

C&E
904

2949302607710 9

EXTENDED TO MAY 15, 2019

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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

C Name of organization: **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **151 ELLIS STREET NE**
 City or town, state or province, country, and ZIP or foreign postal code: **ATLANTA, GA 30303-2440**
F Name and address of principal officer: **MICHELLE NUNN**
SAME AS C ABOVE

D Employer identification number: **13-1685039**

E Telephone number: **(404) 681-2552**

G Gross receipts \$: **721,991,499.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number: _____

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

J Website: **WWW.CARE.ORG**

K Form of organization: Corporation Trust Association Other _____

L Year of formation: **1945** **M** State of legal domicile: **DC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CARE WORKS AROUND THE GLOBE TO SAVE LIVES, DEFEAT POVERTY AND ACHIEVE SOCIAL JUSTICE.		
	2 Check this box <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	17
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	515
	6 Total number of volunteers (estimate if necessary)	6	19
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	601,454,932.	596,595,507.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,446,132.	6,801,910.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,491,164.	3,411,441.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	614,392,228.	606,808,858.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	140,436,823.	127,574,515.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	156,334,907.	183,644,941.
	b Total fundraising expenses (Part IX, column (D), line 25)	2,838,810.	4,393,306.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,080,688.	
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	282,037,466.	280,752,336.
19 Revenue less expenses. Subtract line 18 from line 12	581,648,006.	596,365,098.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	32,744,222.	10,443,760.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances - Subtract line 21 from line 20	489,343,366.	517,533,991.
		143,667,729.	156,287,453.
		345,675,637.	361,246,538.

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: *Peter Buijs*
 Date: **December 17, 2018**
PETER BUIJS, CFO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **MEGAN RANDOLPH**
 Preparer's signature: *Megan Randolph*
 Date: **12/17/18**
 Check if self-employed:
 PTIN: **P00989558**
 Firm's name: **WARREN AVERETT, LLC**
 Firm's EIN: **45-4084437**
 Firm's address: **2500 ACTON ROAD BIRMINGHAM, AL 35243**
 Phone no.: **205-979-4100**

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

SCANNED MAR 18 2019

9
120

COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE, INC.

Form 990 (2017)

13-1685039 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 330,092,120. including grants of \$ 79,226,197.) (Revenue \$ 0.)

APPROXIMATELY TWO-THIRDS OF CARE'S WORK RELATES TO DEVELOPMENT. CARE USA AND PARTNERS PROVIDE INNOVATIVE SOLUTIONS FOR SUSTAINABLE DEVELOPMENT THROUGH SUPPORTING NEW WAYS OF SUPPLYING OR STRENGTHENING ESSENTIAL SERVICE DELIVERY, BUILDING CAPACITY, BUILDING RESILIENCE FOR REDUCING RISK, AND EMPOWERING THE MOST VULNERABLE, PARTICULARLY WOMEN AND GIRLS.

4b (Code) (Expenses \$ 201,440,930. including grants of \$ 48,348,318.) (Revenue \$ 0.)

IN TIMES OF CONFLICT OR DISASTER, CARE USA RESPONDS TO SAVE LIVES, WITH SPECIAL ATTENTION TO THE NEEDS OF WOMEN AND GIRLS AND THE MOST MARGINALIZED. CARE USA'S HUMANITARIAN ACTION INCLUDES PREPAREDNESS AND EARLY ACTION, EMERGENCY RESPONSE AND RECOVERY, AND ENCOURAGES FUTURE RESILIENCE AND EQUITABLE DEVELOPMENT. FOR THE YEARS ENDED JUNE 30, 2018 AND 2017 HUMANITARIAN WORK REPRESENTED 37% AND 36%, RESPECTIVELY, OF TOTAL PROGRAM EXPENSES, REFLECTING ONGOING CONFLICTS AND NATURAL DISASTERS IN COUNTRIES THAT WE OPERATE. FOR FISCAL 2018, OUR LARGEST HUMANITARIAN EFFORTS WERE IN ETHIOPIA, SYRIA, YEMEN AND SOMALIA. A LIST OF CARE'S EMERGENCY AND DISASTER RELIEF PROGRAMS CAN BE FOUND AT WWW.CARE.ORG/EMERGENCIES.

4c (Code) (Expenses \$ 7,895,028. including grants of \$ 0.) (Revenue \$ 0.)

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

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 539,428,078.

Form 990 (2017)

R M J I A B C D F G O

COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE, INC.

13-1685039 Page 3

Form 990 (2017)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form 990 (2017)

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

Form 990 (2017)

13-1685039 Page 4

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
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?		
20b		
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	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a		
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b		
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c		
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
Note. All Form 990 filers are required to complete Schedule O		

Form 990 (2017)

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

Form 990 (2017)

13-1685039 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 231		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 515		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country ▶ SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? N/A		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2017)

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

Form 990 (2017)

13-1685039 Page 6

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	18		
b	Enter the number of voting members included in line 1a, above, who are independent.		
	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
ROSEANNE THORNTON - (404) 979-9270
151 ELLIS STREET NE, ATLANTA, GA 30303-2440

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

Form 990 (2017)

13-1685039 Page 7

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARTHA BROOKS BOARD MEMBER/CHAIR	3.00 2.00	X						0.	0.	0.
(2) EDUARDO CASTRO-WRIGHT BOARD MEMBER/VICE CHAIR	3.00 0.00	X						0.	0.	0.
(3) SUSAN CROWN BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(4) ALEXANDER B. CUMMINGS BOARD MEMBER (UNTIL 03/18)	3.00 0.00	X						0.	0.	0.
(5) MICHELE FLOURNOY BOARD MEMBER/VICE CHAIR	3.00 2.00	X						0.	0.	0.
(6) KATHY L. FORTMANN BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(7) EVERETT HARPER BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(8) SUSAN HASSAN BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(9) MUSIMBI KANYORO BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(10) TESSA LYONS-LAING BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(11) H. CONRAD MEYER BOARD MEMBER/TREASURER	3.00 0.00	X						0.	0.	0.
(12) CHRIS D. O'LEARY BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(13) RANDALL E. POND BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(14) RICHARD STENGEL BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(15) RANVIR K. TREHAN BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(16) PAUL J. JANSEN BOARD MEMBER (UNTIL 09/17)	3.00 2.00	X						0.	0.	0.
(17) DEIDRA WAGER BOARD MEMBER	3.00 0.00	X						0.	0.	0.

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

Form 990 (2017)

13-1685039 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GEORGE WILLIS BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(19) MICHELLE NUNN BOARD MBR/PRESIDENT AND CEO	40.00 2.00	X		X				420,140.	0.	16,901.
(20) PETER BUIJS CHIEF FINANCIAL OFFICER	40.00 4.00			X				226,983.	0.	23,490.
(21) ERIC D. JOHNSON BOARD SECRETARY/GENERAL COUNSEL	40.00 0.00			X				160,319.	0.	22,182.
(22) LEE T. LOVE VP IND FNDRSG AND MKTG (THRU 10/17)	40.00 0.00				X			349,181.	0.	28,307.
(23) HEATHER A. HIGGINBOTTOM CHIEF OPERATING OFFICER	40.00 0.00				X			263,170.	0.	4,542.
(24) NICHOLAS C. OSBORNE VP INTL PROGRAM OPERATIONS	40.00 0.00				X			248,525.	0.	22,183.
(25) EMMA M. NAYLOR-NGUGI REG DIR EAST, CENTRAL & S. AFRICA	40.00 0.00				X			256,561.	0.	14,695.
(26) NAVA R. GYAWALI REGIONAL DIRECTOR OF ASIA	40.00 0.00				X			219,460.	0.	12,504.
1b Sub-total								2,144,339.	0.	144,804.
c Total from continuation sheets to Part VII, Section A								2,566,712.	0.	117,330.
d Total (add lines 1b and 1c)								4,711,051.	0.	262,134.

