFLICT, CLIMATE CHANGE, AND		
	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)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	182
	6 Total number of volunteers (estimate if necessary)	6	20
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	70,765,685.	64,685,172.
	9 Program service revenue (Part VIII, line 2g)	1,658,962.	1,095,149.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,800.	22,702.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,641.	324,886.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,491,088.	66,127,909.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,795,376.	16,494,552.
	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)	31,782,331.	32,514,624.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	61,478.	61,375.
	b Total fundraising expenses (Part IX, column (D), line 25)	461,233.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,824,279.	17,475,429.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	73,463,464.	66,545,980.
19 Revenue less expenses. Subtract line 18 from line 12	-972,376.	-418,071.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 19,472,592.	End of Year 20,819,002.
	21 Total liabilities (Part X, line 26)	18,114,836.	19,879,317.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,357,756.	939,685.

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 <i>Farzaneh Dailaghian</i>	Date 10/28/2025			
	FARZANEH DAILAGHIAN, ACTING CFO Type or print name and title				
Paid Preparer Use Only	Preparer's name FRANCES OLSON	Preparer's signature FRANCES OLSON	Date 10/15/25	Check if self-employed <input type="checkbox"/>	PTIN P01228048
	Firm's name CLARK NUBER PS	Firm's EIN 91-1194016	Phone no. 425-454-4919		
Firm's address 555 110TH AVE NE, SUITE 700 BELLEVUE, WA 98004					

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 COMMUNITIES IMPACTED BY CONFLICT, CLIMATE CHANGE, AND DISASTER TO SAVE LIVES, BUILD GREATER RESILIENCE, AND PROMOTE LONG-TERM HEALTH AND WELLBEING OF PEOPLE IN THE COMMUNITIES THAT WE SERVE. RELIEF INTERNATIONAL IS NON-POLITICAL

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 \$ 35,415,071. including grants of \$ 7,898,372.) (Revenue \$ 0.) MULTI-SECTORAL: SOME OF RELIEF INTERNATIONAL'S PROGRAMS COMBINE 2 OR MORE OF THE EXISTING SECTORS: HEALTH AND NUTRITION, WASH (WATER, SANITATION, AND HYGIENE), ECONOMIC OPPORTUNITY, AND EDUCATION. THIS IS AN INTEGRATED APPROACH TO ENSURE SUSTAINABLE DEVELOPMENT.

4b (Code:) (Expenses \$ 16,379,240. including grants of \$ 8,016,481.) (Revenue \$ 0.) HEALTH AND NUTRITION: STRENGTHENED PRIMARY HEALTHCARE SYSTEMS CREATE FOUNDATIONS FOR COMMUNITY RESILIENCE WHILE PROMOTING LONG-TERM HEALTH AND WELLBEING OF VULNERABLE COMMUNITIES, THEIR ANIMALS AND ENVIRONMENTAL SETTINGS. RELIEF INTERNATIONAL'S HEALTH SECTOR DELIVERS LIFE-SAVING AND LIFE-IMPROVING SERVICES TO CHILDREN, WOMEN AND MEN TO INCREASE THEIR PHYSICAL AND MENTAL WELLBEING 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 \$ 2,864,989. including grants of \$ 579,699.) (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. COMMUNITY EDUCATION AND ENGAGEMENT ENCOURAGES SOCIAL COHESION AND BEHAVIOR CHANGE AMONG CHILDREN, YOUTH, AND THEIR FAMILIES TO ACTIVELY PARTICIPATE IN THE EDUCATION PROCESS, THEIR COMMUNITIES AND LEAD PRODUCTIVE LIVES PROMOTING LONG-TERM WELLBEING.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,450,789. including grants of \$ 0.) (Revenue \$ 1,095,149.)

4e Total program service expenses 56,110,089.

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> ? See instructions	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 Rev. Proc. 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> See instructions	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 columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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?; 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?; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [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
FARZANEH DAILAGHIAN - 202-503-1281
1717 K STREET NW SUITE 900, WASHINGTON, DC 20006

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRAIG REDMOND CEO/PRESIDENT	29.00 16.00			X				317,230.	0.	35,827.
(2) MARTIN CLEMMY CHIEF FINANCIAL OFFICER	29.00 16.00			X				255,812.	0.	16,507.
(3) FARZANEH DAILAGHIAN GLOBAL CONTROLLER	29.00 16.00					X		247,010.	0.	0.
(4) DELENIA HONNA MCIVER GENERAL COUNSEL	25.00 12.00			X				205,734.	0.	14,552.
(5) VALERIE ROWLES REGIONAL DIRECTOR - MIDDLE EAST	29.00 16.00				X			180,819.	0.	26,875.
(6) SANJNI SHAH CHIEF HR OFFICER	29.00 16.00			X				181,755.	0.	25,728.
(7) NAJIA HYDER CHIEF PROGRAM OFFICER	29.00 16.00			X				196,458.	0.	6,969.
(8) ANDREA GOSSELIN CHIEF DEVELOPMENT & COMM. OFFICER	29.00 16.00			X				178,748.	0.	19,377.
(9) FREHIWOT TAKELE TAREKEGN GLOBAL DIR OF ACCOUNTING & FINANCE	29.00 16.00					X		154,582.	0.	18,582.
(10) MARK ATTERTON REGIONAL DIRECTOR - AA	29.00 16.00					X		147,498.	0.	6,648.
(11) CHANTAL GRUT CHIEF ETHICS & COMPLIANCE OFFICER	29.00 16.00			X				142,162.	0.	5,915.
(12) ADRIENNE KARECKI CHIEF DEV. & MARKETING OFFICER	29.00 16.00			X				143,750.	0.	916.
(13) BIN SU GLOBAL IT DIRECTOR	28.00 15.00					X		115,065.	0.	27,136.
(14) JASON KAJER COUNTRY DIRECTOR SOUTH SUDAN	29.00 16.00					X		115,825.	0.	23,143.
(15) AZITA EMAMI ASSISTANT SECRETARY	29.00 16.00			X				80,504.	0.	4,427.
(16) KATRINA CHARMENE CAMPBELL CHIEF ETH & COMP OFC (THRU 1/2024)	14.00 10.00			X				16,120.	0.	0.
(17) DEBRA DAVIS BOARD CHAIR	5.00 5.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERIC ACHTMANN VICE CHAIR (THRU 2/2024)	0.10 0.10	X		X				0.	0.	0.
(19) RADHA SEKAR TREASURER	1.00 1.00	X		X				0.	0.	0.
(20) STEVEN HANSCH BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(21) PAUL "CHIP" KUGLER LEVENGOOD BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(22) DANA FREYER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(23) JOHN GAGE BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(24) JULIA GUTH BOARD MEMBER	0.50 0.50	X						0.	0.	0.
(25) DANIEL BADER BOARD MEMBER (THRU 12/06/2024)	1.00 1.00	X						0.	0.	0.
(26) EDWIN DAVISSON HARDMAN JR BOARD MEMBER	0.50 0.50	X						0.	0.	0.
1b Subtotal								2,679,072.	0.	232,602.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,679,072.	0.	232,602.

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 33

	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
VELOCITY GLOBAL, 1701 PLATTE STREET, SUITE 210, DENVER, CO 80202	WORKFORCE MANAGEMENT	794,921.
CLARK NUBER, 10900 NE 4TH STREET, SUITE 1400, BELLEVUE, WA 98004	ACCOUNTING SERVICES	173,328.
BAMBOHR, 335 SOUTH 560 WEST, LINDON, UT 84042	WORKFORCE MANAGEMENT	131,438.
PLATIVE, 524 BROADWAY, 11TH FLOOR, NEW YORK, NY 10012	PHILANTHROPY SYSTEM ADMINISTRATIVE	124,966.
CW GLOBAL PARTNERS, 59 RIVERVIEW AVE, CLIFFSIDE PARK, NJ 07010	ACCOUNTING SYSTEM ADMINISTRATION	100,050.