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 214

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
TARGET MARKE TEAM INC/MARKET TEAM LLC 1200 ABERNATHY ROAD NE, ATLANTA, GA 30338	DIRECT MAILING SERVICES	8,581,129.
ERNST & YOUNG, LLP P.O. BOX 933514, ATLANTA, GA 31193	CONSULTANCY - AUDIT SERVICES	2,986,756.
US BANK 800 NICOLLET MALL, MINNEAPOLIS, MN 55402	FINANCIAL SERVICES	2,224,971.
MR STRATEGIC SERVICES 1901 L STREET NW, WASHINGTON, DC 20036	FUNDRAISING/MARKETING SERVICES	2,039,019.
AMERICAN EXPRESS TRAVEL RELATED PO BOX 360001, FORT LAUDERDALE, FL 33336	FINANCIAL SERVICES	1,823,984.

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 71

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2017)

COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE, INC.

13-1685039

Form 990

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JAMIE D. TERZI VP PROG PTSHP & LRNG (EFF 06/17)	40.00 0.00				X			214,848.	0.	15,761.
(28) DAVID B. RAY VP ADVOCACY	32.00 8.00				X			213,991.	0.	22,773.
(29) DIAWARY BOUARE REGIONAL DIRECTOR WEST AFRICA	40.00 0.00				X			209,831.	0.	12,488.
(30) ROBERT M. PHILLIPS III CHIEF DIGITAL OFFICER	40.00 0.00				X			225,683.	0.	0.
(31) MICHELLE CARTER MGMT DEP REG DIR S.AFRICA(THRU 10/17)	40.00 0.00					X		246,848.	0.	11,506.
(32) YAWO DOUVON COUNTRY DIRECTOR OF MALI	40.00 0.00				X			236,223.	0.	9,909.
(33) MARC NOSBACH COUNTRY DIRECTOR	40.00 0.00				X			226,083.	0.	6,067.
(34) CHRISTOPHER J. WILLIAMS DIRECTOR OF SECURITY	40.00 0.00				X			222,308.	0.	11,044.
(35) MOUSTAPHA GAYE CHIEF OF PARTY HARANDE	40.00 0.00				X			218,494.	0.	10,594.
(36) CAROL A. HUDSON CHIEF OF STAFF(FORMER AS OF 9/30/16)	40.00 0.00						X	152,755.	0.	0.
(37) PATRICK SOLOMON VP HR AND ADMIN(FORMER AS OF 04/17)	40.00 0.00						X	180,274.	0.	6,277.
(38) THOMAS L. REYNOLDS VP PROG PTSHP LRNG (FORMER 06/17)	40.00 0.00						X	219,374.	0.	10,911.
Total to Part VII, Section A, line 1c								2,566,712.		117,330.

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

Form 990 (2017)

13-1685039 Page 9

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	760,040.				
	b Membership dues					
	c Fundraising events	366,900.				
	d Related organizations					
	e Government grants (contributions)	193,486,512.				
	f All other contributions, gifts, grants, and similar amounts not included above	401,982,055.				
	g Noncash contributions included in lines 1a-1f \$	46,160,652.				
	h Total. Add lines 1a-1f	596,595,507.				
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,848,824.		4,848,824.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		34,797.		34,797.	
	6 a Gross rents	(i) Real	5,200.	(ii) Personal	279,774.	
		b Less rental expenses	0.		0.	
		c Rental income or (loss)	5,200.		279,774.	
	d Net rental income or (loss)		284,974.		284,974.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	116,736,614.	(ii) Other	27,844.	
		b Less cost or other basis and sales expenses	114,811,372.		0.	
		c Gain or (loss)	1,925,242.		27,844.	
		d Net gain or (loss)		1,953,086.		1,953,086.
	8 a Gross income from fundraising events (not including \$ 366,900. of contributions reported on line 1c) See Part IV, line 18	a		6,192.		
		b Less direct expenses		371,269.		
		c Net income or (loss) from fundraising events		<365,077.>		<365,077.>
	9 a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses						
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a SALE OF GOODS NON-UBIT	900099	1,842,826.		1,842,826.		
b FOREIGN EXCHANGE GAIN	900099	1,116,759.		1,116,759.		
c						
d All other revenue	900099	497,162.		497,162.		
e Total. Add lines 11a-11d		3,456,747.				
12 Total revenue. See instructions.		606,808,858.	0.	0.	10,213,351.	

COOPERATIVE FOR ASSISTANCE AND RELIEF

EVERYWHERE, INC.

Form 990 (2017)

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	7,503,022.	7,503,022.		
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	120,071,493.	120,071,493.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,729,667.	1,692,786.	1,703,262.	333,619.
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	138,847,250.	118,286,462.	12,982,777.	7,578,011.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,952,202.	4,141,634.	540,228.	270,340.
9 Other employee benefits	29,475,364.	26,139,359.	2,008,606.	1,327,399.
10 Payroll taxes	6,640,458.	5,441,567.	668,891.	530,000.
11 Fees for services (non-employees)				
a Management				
b Legal	506,408.	434,419.	18,022.	53,967.
c Accounting	2,031,218.	893,199.	1,126,162.	11,857.
d Lobbying	326,975.	326,975.		
e Professional fundraising services. See Part IV, line 17	4,393,306.			4,393,306.
f Investment management fees	239,562.		239,562.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	32,487,245.	29,161,682.	2,321,666.	1,003,897.
12 Advertising and promotion	5,363,469.	3,916,918.	170,870.	1,275,681.
13 Office expenses	30,833,686.	18,098,592.	2,457,061.	10,278,033.
14 Information technology	6,241,677.	4,755,885.	382,509.	1,103,283.
15 Royalties				
16 Occupancy	11,386,787.	10,404,818.	583,768.	398,201.
17 Travel	38,574,850.	36,207,443.	1,339,578.	1,027,829.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,626,662.	12,379,863.	92,981.	153,818.
20 Interest	101,898.	101,433.		465.
21 Payments to affiliates	1,720,650.	1,720,650.		
22 Depreciation, depletion, and amortization	4,572,310.	3,910,673.	489,297.	172,340.
23 Insurance	874,206.	732,947.	105,843.	35,416.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EMERGENCY SUPPLIES	96,104,435.	96,042,218.	12,459.	49,758.
b AGRICULTURAL COMMODITIES	34,396,232.	34,396,232.		
c VEHICLE PURCHASES	735,551.	735,551.		
d INSURANCE CLAIM PROCEED	<388,552.>		<388,552.>	
e All other expenses	2,017,067.	1,932,257.	1,342.	83,468.
25 Total functional expenses. Add lines 1 through 24e	596,365,098.	539,428,078.	26,856,332.	30,080,688.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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