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 5

SEE PART VII, SECTION A CONTINUATION SHEETS

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	63,790,998.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	894,174.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 256,915.			
	h	Total. Add lines 1a-1f		64,685,172.			
Program Service Revenue	2 a	LOAN INTEREST	Business Code 522291	1,054,477.	1,054,477.		
	b	OTHER PROGRAM INCOME	900099	37,669.	37,669.		
	c	CARBON CREDIT INCOME	900099	3,003.	3,003.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,095,149.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		352.		352.	
	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	22,350.		
	b	Less: cost or other basis and sales expenses	7b		0.		
	c	Gain or (loss)	7c		22,350.		
d	Net gain or (loss)		22,350.		22,350.		
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	SETTLEMENT	Business Code 900099	324,886.		324,886.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		324,886.			
12	Total revenue. See instructions		66,127,909.	1,095,149.	0.	347,588.	

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	16,494,552.	16,494,552.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,113,533.	161,194.	1,952,339.	
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	23,789,464.	20,009,490.	3,521,038.	258,936.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	296,534.	58,804.	235,141.	2,589.
9 Other employee benefits	5,488,229.	4,514,133.	922,426.	51,670.
10 Payroll taxes	826,864.	318,962.	482,626.	25,276.
11 Fees for services (nonemployees):				
a Management				
b Legal	154,169.	121,561.	32,608.	
c Accounting	214,279.	55,000.	159,279.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	61,375.			61,375.
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.)	1,342,237.	299,182.	1,043,055.	
12 Advertising and promotion	55,564.	51,288.	1,879.	2,397.
13 Office expenses	2,853,995.	2,782,004.	70,893.	1,098.
14 Information technology	821,984.	301,185.	499,375.	21,424.
15 Royalties				
16 Occupancy	2,158,139.	1,986,562.	171,577.	
17 Travel	1,540,008.	1,261,431.	267,010.	11,567.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	112,194.	78,355.	29,898.	3,941.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,997.	4,878.	26,980.	18,139.
23 Insurance	313,682.	16,071.	297,543.	68.
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	3,429,958.	3,429,958.	0.	0.
b PROJECT OPERATING COSTS	1,929,575.	1,929,575.	0.	0.
c VEHICLES & EQUIPMENT	1,823,054.	1,792,116.	30,915.	23.
d TRAINING	362,810.	345,847.	16,963.	0.
e All other expenses	313,784.	97,941.	213,113.	2,730.
25 Total functional expenses. Add lines 1 through 24e	66,545,980.	56,110,089.	9,974,658.	461,233.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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	1,928,898.	1	1,499,661.
	2 Savings and temporary cash investments	6,306,464.	2	8,183,721.
	3 Pledges and grants receivable, net	2,700,697.	3	3,242,310.
	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	1,900,562.	7	627,645.
	8 Inventories for sale or use	21,202.	8	19,658.
	9 Prepaid expenses and deferred charges	1,409,623.	9	1,356,740.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,891,537.		
	b Less: accumulated depreciation	10b 1,759,995.	70,062.	10c 131,542.
	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	3,405,608.	13	3,304,864.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,729,476.	15	2,452,861.
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,472,592.	16	20,819,002.	
Liabilities	17 Accounts payable and accrued expenses	10,629,387.	17	9,958,965.
	18 Grants payable		18	
	19 Deferred revenue	938,064.	19	1,102,442.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,547,385.	25	8,817,910.
	26 Total liabilities. Add lines 17 through 25	18,114,836.	26	19,879,317.
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	1,138,497.	27	827,022.
	28 Net assets with donor restrictions	219,259.	28	112,663.
	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	1,357,756.	32	939,685.
33 Total liabilities and net assets/fund balances	19,472,592.	33	20,819,002.	

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	66,127,909.
2	Total expenses (must equal Part IX, column (A), line 25)	2	66,545,980.
3	Revenue less expenses. Subtract line 2 from line 1	3	-418,071.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,357,756.
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	939,685.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2024

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	58,574,881.	67,724,388.	58,032,887.	70,765,685.	64,685,172.	319,783,013.
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	58,574,881.	67,724,388.	58,032,887.	70,765,685.	64,685,172.	319,783,013.
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.						319,783,013.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	58,574,881.	67,724,388.	58,032,887.	70,765,685.	64,685,172.	319,783,013.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,793.	882.	4,643.	641.	352.	18,311.
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.)	972.	9,681.	23,556.	60,641.	324,886.	419,736.
11 Total support. Add lines 7 through 10						320,221,060.
12 Gross receipts from related activities, etc. (see instructions)					12	11,046,593.

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.86 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.96 %

16a 33 1/3% support test - 2024. 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

b 33 1/3% support test - 2023. 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

17a 10% -facts-and-circumstances test - 2024. 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

b 10% -facts-and-circumstances test - 2023. 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

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

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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).		

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 - <i>provide details in Part VI</i>)	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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

2022 AMOUNT: \$ 23,556.

2023 AMOUNT: \$ 44,343.

MISCELLANEOUS INCOME

2020 AMOUNT: \$ 972.

2021 AMOUNT: \$ 9,681.

SETTLEMENT

2023 AMOUNT: \$ 16,298.

2024 AMOUNT: \$ 324,886.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization RELIEF INTERNATIONAL, INC.	Employer identification number 95-4300662
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 10,344,071.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 52,277,924.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization RELIEF INTERNATIONAL, INC.	Employer identification number 95-4300662
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that 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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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		374,242.	323,344.	50,898.
e Other		1,517,295.	1,436,651.	80,644.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				131,542.

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, line 12, col. (B))		

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	3,304,864.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	3,304,864.	

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) SECURITY DEPOSITS	102,363.
(2) OTHER RECEIVABLES	17,353.
(3) RIGHT OF USE ASSET	207,912.
(4) CARBON CREDITS	2,125,233.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,452,861.

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	8,605,490.
(3) OPERATING LEASE LIABILITY	212,420.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	8,817,910.

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 ...

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
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

**Open to Public
Inspection**

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

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
EAST ASIA AND THE PACIFIC	16	624	PROGRAM SERVICES	NATURAL RESOURCES / BIODIVERSITY CONSERVATION, WASH, PROTECTION, HEALTH,	1,572,236.
EUROPE (INCLUDING ICELAND AND GREENLAND)	4	78	PROGRAM SERVICES	ADMINISTRATIVE SERVICES, EDUCATION, EMERGENCY ASSISTANCE	3,470,411.
MIDDLE EAST AND NORTH AFRICA	22	803	PROGRAM SERVICES	WATER AND SANITATION, NUTRITION, FOOD SECURITY AND LIVELIHOODS, WOMEN'S EMPOWERMENT, YOUTH	17,279,969.
SOUTH ASIA	8	205	PROGRAM SERVICES	SHELTER AND INFRASTRUCTURE, HUMAN RIGHTS AND PROTECTION, HEALTH, LIVESTOCK	1,341,796.
SUB-SAHARAN AFRICA	16	955	PROGRAM SERVICES	HEALTH, WATER AND SANITATION, FOOD SECURITY AND NUTRITION, LIVELIHOODS, SHELTER,	11,059,874.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		738,934.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		692,864.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		11,860,814.
3 a Subtotal	66	2665			48,016,898.
b Total from continuation sheets to Part I	0	0			6,506,804.
c Totals (add lines 3a and 3b)	66	2665			54,523,702.

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

Schedule F (Form 990) (Rev. 12-2024)

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 LOCATED IN THE REGION		3,201,940.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM RELATED INVESTMENTS	MICROFINANCE PROGRAM	3,304,864.
MIDDLE EAST AND NORTH AFRICA	0	0	FUNDRAISING		0.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		0.
Totals					6,506,804.

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	INTEGRATED HEALTH, NUTRITION, AND PROTECTION PROGRAM IN LEBANON	856,744.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND	5,425.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND	22,715.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND	9,972.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND	9,916.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND	15,773.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND	6,699.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND	34,199.	WIRE TRANSFER	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 26