Form 990 (2017)

13-1685039 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	118,424.	1	132,929.	
	2 Savings and temporary cash investments	54,796,475.	2	63,924,943.	
	3 Pledges and grants receivable, net	105,021,553.	3	111,999,982.	
	4 Accounts receivable, net	22,145,361.	4	15,608,355.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L			6	
	7 Notes and loans receivable, net	141,927.	7	208,675.	
	8 Inventories for sale or use	5,077,425.	8	13,185,582.	
	9 Prepaid expenses and deferred charges	2,933,780.	9	3,613,796.	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 73,960,927.			
	b Less accumulated depreciation	10b 58,641,078.	14,668,795.	10c	15,319,849.
	11 Investments - publicly traded securities	138,405,529.	11	146,570,376.	
	12 Investments - other securities See Part IV, line 11		12		
	13 Investments - program-related See Part IV, line 11	4,504,174.	13	3,835,542.	
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11	141,529,923.	15	143,133,962.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	489,343,366.	16	517,533,991.		
Liabilities	17 Accounts payable and accrued expenses	57,042,603.	17	58,077,938.	
	18 Grants payable		18		
	19 Deferred revenue	53,701,347.	19	67,764,395.	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	32,923,779.	25	30,445,120.	
	26 Total liabilities. Add lines 17 through 25	143,667,729.	26	156,287,453.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	62,822,532.	27	51,801,056.	
	28 Temporarily restricted net assets	143,244,993.	28	167,461,862.	
	29 Permanently restricted net assets	139,608,112.	29	141,983,620.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	345,675,637.	33	361,246,538.		
34 Total liabilities and net assets/fund balances	489,343,366.	34	517,533,991.		

Form 990 (2017)

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

Form 990 (2017)

13-1685039 Page 12

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	606,808,858.
2	Total expenses (must equal Part IX, column (A), line 25)	2	596,365,098.
3	Revenue less expenses Subtract line 2 from line 1	3	10,443,760.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	345,675,637.
5	Net unrealized gains (losses) on investments	5	1,919,024.
6	Donated services and use of facilities	6	<15,707.>
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,223,824.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	361,246,538.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.** Employer identification number **13-1685039**

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

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

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

07

(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						

COOPERATIVE FOR ASSISTANCE AND RELIEF

Schedule A (Form 990 or 990-EZ) 2017 **EVERYWHERE, INC.**

13-1685039 Page 2

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	522181567	512280155	517869079	601454932	596595507	2750381240.
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	522181567	512280155	517869079	601454932	596595507	2750381240.
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)						502934071
6 Public support. Subtract line 5 from line 4						2247447169.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	522181567	512280155	517869079	601454932	596595507	2750381240.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5282878.	7608735.	6495820.	4949625.	5168595.	29505653.
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)	4761514.	7229771.	4217808.	2409955.	3456747.	22075795.
11 Total support. Add lines 7 through 10						2801962688
12 Gross receipts from related activities, etc (see instructions)					12	111,926.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	80.21 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	81.73 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
16b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2017

COOPERATIVE FOR ASSISTANCE AND RELIEF

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 ▶

COOPERATIVE FOR ASSISTANCE AND RELIEF

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>

COOPERATIVE FOR ASSISTANCE AND RELIEF

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		

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>		

Section D. All Type III Supporting Organizations

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

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>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>		

COOPERATIVE FOR ASSISTANCE AND RELIEF

Schedule A (Form 990 or 990-EZ) 2017 **EVERYWHERE, INC.**

13-1685039 Page 6

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 (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

COOPERATIVE FOR ASSISTANCE AND RELIEF

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

COOPERATIVE FOR ASSISTANCE AND RELIEF

Part VI

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

SCHEDULE A, PART II, LINE 10

TOTAL OTHER INCOME OF \$3,456,747 IS THE TOTAL FOREIGN EXCHANGE GAIN,
MISCELLANEOUS REVENUE, AND THE SALE OF GOODS NON-UBIT, WHICH IS
MISCELLANEOUS INCOME GENERATED FROM THE COUNTRY OFFICES PRIMARILY
THROUGH THE SALE OF ASSETS.

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

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	Yes	No
(1) CARE ACTION NOW INCORPORATED	B	753,000 . COST / FMV			X
(2) CARE ENTERPRISES, INC.	B	663,250 . COST / FMV			X
(3)					
(4)					
(5)					
(6)					

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.** Employer identification number **13-1685039**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

LHA

COOPERATIVE FOR ASSISTANCE AND RELIEF

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

COOPERATIVE FOR ASSISTANCE AND RELIEF

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		25,944.
d Mailings to members, legislators, or the public?	X		3,053.
e Publications, or published or broadcast statements?	X		32,633.
f Grants to other organizations for lobbying purposes?		X	0.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		107,376.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		92,482.
i Other activities?	X		65,487.
j Total Add lines 1c through 1i			326,975.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE C, PART II-B, 1A

USE OF VOLUNTEERS FOR SENDING LETTERS AND PUBLICATIONS TO GOVERNMENT

OFFICIALS AND LEGISLATORS; MEETING WITH AND CALLING GOVERNMENT OFFICIALS

AND LEGISLATOR.

SCHEDULE C, PART II-B, 1B

USE OF PAID STAFF OR MANAGEMENT FOR SENDING LETTERS AND PUBLICATIONS TO

Part IV Supplemental Information (continued)

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

SCHEDULE C, PART II-B, 1C

AMOUNT OF COSTS USED FOR MEDIA ADVERTISEMENTS FOR PLACED ADVERTISEMENTS AND PRESS RELEASES.

SCHEDULE C, PART II-B, 1D

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

SCHEDULE C, PART II-B, 1E

USE OF PAID CONSULTANTS AND RELATED COSTS TO DEVELOP PUBLICATIONS TO SPECIFIC LEGISLATORS AND THE PUBLIC ON SPECIFIC LEGISLATION.

SCHEDULE C, PART II-B, 1G

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

SCHEDULE C, PART II-B, 1H

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

SCHEDULE C, PART II-B, 1I

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2017
Open to Public Inspection

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

Employer identification number
13-1685039

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

COOPERATIVE FOR ASSISTANCE AND RELIEF

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	37,243,208.	35,541,074.	35,739,921.	35,342,275.	35,455,776.
b Contributions	5,187.	383,008.	56,686.	5,282.	11,187,143.
c Net investment earnings, gains, and losses	2,433,928.	3,830,605.	862,771.	1,070,551.	5,839,332.
d Grants or scholarships	0.	0.	0.	0.	0.
e Other expenditures for facilities and programs	2,509,768.	2,482,475.	1,090,292.	644,000.	17,108,332.
f Administrative expenses	28,817.	29,001.	28,012.	34,187.	31,644.
g End of year balance	37,143,738.	37,243,211.	35,541,074.	35,739,921.	35,342,275.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment 16.52 %
 - b Permanent endowment 45.16 %
 - c Temporarily restricted endowment 38.32 %
- 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> |
- b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,066,714.		3,066,714.
b Buildings		10,138,464.	9,538,913.	599,551.
c Leasehold improvements		2,087,042.	1,337,899.	749,143.
d Equipment		58,668,707.	47,764,266.	10,904,441.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 15,319,849.