3 Enter total number of other organizations or entities 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND	65,124.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	LEARN PHASE IV	201,488.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROVISION OF MULTI-SECTORAL HUMANITARIAN SERVICES TO COMMUNITIES	18,162.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROVISION OF MULTI-SECTORAL HUMANITARIAN SERVICES TO COMMUNITIES	53,277.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROVISION OF MULTI-SECTORAL HUMANITARIAN SERVICES TO COMMUNITIES	12,305.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROVISION OF MULTI-SECTORAL HUMANITARIAN SERVICES TO COMMUNITIES	16,765.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN INTEGRATED RESPONSE IN UPPER NILE (HIRUN)	1,041,475.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	INCLUSIVE COMMUNITY: SAFE ACCESS TO HEALTH AND BASIC SERVICES FOR REFUGEES	290,224.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	INCLUSIVE COMMUNITY: SAFE ACCESS TO HEALTH AND BASIC SERVICES FOR REFUGEES	248,389.	WIRE TRANSFER	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	PROTECTION AND HEALTH ASSISTANCE TO SYRIA TOGETHER IV (PHAST IV)	493,839.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	PROTECTION AND HEALTH ASSISTANCE TO SYRIA TOGETHER IV (PHAST IV)	493,654.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	PROTECTION AND HEALTH ASSISTANCE TO SYRIA TOGETHER IV (PHAST IV)	497,418.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	PROTECTION AND HEALTH ASSISTANCE TO SYRIA TOGETHER IV (PHAST IV)	5,493,007.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	RI EMERGENCY SUPPORT FOR AFGHANS LIVING IN IRAN	158,555.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTH PROJECT	165,101.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	TRANSFORMING LIVES WITH INTEGRATED SOLUTIONS FOR HEALTH, NUTRITION, AND	779,295.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	TRANSFORMING LIVES WITH INTEGRATED SOLUTIONS FOR HEALTH, NUTRITION, AND	255,662.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	TRANSFORMING LIVES WITH INTEGRATED SOLUTIONS FOR HEALTH, NUTRITION, AND	113,180.	WIRE TRANSFER	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	TRANSFORMING LIVES WITH INTEGRATED SOLUTIONS FOR HEALTH, NUTRITION, AND	96,711.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	TRANSFORMING LIVES WITH INTEGRATED SOLUTIONS FOR HEALTH, NUTRITION, AND	121,244.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	TRANSFORMING LIVES WITH INTEGRATED SOLUTIONS FOR HEALTH, NUTRITION, AND	688,982.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO DISPLACE AND	87,076.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO DISPLACE AND	74,242.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO DISPLACE AND	28,469.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO DISPLACE AND	84,184.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO DISPLACE AND	38,248.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO DISPLACE AND	80,638.	WIRE TRANSFER	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)
		EAST ASIA AND THE PACIFIC	DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO DISPLACE AND	77,468.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO DISPLACE AND	23,730.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO DISPLACE AND	15,702.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO DISPLACE AND	38,167.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN INTEGRATED RESPONSE IN UPPER NILE II (HIRUN II)	1,653,029.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE EMERGENCY SUPPORT FOR FLOOD RELIEF AND IMPROVED ACCESS TO	272,727.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE EMERGENCY SUPPORT FOR FLOOD RELIEF AND IMPROVED ACCESS TO	21,818.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INTEGRATED RESPONSE FOR EMERGENCY ASSISTANCE AND RESILIENCE BUILDING:	243,013.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	KIMMELMAN GLOBAL EMERGENCY FUND	25,000.	WIRE TRANSFER	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)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	ZAKAT	5,208.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GLOBAL EMERGENCY FUND	20,000.	WIRE TRANSFER	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)
IT, DRUG, NUTRITION & MEDICAL SUPPLIES	MIDDLE EAST AND NORTH AFRICA	130	0.		222,760.	DRUGS AND MEDICAL SUPPLIES	FMV
CASH AND VOUCHERS	MIDDLE EAST AND NORTH AFRICA	7,952	1,093,732.		0.		
CASH AND VOUCHERS	EAST ASIA AND THE PACIFIC	2,070	120,510.		0.		
CASH AND VOUCHERS	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	465.		0.		

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 the 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 the 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 the 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 the 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 the 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 the 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.
9. IT IS NECESSARY THAT THE SUB-GRANTEE MAINTAINS AND RECONCILES RECORDS TO VERIFY THAT THE COSTS CHARGED TO THE SUB-GRANT AWARD ARE BASED ON THE SUPPORTING DOCUMENTATION.
10. RELIEF INTERNATIONAL IS RESPONSIBLE FOR PROPERTY AND EQUIPMENT ACQUIRED BY THEIR SUB-GRANTEES.
11. RELIEF INTERNATIONAL IS RESPONSIBLE FOR OBSERVING THEIR SUB-GRANTEE'S COMPETITIVE BIDDING REQUIREMENTS, IF APPLICABLE, TAGGING AND INVENTORYING SUCH PROPERTY AND EQUIPMENT OF THEIR GRANTEES AND ACCOUNTING FOR THE DISPOSITION OF SUCH PROPERTY AND EQUIPMENT.
12. SUB-GRANTEE SENDS TO RELIEF INTERNATIONAL:
 - A. ONE COPY OF THE MONTHLY EXPENSE STATEMENT AND AN INVOICE BY THE 10TH WORKING DAY OF THE FOLLOWING MONTH.
 - B. ONE COPY OF A MONTHLY PROGRESS REPORT.
 - C. WITHIN ONE MONTH AFTER THE COMPLETION DATE OF THE SUB-GRANT, THE 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: EAST ASIA AND THE PACIFIC
(E) SPECIFIC TYPES OF SERVICES IN REGION: NATURAL RESOURCES / BIODIVERSITY CONSERVATION, WASH, PROTECTION, HEALTH, LIVELIHOODS, EDUCATION, EMERGENCY RESPONSE

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

REGION: SUB-SAHARAN AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: HEALTH, WATER AND SANITATION, FOOD SECURITY AND NUTRITION, LIVELIHOODS, SHELTER, REFUGEE/RETURNEE SERVICES

PART II, COLUMN (D):
REGION: EAST ASIA AND THE PACIFIC
(D) PURPOSE OF GRANT: ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND DISPLACEMENT

REGION: EAST ASIA AND THE PACIFIC
(D) PURPOSE OF GRANT: ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND DISPLACEMENT

REGION: EAST ASIA AND THE PACIFIC
(D) PURPOSE OF GRANT: ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND DISPLACEMENT

REGION: EAST ASIA AND THE PACIFIC
(D) PURPOSE OF GRANT: ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND DISPLACEMENT

REGION: EAST ASIA AND THE PACIFIC
(D) PURPOSE OF GRANT: ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND DISPLACEMENT

REGION: EAST ASIA AND THE PACIFIC
(D) PURPOSE OF GRANT: ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES AFFECTED BY CONFLICT AND DISPLACEMENT

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES
AFFECTED BY CONFLICT AND DISPLACEMENT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADDRESSING THE HUMANITARIAN NEEDS OF COMMUNITIES
AFFECTED BY CONFLICT AND DISPLACEMENT

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(D) PURPOSE OF GRANT: PROVISION OF MULTI-SECTORAL HUMANITARIAN SERVICES
TO COMMUNITIES AFFECTED BY THE EQ

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(D) PURPOSE OF GRANT: PROVISION OF MULTI-SECTORAL HUMANITARIAN SERVICES
TO COMMUNITIES AFFECTED BY THE EQ

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(D) PURPOSE OF GRANT: PROVISION OF MULTI-SECTORAL HUMANITARIAN SERVICES
TO COMMUNITIES AFFECTED BY THE EQ

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(D) PURPOSE OF GRANT: PROVISION OF MULTI-SECTORAL HUMANITARIAN SERVICES
TO COMMUNITIES AFFECTED BY THE EQ

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TRANSFORMING LIVES WITH INTEGRATED SOLUTIONS FOR
HEALTH, NUTRITION, AND PROTECTION

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TRANSFORMING LIVES WITH INTEGRATED SOLUTIONS FOR
HEALTH, NUTRITION, AND PROTECTION

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TRANSFORMING LIVES WITH INTEGRATED SOLUTIONS FOR
HEALTH, NUTRITION, AND PROTECTION

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TRANSFORMING LIVES WITH INTEGRATED SOLUTIONS FOR
HEALTH, NUTRITION, AND PROTECTION

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TRANSFORMING LIVES WITH INTEGRATED SOLUTIONS FOR
HEALTH, NUTRITION, AND PROTECTION

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TRANSFORMING LIVES WITH INTEGRATED SOLUTIONS FOR
HEALTH, NUTRITION, AND PROTECTION

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO
DISPLACE AND CONFLICT-AFFECTED COMMUNITIES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO

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.