COOPERATIVE FOR ASSISTANCE AND RELIEF

Schedule D (Form 990) 2017

EVERYWHERE, INC.

13-1685039 Page 3

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) PERPETUAL TRUSTS HELD BY 3RD PARTIES	138,099,035.
(2) OTHER ASSETS	4,284,551.
(3) DEPOSITS	750,376.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	143,133,962.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0.
(2) BENEFITS ACCRUED FOR OVERSEAS	
(3) NATIONAL EMPLOYEES	25,534,444.
(4) SUBSIDIDARY LOANS PAYABLE	4,910,676.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	30,445,120.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

COOPERATIVE FOR ASSISTANCE AND RELIEF

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SCHEDULE D, PART V, LINE 4:

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

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

Employer identification number

13-1685039

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	12	717	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	32,199,063.
MIDDLE EAST AND NORTH AFRICA	30	818	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	88,321,113.
RUSSIA AND THE NEWLY INDEPENDENT STATES	2	15	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	2,325,547.
SOUTH AMERICA	6	41	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	4,587,712.
SOUTH ASIA	64	1353	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	79,997,791.
SUB-SAHARAN AFRICA	107	3084	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	255688226.
EAST ASIA AND THE PACIFIC	3	35	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	4,876,308.
EUROPE (INCLUDING ICELAND AND GREENLAND)	9	116	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	8,813,098.
3 a Sub-total	233	6179			476,808,858.
b Total from continuation sheets to Part I	0	0			16,424.
c Totals (add lines 3a and 3b)	233	6179			476,825,282.

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

Schedule F (Form 990) 2017

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

Schedule F (Form 990)

13-1685039

Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	HUMANITARIAN & DEVELOPMENT	16,424.
Totals					16,424.

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

Schedule F (Form 990) 2017

13-1685039

Page 2

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)
			SUB-SAHARAN AFRICA		115,173	EFT	0.		FMV
			MIDDLE EAST AND NORTH AFRICA		54,539	CHECK	0.		FMV
			SUB-SAHARAN AFRICA		31,263	EFT	0.		FMV
			SOUTH AMERICA		20,070	EFT	0.		FMV
			SUB-SAHARAN AFRICA		117,024	EFT	0.		FMV
			CENT. AMERICA/CARIBBEAN		301,436	EFT	0.		FMV
			SUB-SAHARAN AFRICA		804,826	EFT	0.		FMV
			SUB-SAHARAN AFRICA		145,366	CHECK	0.		FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **246**

3 Enter total number of other organizations or entities **256**

Schedule F (Form 990) 2017

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

13-1685039

Schedule F (Form 990)

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)	
		SOUTH ASIA	4	63,748	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	2	171,770	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	3	311,803	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	1, 6	644,286	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	5	285,268	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	4	63,144	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	1	80,154	EFT	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	6	130,490	EFT	0.		FMV	
		SOUTH ASIA	2, 5	155,631	CHECK	0.		FMV	

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

Schedule F (Form 990)

13-1685039

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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	4	55,399	CHECK	0.		FMV		
		SUB-SAHARAN AFRICA	5	31,201	EFT	0.		FMV		
		SUB-SAHARAN AFRICA	5	135,392	CHECK	0.		FMV		
		CENT. AMERICA/CARIBBEAN	6	242,321	EFT	0.		FMV		
		SOUTH ASIA	5	9,020	CHECK	0.		FMV		
		MIDDLE EAST AND NORTH AFRICA	6	8,557	CHECK	0.		FMV		
		SUB-SAHARAN AFRICA	1	313,762	EFT	0.		FMV		
		EAST ASIA AND THE PACIFIC	6	97,367	CHECK	0.		FMV		
		MIDDLE EAST AND NORTH AFRICA	4	9,788	EFT	0.		FMV		

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

13-1685039

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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	4, 9	1063195.	CHECK	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	4	9,707.	EFT	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	4	7,130.	CHECK	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	4	14,641.	EFT	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	10	29,681.	CHECK	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	4	10,375.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	10	17,017.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	5, 6, 10	60,049.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	4, 5	21,104.	EFT	0.		FMV	

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

Schedule F (Form 990)

13-1685039

Page 2

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		2		3		4		5		6		7		8		9	
(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)	10	11	12	13	14	15	16	17	18	19	20
		SUB-SAHARAN AFRICA	5	304,374.	EFT	0.		FMV											
		SUB-SAHARAN AFRICA	4	28,982.	EFT	0.		FMV											
		SUB-SAHARAN AFRICA	4	33,148.	EFT	0.		FMV											
		EAST ASIA AND THE PACIFIC	4	352,407.	CHECK	0.		FMV											
		MIDDLE EAST AND NORTH AFRICA	1,4	263,190.	CHECK	0.		FMV											
		SUB-SAHARAN AFRICA	1,4	171,981.	EFT	0.		FMV											
		RUSSIA/NEWLY IND. STATES	2	19,558.	EFT	0.		FMV											
		SOUTH ASIA	3	82,336.	CHECK	0.		FMV											
		CENT. AMERICA/CARIBBEAN	1	43,001.	CHECK	0.		FMV											

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

Sched. Ie F (Form 990)

13-1685039

Page 2

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)		
		CENT. AMERICA/CARIBBEAN 1		9,136	CHECK	0.		FMV		
		CENT. AMERICA/CARIBBEAN 1		256,010	EFT	0.		FMV		
		CENT. AMERICA/CARIBBEAN 1		27,818	CHECK	0.		FMV		
		SUB-SAHARAN AFRICA 4		227,038	CHECK	0.		FMV		
		EAST ASIA AND THE PACIFIC 1,4		467,030	CHECK	0.		FMV		
		CENT. AMERICA/CARIBBEAN 1		43,662	CHECK	0.		FMV		
		SUB-SAHARAN AFRICA 1		15,815	EFT	0.		FMV		
		SUB-SAHARAN AFRICA 7		81,583	CHECK	0.		FMV		
		SUB-SAHARAN AFRICA 6		14,707	EFT	0.		FMV		

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

Schedule F (Form 990)

13-1685039

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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	1	38,743.00	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	31,503.00	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	91,751.00	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	285,459.00	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	46,681.00	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	36,354.00	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	68,609.00	EFT	0.		FMV
		SUB-SAHARAN AFRICA	3,4	182,976.00	EFT	0.		FMV
		EUROPE (INC. IC AND GL)	9,10	595,081.00	EFT	0.		FMV

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

13-1685039

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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	4	36,392.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4	198,262.	EFT	0.		FMV
		SOUTH ASIA	4	147,026.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1, 4	390,908.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	1	124,246.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4	15,220.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	1	207,593.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	3	197,735.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4	105,001.	EFT	0.		FMV

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

Schedule F (Form 990)

13-1685039

Page 2

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	4, 5	285,135.	CHECK	0.		FMV		
			MIDDLE EAST AND NORTH AFRICA	5, 9, 10	600,473.	EFT	0.		FMV		
			RUSSIA/NEWLY IND. STATES	2	17,419.	EFT	0.		FMV		
			MIDDLE EAST AND NORTH AFRICA	4	5,739.	EFT	0.		FMV		
			SOUTH ASIA	4	6,336.	CHECK	0.		FMV		
			SOUTH ASIA	1	111,473.	CHECK	0.		FMV		
			MIDDLE EAST AND NORTH AFRICA	9, 10	708,228.	EFT	0.		FMV		
			MIDDLE EAST AND NORTH AFRICA	4	8,166.	EFT	0.		FMV		
			MIDDLE EAST AND NORTH AFRICA	4	6,905.	EFT	0.		FMV		

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

Schedule F (Form 990)

13-1685039

Page 2

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	5	7,124.	CHECK	0.		FMV	
			MIDDLE EAST AND NORTH AFRICA	4	13,584.	EFT	0.		FMV	
			SOUTH ASIA	4, 10	60,613.	CHECK	0.		FMV	
			SUB-SAHARAN AFRICA	1	27,813.	CHECK	0.		FMV	
			EAST ASIA AND THE PACIFIC	1, 4, 5, 9	641,861.	EFT	0.		FMV	
			SUB-SAHARAN AFRICA	3	270,604.	EFT	0.		FMV	
			CENT. AMERICA/CARIBBEAN	6, 10	161,602.	EFT	0.		FMV	
			NORTH AMERICA	9, 10	143,797.	EFT	0.		FMV	
			SUB-SAHARAN AFRICA	3, 7	132,403.	EFT	0.		FMV	

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

Schedule F (Form 990)

13-1685039

Page 2

1 Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name of organization	IRS code section and EIN (if applicable)	Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	1, 3, 4, 5, 6	2252387. EFT		0.				FMV
		SOUTH AMERICA	9, 10	59,133. EFT		0.				FMV
		EUROPE (INC. IC AND GL)	4	5,677. EFT		0.				FMV
		SOUTH ASIA	5	13,496. EFT		0.				FMV
		SOUTH ASIA	3, 4, 5	20219931. CHECK		0.				FMV
		EAST ASIA AND THE PACIFIC	4, 10	495,874. EFT		0.				FMV
		EAST ASIA AND THE PACIFIC	4	39,996. EFT		0.				FMV
		MIDDLE EAST AND NORTH AFRICA	2, 6, 7, 8	2031099. EFT		0.				FMV
		EAST ASIA AND THE PACIFIC	8	18,927. EFT		0.				FMV

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

Schedule F (Form 990)

13-1685039

Page 2

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	4	275,066.	EFT	0.		FMV		
		SUB-SAHARAN AFRICA	4, 5, 6, 9, 10	1492586.	EFT	0.		FMV		
		SUB-SAHARAN AFRICA	1, 5, 6	1886531.	EFT	0.		FMV		
		EAST ASIA AND THE PACIFIC	1, 2, 4	497,964.	EFT	0.		FMV		
		EUROPE (INC. IC AND GL)	9	51,835.	EFT	0.		FMV		
		SUB-SAHARAN AFRICA	5	56,952.	EFT	0.		FMV		
		EAST ASIA AND THE PACIFIC	10	58,248.	EFT	0.		FMV		
		EUROPE (INC. IC AND GL)	1, 6	553,903.	EFT	0.		FMV		
		EAST ASIA AND THE PACIFIC	4, 5	27,735.	EFT	0.		FMV		

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

Schedule F (Form 990)

13-1685039

Page 2

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	1, 2, 3, 4, 5	161,736.2	EFT	0.		FMV
		SUB-SAHARAN AFRICA	8	105,925.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1, 4, 5, 6	365,861.5	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4	17,454.	CHECK	0.		FMV
		CENT. AMERICA/CARIBBEAN	6	405,960.	EFT	0.		FMV
		SOUTH ASIA	5	43,902.	CHECK	0.		FMV
		CENT. AMERICA/CARIBBEAN	1	34,279.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	4	136,086.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	1	10,187.	CHECK	0.		FMV

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

Schedule F (Form 990)

13-1685039

Page 2

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	4	16,151.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	30,608.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	38,656.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	31,564.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4, 7	288,981.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	22,822.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	67,317.	EFT	0.		FMV
		NORTH AMERICA	4	16,423.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4	14,126.	CHECK	0.		FMV

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

13-1685039

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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	4	5,703	EFT	0		FMV
		SUB-SAHARAN AFRICA	1	9,000	CHECK	0		FMV
		SUB-SAHARAN AFRICA	4	27,959	EFT	0		FMV
		SOUTH ASIA	1,2,4	625,483	EFT	0		FMV
		SUB-SAHARAN AFRICA	1,10	69,853	EFT	0		FMV
		SUB-SAHARAN AFRICA	5	35,922	EFT	0		FMV
		SUB-SAHARAN AFRICA	1	31,755	CHECK	0		FMV
		SOUTH ASIA	5,6	213,582	CHECK	0		FMV
		SUB-SAHARAN AFRICA	2,4	262,205	EFT	0		FMV

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

Schedule F (Form 990)

13-1685039

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entitles 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	7	30,841.00	EFT	0.00		FMV
			SUB-SAHARAN AFRICA	5	39,092.00	EFT	0.00		FMV
			MIDDLE EAST AND NORTH AFRICA	4	12,116.00	EFT	0.00		FMV
			SOUTH ASIA	2	45,129.00	CHECK	0.00		FMV
			SUB-SAHARAN AFRICA	4	21,511.00	EFT	0.00		FMV
			SUB-SAHARAN AFRICA	5	42,792.00	EFT	0.00		FMV
			SUB-SAHARAN AFRICA	5	91,648.00	EFT	0.00		FMV
			SUB-SAHARAN AFRICA	6	47,755.00	EFT	0.00		FMV
			SOUTH ASIA	4	9,530.00	CHECK	0.00		FMV

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

Schedule F (Form 990)

13-1685039

Page 2

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	1, 4, 5, 10	715,241.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	4	24,884.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	290,375.	EFT	0.		FMV
		SOUTH ASIA	10	71,613.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	7,177.	EFT	0.		FMV
		CENT. AMERICA/CARIBBEAN	1	62,265.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	1	89,219.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	4	35,429.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	4	80,917.	EFT	0.		FMV

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

Schedule F (Form 950)

13-1685039

Page 2

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	4	50,896.	CHECK	0.		FMV
		SOUTH ASIA	4	46,859.	CHECK	0.		FMV
		SOUTH ASIA	2	80,400.	EFT	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	6	125,085.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	9	159,241.	EFT	0.		FMV
		SOUTH ASIA	6	305,924.	EFT	0.		FMV
		SOUTH ASIA	1	1251696.	CHECK	0.		FMV
		SOUTH ASIA	1	111,678.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	4	9,385.	EFT	0.		FMV

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

Schedule F (Form 990)

13-1685039

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
(a) Name of organization	(b) RS 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	4	194,554.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	4,5	123,093.	EFT	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	4	8,555.	CHECK	0.		FMV	
		SOUTH ASIA	1,5,6	891,791.	CHECK	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	1	18,860.	CHECK	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	4	11,486.	CHECK	0.		FMV	
		SOUTH ASIA	4,9,10	390,560.	EFT	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	4	8,606.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	1,5	25,995.	EFT	0.		FMV	