DISPLACE AND CONFLICT-AFFECTED COMMUNITIES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO

DISPLACE AND CONFLICT-AFFECTED COMMUNITIES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO

DISPLACE AND CONFLICT-AFFECTED COMMUNITIES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO

DISPLACE AND CONFLICT-AFFECTED COMMUNITIES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO

DISPLACE AND CONFLICT-AFFECTED COMMUNITIES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO

DISPLACE AND CONFLICT-AFFECTED COMMUNITIES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO

DISPLACE AND CONFLICT-AFFECTED COMMUNITIES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO

DISPLACE AND CONFLICT-AFFECTED COMMUNITIES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DELIVERY OF LIFE SAVING HUMANITARIAN ASSISTANCE TO

DISPLACE AND CONFLICT-AFFECTED COMMUNITIES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE EMERGENCY SUPPORT FOR FLOOD RELIEF AND IMPROVED ACCESS TO REPRODUCTIVE HEALTH

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE EMERGENCY SUPPORT FOR FLOOD RELIEF AND IMPROVED ACCESS TO REPRODUCTIVE HEALTH

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INTEGRATED RESPONSE FOR EMERGENCY ASSISTANCE AND RESILIENCE BUILDING: PROVISION OF

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):

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.

AS OF DECEMBER 31, 2024, RELIEF INTERNATIONAL HAD 2,665 EMPLOYEES, OF THOSE, 2,518 WERE LOCAL NATIONALS, HIRED UNDER LOCAL CONTRACTS.

PART II, LINE 1 & PART III (ACCOUNTING METHOD)
SCHEDULE F PART II & III ARE REPORTED ON THE ACCRUAL BASIS.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

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

(I) NAME OF FUNDRAISER: GEMMA HALEY

(I) ADDRESS OF FUNDRAISER: 15 WESTFIELD CRESCENT, BRIGHTON, UNITED KINGDOM

(I) NAME OF FUNDRAISER: SHARIA SOLUTIONS

(I) ADDRESS OF FUNDRAISER: 13 HANOVER SQUARE, LONDON, UNITED KINGDOM

(I) NAME OF FUNDRAISER: NO ONE RIGHT ANSWER LTD

(I) ADDRESS OF FUNDRAISER: 26 LONDON ROAD, HERTFORDSHIRE, UNITED KINGDOM

(II) ACTIVITY: COMMUNICATIONS AND FUNDRAISING DESIGN SERVICES

PART I, LINE 2B, COLUMN (V):

PAYMENTS FOR PROFESSIONAL SERVICES IN FUNDRAISING EFFORTS DETAILED ON LINE 2B.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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	X									
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?	X									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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?		X								
b Participate in or receive payment from a supplemental nonqualified retirement plan?		X								
c Participate in or receive payment from an equity-based compensation arrangement?		X								
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?		X								
b Any related organization?		X								
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?		X								
b Any related organization?		X								
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		X								
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		X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CRAIG REDMOND CEO/PRESIDENT	(i)	317,230.	0.	0.	13,708.	22,119.	353,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTIN CLEMMY CHIEF FINANCIAL OFFICER	(i)	255,812.	0.	0.	9,100.	7,407.	272,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FARZANEH DAILAGHIAN GLOBAL CONTROLLER	(i)	208,976.	0.	38,034.	0.	0.	247,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DELENIA HONNA MCIVER GENERAL COUNSEL	(i)	205,734.	0.	0.	4,400.	10,152.	220,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) VALERIE ROWLES REGIONAL DIRECTOR - MIDDLE EAST	(i)	157,919.	0.	22,900.	15,732.	11,143.	207,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SANJNI SHAH CHIEF HR OFFICER	(i)	181,755.	0.	0.	18,995.	6,733.	207,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NAJIA HYDER CHIEF PROGRAM OFFICER	(i)	196,458.	0.	0.	5,467.	1,502.	203,427.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREA GOSSELIN CHIEF DEVELOPMENT & COMM. OFFICER	(i)	178,748.	0.	0.	17,875.	1,502.	198,125.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) FREHIWOT TAKELE TAREKEGN GLOBAL DIR OF ACCOUNTING & FINANCE	(i)	154,582.	0.	0.	6,038.	12,544.	173,164.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARK ATTERTON REGIONAL DIRECTOR - AA	(i)	147,498.	0.	0.	4,290.	2,358.	154,146.	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, CHANTAL GRUT AND FARZANEH DAILAGHIAN EACH RECEIVED A HOUSING ALLOWANCE BASED ON THEIR EMPLOYMENT CONTRACTS, WHICH WAS TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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	2	35,734.	FAIR MARKET VALUE
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	271,705	221,181.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
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