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

13-1685039

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)	
		SOUTH ASIA	4	28,352.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	4	6,633.	EFT	0.		FMV	
		SOUTH ASIA	6	19,561.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	4	40,590.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	4	224,499.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	1	24,941.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	3	114,990.	EFT	0.		FMV	
		SOUTH ASIA	4	55,171.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	4	107,772.	EFT	0.		FMV	

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

13-1685039

Page 2

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
		CENT. AMERICA/CARIBBEAN	1	315,690.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	28,664.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4	20,091.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	3	188,128.	EFT	0.		FMV
		SOUTH ASIA	3, 10	264,561.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	4	345,421.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	1	14,876.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4	42,793.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	1	13,530.	EFT	0.		FMV

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

Schedule F (Form 990)

13-1685039

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
		SOUTH ASIA	4	27,226.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	195,411.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	9,819.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	1	11,711.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	1	9,826.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	1	143,113.	CHECK	0.		FMV
		CENT. AMERICA/CARIBBEAN	1	67,022.	EFT	0.		FMV
		RUSSIA/NEWLY IND. STATES	4	23,237.	EFT	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	6	54,099.	CHECK	0.		FMV

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

Schedule F (Form 990)

13-1685039

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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	2, 6	536,459.	EFT	0.		FMV	
		SOUTH ASIA	1	119,472.	EFT	0.		FMV	
		RUSSIA/NEWLY IND. STATES	5	16,776.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	5	7,886.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	5	50,031.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	5, 6, 10	123,815.	CHECK	0.		FMV	
		SOUTH ASIA	1	298,921.	CHECK	0.		FMV	
		SOUTH ASIA	1, 2	202,044.	CHECK	0.		FMV	
		SOUTH ASIA	5	35,038.	CHECK	0.		FMV	

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

Schedule F (Form 990)

13-1685039

Page 2

Part II 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	6	25,441.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	20,663.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	3, 4	574,910.	EFT	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	9, 10	824,633.	CHECK	0.		FMV
		SOUTH ASIA	4	8,611.	CHECK	0.		FMV
		SOUTH ASIA	7, 10	210,474.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	4	8,559.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	4	49,594.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1, 4	337,383.	EFT	0.		FMV

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

13-1685039

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if apt; lcaab e)	(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	1	39,805.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	3	31,138.	EFT	0.		FMV
		SOUTH ASIA	5	35,945.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	1	6,322.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	89,984.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	4	6,045.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	8	6,198.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10	21,834.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10	88,196.	CHECK	0.		FMV

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

Schedule F (Form 990)

13-1685039

Page 2

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)
			SOUTH ASIA	4	8,283.	CHECK	0.		FMV
			SUB-SAHARAN AFRICA	5	37,726.	EFT	0.		FMV
			SUB-SAHARAN AFRICA	5	5,361.	EFT	0.		FMV
			SUB-SAHARAN AFRICA	1	178,711.	EFT	0.		FMV
			SOUTH ASIA	5	29,178.	CHECK	0.		FMV
			SOUTH ASIA	5	96,609.	EFT	0.		FMV
			SUB-SAHARAN AFRICA	7	292,462.	EFT	0.		FMV
			SUB-SAHARAN AFRICA	2,9,10	532,982.	EFT	0.		FMV
			SUB-SAHARAN AFRICA	5	221,898.	EFT	0.		FMV

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

13-1685039

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS 501(c)(3) 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	6, 9, 10	550,966.	EFT	0.		FMV
		RUSSIA/NEWLY IND. STATES	2	16,117.	EFT	0.		FMV
		SOUTH ASIA	5	181,059.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4	28,561.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	3	108,479.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	633,012.	EFT	0.		FMV
		SOUTH ASIA	1	176,280.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	2	9,902.	CHECK	0.		FMV
		SOUTH ASIA	5	26,141.	CHECK	0.		FMV

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

13-1685039

Schedule F (Form 990)

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	4	60,740.	EFT	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	1	56,392.	EFT	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	9, 10	805,663.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	6, 10	401,411.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	50,000.	EFT	0.		FMV
		SOUTH ASIA	4	7,047.	CHECK	0.		FMV
		RUSSIA/NEWLY IND. STATES	4	107,503.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	5	181,550.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	6, 10	17,548.	CHECK	0.		FMV

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

Schedule F (Form 990)

13-1685039

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)		
		SOUTH ASIA	1, 2	156,607.	CHECK	0.		FMV		
		SOUTH ASIA	5	17,317.	CHECK	0.		FMV		
		SOUTH ASIA	4	8,178.	CHECK	0.		FMV		
		SOUTH ASIA	5	27,538.	CHECK	0.		FMV		
		SUB-SAHARAN AFRICA	4	8,800.	EFT	0.		FMV		
		SUB-SAHARAN AFRICA	4	8,483.	EFT	0.		FMV		
		SUB-SAHARAN AFRICA	4	60,972.	EFT	0.		FMV		
		SUB-SAHARAN AFRICA	1	15,802.	EFT	0.		FMV		
		MIDDLE EAST AND NORTH AFRICA	7, 10	93,675.	CHECK	0.		FMV		

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

Schedule F (Form 990)

13-1685039

Page 2

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	10	322,581.	CHECK	0.		FMV
		MIDDLE EAST AND NORTH AFRICA	2	27,195.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	30,838.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4	25,577.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	10	107,440.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	4	24,759.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	4	23,407.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	7	42,870.	EFT	0.		FMV
		SOUTH ASIA	4	53,936.	CHECK	0.		FMV

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

13-1685039

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990) Part II, line 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	4	52,638.	EFT	0.		FMV	
		SOUTH ASIA	5	31,231.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	1	23,201.	EFT	0.		FMV	
		SOUTH ASIA	3	30,722.	CHECK	0.		FMV	
		SOUTH ASIA	5	27,575.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	1, 6	44,033.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	1	25,932.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	9	123,103.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	1	106,473.	EFT	0.		FMV	

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

Schedule F (Form 990)

13-1685039

Page 2

1 Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name of organization	IRS code section and EIN (if applicable)	Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation (book, FMV, appraisal, other)		
		SOUTH ASIA	2	19,176.	CHECK	0.		FMV		
		SOUTH ASIA	5	32,520.	EFT	0.		FMV		
		SUB-SAHARAN AFRICA	1	29,107.	EFT	0.		FMV		
		SUB-SAHARAN AFRICA	2	28,102.	EFT	0.		FMV		
		SUB-SAHARAN AFRICA	5	6,021.	EFT	0.		FMV		
		MIDDLE EAST AND NORTH AFRICA	9	62,005.	EFT	0.		FMV		
		SUB-SAHARAN AFRICA	1	93,580.	CHECK	0.		FMV		
		SOUTH ASIA	1	95,199.	CHECK	0.		FMV		
		SOUTH ASIA	4	6,040.	CHECK	0.		FMV		

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

Schedule F (Form 990)

13-1685039

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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	9	1012756.	CHECK	0.		FMV	
		SOUTH ASIA	1	1403559.	CHECK	0.		FMV	
		SOUTH ASIA	2, 10	160,199.	EFT	0.		FMV	
		SOUTH ASIA	4	7,067.	CHECK	0.		FMV	
		CENT. AMERICA/CARIBBEAN	1	53,702.	CHECK	0.		FMV	
		CENT. AMERICA/CARIBBEAN	1	46,116.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	4, 5, 6	253,147.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	5	58,173.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	5	36,422.	EFT	0.		FMV	

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

13-1685039

Schedule F (Form 990)

(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 (INC. IC AND GL)	6, 9, 10	346,563. EFT		0.		FMV
		MIDDLE EAST AND NORTH AFRICA	10	2006965. EFT		0.		FMV
		SUB-SAHARAN AFRICA	5	6,102. EFT		0.		FMV
		SOUTH ASIA	4	9,182. CHECK		0.		FMV
		SUB-SAHARAN AFRICA	2, 5	267,346. EFT		0.		FMV
		SUB-SAHARAN AFRICA	2	51,660. CHECK		0.		FMV
		SUB-SAHARAN AFRICA	5	120,524. CHECK		0.		FMV
		SUB-SAHARAN AFRICA	1	132,986. CHECK		0.		FMV
		SUB-SAHARAN AFRICA	1	408,996. CHECK		0.		FMV

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

Schedule F (Form 990)

13-1685039

Page 2

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	1, 6, 8, 10	140,430.	CHECK	0.		FMV			
		SUB-SAHARAN AFRICA	1	32,436.	EFT	0.		FMV			
		SUB-SAHARAN AFRICA	5	165,500.	CHECK	0.		FMV			
		SOUTH ASIA	3	73,656.	CHECK	0.		FMV			
		MIDDLE EAST AND NORTH AFRICA	9, 10	175,965.	EFT	0.		FMV			
		SUB-SAHARAN AFRICA	2, 5	157,475.	CHECK	0.		FMV			
		SUB-SAHARAN AFRICA	4	16,857.	EFT	0.		FMV			
		SOUTH ASIA	5	15,872.	CHECK	0.		FMV			
		SOUTH ASIA	1, 6	124,085.	CHECK	0.		FMV			

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

Schedule F (Form 990)

13-1685039

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)	
		SOUTH ASIA	1, 6	204,383.	EFT	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	9	192,522.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	1	12,191.	CHECK	0.		FMV	
		SOUTH ASIA	1	15,327.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	8	6,858.	CHECK	0.		FMV	
		SOUTH ASIA	5	33,884.	CHECK	0.		FMV	
		SOUTH ASIA	1	109,641.	CHECK	0.		FMV	
		SOUTH ASIA	4	62,747.	CHECK	0.		FMV	
		SOUTH ASIA	4	44,833.	CHECK	0.		FMV	

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

13-1685039

Schedule F (Form 990)

(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	1	5,767.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	9	140,776.	EFT	0.		FMV
		SOUTH ASIA	4	16,912.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	5	36,451.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	59,111.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	1,4,10	590,238.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	4	14,061.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	4	688,172.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	398,601.	EFT	0.		FMV

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

Schedule F (Form 990)

13-1685039

Page 2

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	4	224,993.00	EFT	0.00		FMV	
			SUB-SAHARAN AFRICA	4	188,082.00	EFT	0.00		FMV	
			SUB-SAHARAN AFRICA	1	285,235.00	EFT	0.00		FMV	
			SUB-SAHARAN AFRICA	1	334,709.00	CHECK	0.00		FMV	
			SUB-SAHARAN AFRICA	1, 4	116,319.00	EFT	0.00		FMV	
			SOUTH ASIA	5	207,822.00	EFT	0.00		FMV	
			SUB-SAHARAN AFRICA	1	151,825.00	CHECK	0.00		FMV	
			SUB-SAHARAN AFRICA	4	271,160.00	EFT	0.00		FMV	
			SUB-SAHARAN AFRICA	1	27,349.00	CHECK	0.00		FMV	

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

13-1685039

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990) Part II, line 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	1	26,086.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	1	12,324.	EFT	0.		FMV	
		SOUTH ASIA	4	51,838.	CHECK	0.		FMV	
		SOUTH ASIA	4	10,859.	CHECK	0.		FMV	
		SOUTH ASIA	5	43,185.	CHECK	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	10	77,906.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	4	11,242.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	3	92,486.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	2,4,10	165,141.	CHECK	0.		FMV	

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

Schedule F (Form 990)

13-1685039

Page 2

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	1, 4	22,537.	EFT	0.		FMV	
			SUB-SAHARAN AFRICA	4	25,626.	EFT	0.		FMV	
			SOUTH ASIA	2, 3	122,865.	EFT	0.		FMV	
			SOUTH ASIA	5	163,162.	EFT	0.		FMV	
			SUB-SAHARAN AFRICA	6	30,448.	CHECK	0.		FMV	
			SOUTH ASIA	1	1582651.	CHECK	0.		FMV	
			SUB-SAHARAN AFRICA	4	299,268.	CHECK	0.		FMV	
			SUB-SAHARAN AFRICA	4	14,321.	CHECK	0.		FMV	
			SUB-SAHARAN AFRICA	5	40,920.	EFT	0.		FMV	

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

13-1685039

Schedule F (Form 990) **Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
		SOUTH ASIA	7, 10	125,873.	CHECK	0.		FMV
		SOUTH ASIA	10	66,134.	CHECK	0.		FMV
		EAST ASIA AND THE PACIFIC	4	77,757.	EFT	0.		FMV
		EAST ASIA AND THE PACIFIC	1	9,359.	CHECK	0.		FMV
		SOUTH ASIA	1	22,253.	CHECK	0.		FMV
		SOUTH ASIA	1	119,431.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	33,535.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	54,822.	EFT	0.		FMV
		RUSSIA/NEWLY IND. STATES	4	160,679.	EFT	0.		FMV

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

Schedule F (Form 990)

13-1685039

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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	4	22,584.	CHECK	0.		FMV
		SOUTH ASIA	5	279,474.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1	2209628.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	2,4	212,594.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	1,4	265,020.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4	109,815.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4	55,753.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4	5,448.	CHECK	0.		FMV
		SOUTH ASIA	9,10	245,180.	CHECK	0.		FMV

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

13-1685039

Schedule F (Form 990)

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)
			SOUTH ASIA	9, 10	154,397.	CHECK	0.		FMV
			SUB-SAHARAN AFRICA	4	162,563.	EFT	0.		FMV
			EAST ASIA AND THE PACIFIC	1	7,977.	CHECK	0.		FMV
			SUB-SAHARAN AFRICA	5, 6	276,612.	EFT	0.		FMV
			SOUTH ASIA	4	7,486.	CHECK	0.		FMV
			SOUTH ASIA	1, 4	114,726.	CHECK	0.		FMV
			SOUTH ASIA	4	7,035.	CHECK	0.		FMV
			SOUTH ASIA	2, 4	42,822.	CHECK	0.		FMV
			SUB-SAHARAN AFRICA	5	22,585.	EFT	0.		FMV

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

13-1685039

Schedule F (Form 990)