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**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:
DISASTER TO SAVE LIVES, BUILD GREATER RESILIENCE, AND PROMOTE LONG-TERM
HEALTH AND WELLBEING OF PEOPLE IN THE COMMUNITIES THAT WE SERVE.

FORM 990, PART I, LINE 6: VOLUNTEERS
UNCOMPENSATED BOARD MEMBERS SERVE AS VOLUNTEERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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 \$ 1,288,956. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,095,149.

DISASTER RELIEF: 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 \$ 161,833. 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, SUDAN, KENYA, SOUTH SUDAN,
BURMA, UNITED KINGDOM, FRANCE, IRAN

FORM 990, PART VI, SECTION A, LINE 6:
UNDER DELAWARE LAW, CORPORATIONS MUST HAVE AT LEAST ONE DIRECTOR, AND IF
PERMITTED BY THE ORGANIZATION'S BYLAWS, THE SAME INDIVIDUALS MAY SERVE AS
BOTH DIRECTORS AND MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:
UNDER DELAWARE LAW, CORPORATIONS MUST HAVE AT LEAST ONE DIRECTOR, AND IF
PERMITTED BY THE ORGANIZATION'S BYLAWS, THE SAME INDIVIDUALS MAY SERVE AS
BOTH DIRECTORS AND MEMBERS.

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

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 GENERAL COUNSEL 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 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.

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

IN 2024, THE GOVERNANCE AND NOMINATIONS COMMITTEE OF THE BOARD OF DIRECTORS APPROVED A HEAD OFFICE SALARY SCALE DESIGNED BY THE HR DEPARTMENT BASED ON MARKET ANALYSIS AND SECTOR NORMS. THE SALARY SCALE ALSO ADDRESSED COMPENSATION OF SENIOR STAFF, AND THE BOARD OF DIRECTORS USED THIS SCALE AND RELATED MARKET DATA TO DETERMINE AN APPROPRIATE SALARY FOR THE CEO. THE PROCESS AND DECISION WAS DOCUMENTED.

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

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

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

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Name of the organization <p align="center">RELIEF INTERNATIONAL, INC.</p>	Employer identification number <p align="center">95-4300662</p>
--	--

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	DELAWARE	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		N/A		X
RELIEF INTERNATIONAL FRANCE ACCELERATEUR 21, 21 RUE DE LA VANNE MONTROUGE, FRANCE 92120	REDUCE HUMAN SUFFERING	FRANCE	501(C)(3) EQUIVALENT		N/A		X
RELIEF INTERNATIONAL UK 107 CHEAPSIDE LONDON, UNITED KINGDOM EC2V 6DN	REDUCE HUMAN SUFFERING	UNITED KINGDOM	501(C)(3) EQUIVALENT		N/A		X
RELIEF INTERNATIONAL AFGHANISTAN STREET 8, LANE 3, HOUSE #276 KABUL, AFGHANISTAN	REDUCE HUMAN SUFFERING	AFGHANISTAN	501(C)(3) EQUIVALENT		RELIEF INTERNATIONAL FRANCE		X

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

Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RELIEF INTERNATIONAL KENYA	B	297,721.	COST
(2) RELIEF INTERNATIONAL KENYA	Q	952,635.	COST
(3)			
(4)			
(5)			
(6)			

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