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 4		5,602.	CHECK	0.		FMV
		SOUTH ASIA 5		48,132.	EFT	0.		FMV
		SOUTH ASIA 4		5,937.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA 2,4		797,046.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA 2		454,763.	EFT	0.		FMV
		SOUTH ASIA 6		33,359.	CHECK	0.		FMV
		EUROPE (INC. IC AND GL) 6,9		756,969.	EFT	0.		FMV
		MIDDLE EAST AND NORTH AFRICA 6,10		411,120.	EFT	0.		FMV
		SUB-SAHARAN AFRICA 4		5,442.	CHECK	0.		FMV

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

Schedule F (Form 990)

13-1685039

Page 2

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	4	47,425.	EFT	0.		FMV
		SOUTH ASIA	4	112,370.	EFT	0.		FMV
		SOUTH ASIA	2, 7	131,874.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	1	130,514.	EFT	0.		FMV
		SOUTH ASIA	5	32,992.	CHECK	0.		FMV
		SUB-SAHARAN AFRICA	4	31,832.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	4, 5	63,308.	EFT	0.		FMV
		SUB-SAHARAN AFRICA	2	368,861.	EFT	0.		FMV
		SOUTH ASIA	4	18,247.	CHECK	0.		FMV

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

13-1685039

Schedule F (Form 990)

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)
			CENT. AMERICA/CARIBBEAN	1, 3	88,560.	CHECK	0.		FMV
			SUB-SAHARAN AFRICA	2	375,435.	EFT	0.		FMV
			SUB-SAHARAN AFRICA	3	147,118.	EFT	0.		FMV
			SOUTH ASIA	2	33,366.	CHECK	0.		FMV
			SOUTH ASIA	5	47,990.	CHECK	0.		FMV
			SOUTH ASIA	4	9,187.	CHECK	0.		FMV
			SOUTH ASIA	1, 2, 3, 5	469,104.	EFT	0.		FMV
			SOUTH ASIA	9, 10	234,134.	EFT	0.		FMV
			SOUTH ASIA	2	73,002.	EFT	0.		FMV

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

13-1685039

Schedule F (Form 990)

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)	
		SOUTH ASIA	4	17,025.	EFT	0.		FMV	
		SOUTH ASIA	5	24,132.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	3	311,018.	EFT	0.		FMV	
		CENT. AMERICA/CARIBBEAN	4	6,532.	CHECK	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	10	519,951.	EFT	0.		FMV	
		SOUTH ASIA	1	1576566.	CHECK	0.		FMV	
		SOUTH ASIA	4	7,396.	EFT	0.		FMV	
		SOUTH ASIA	4	30,783.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	5	65,159.	EFT	0.		FMV	

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

Schedule F (Form 990)

13-1685039

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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	5	45,669. EFT		0.		FMV		
		SOUTH ASIA	4	15,158. EFT		0.		FMV		
		SOUTH ASIA	1,6	183,080. CHECK		0.		FMV		
		MIDDLE EAST AND NORTH AFRICA	9	92,996. CHECK		0.		FMV		
		SUB-SAHARAN AFRICA	2	76,620. EFT		0.		FMV		
		MIDDLE EAST AND NORTH AFRICA	10	23,940. CHECK		0.		FMV		
		SUB-SAHARAN AFRICA	1	15,694. EFT		0.		FMV		
		SUB-SAHARAN AFRICA	10	45,124. CHECK		0.		FMV		
		EUROPE (INC. IC AND GL)	3,10	377,180. EFT		0.		FMV		

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

Schedule F (Form 990)

13-1685039

Page 2

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)
			SOUTH ASIA	4	38,047.	EFT	0.		FMV
			SOUTH ASIA	6	6,551.	EFT	0.		FMV
			EUROPE (INC. IC AND GL)	3,10	385,352.	EFT	0.		FMV
			MIDDLE EAST AND NORTH AFRICA	9,10	116,553.	EFT	0.		FMV
			SOUTH ASIA	4	104,120.	CHECK	0.		FMV
			SUB-SAHARAN AFRICA	5	10,319.	EFT	0.		FMV
			EUROPE (INC. IC AND GL)	6,10	18,762.	EFT	0.		FMV
			MIDDLE EAST AND NORTH AFRICA	6,10	116,419.	EFT	0.		FMV
			SOUTH ASIA	4	6,444.	CHECK	0.		FMV

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

13-1685039

Page 2

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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	5	152,131.	CHECK	0.		FMV	
		EUROPE (INC. IC AND GL)	6, 10	156,116.	EFT	0.		FMV	
		SOUTH ASIA	4	23,412.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	4	10,200.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	2, 5	156,046.	CHECK	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	8, 10	50,955.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	4	29,387.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	4	73,669.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	2, 4	40,184.	CHECK	0.		FMV	

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

Schedule F (Form 990)

13-1685039

Page 2

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	4	232,534.	CHECK	0.		FMV	
			MIDDLE EAST AND NORTH AFRICA	4	21,366.	EFT	0.		FMV	
			MIDDLE EAST AND NORTH AFRICA	4	33,212.	EFT	0.		FMV	
			MIDDLE EAST AND NORTH AFRICA	4	22,844.	EFT	0.		FMV	
			SUB-SAHARAN AFRICA	4	20,226.	EFT	0.		FMV	
			MIDDLE EAST AND NORTH AFRICA	10	112,918.	EFT	0.		FMV	
			SOUTH ASIA	4	8,092.	CHECK	0.		FMV	
			MIDDLE EAST AND NORTH AFRICA	2	36,347.	CHECK	0.		FMV	
			EAST ASIA AND THE PACIFIC	1	5,325.	CHECK	0.		FMV	

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

Schedule F (Form 990)

13-1685039

Page 2

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)
			SOUTH ASIA	10	6,571.	EFT	0.		FMV
			MIDDLE EAST AND NORTH AFRICA	4	5,407.	EFT	0.		FMV
			MIDDLE EAST AND NORTH AFRICA	10	6,776.	CHECK	0.		FMV
			SUB-SAHARAN AFRICA	5	14,000.	CHECK	0.		FMV
			SOUTH ASIA	2, 4	46,135.	CHECK	0.		FMV
			SUB-SAHARAN AFRICA	2	11,732.	EFT	0.		FMV
			SUB-SAHARAN AFRICA	4	197,303.	CHECK	0.		FMV
			SUB-SAHARAN AFRICA	4	175,702.	EFT	0.		FMV
			SUB-SAHARAN AFRICA	4	5,557.	EFT	0.		FMV

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

13-1685039

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
(a) Name of organization	(b) IRS code sector, 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	6, 9, 10	1049697.	EFT	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	10	998,107.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	4	25,163.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	1	29,519.	EFT	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	9, 10	143,099.	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	1, 5, 10	104,012.	EFT	0.		FMV	
		SOUTH ASIA	4	147,612.	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	5	98,971.	CHECK	0.		FMV	
		EUROPE (INC. IC AND GL)	5, 6, 7, 9, 10	1897401.	EFT	0.		FMV	

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

13-1685039

Schedule F (Form 990)

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
(a) Name of organization	(b) IRS 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	4	15,556	CHECK	0.		FMV	
		SOUTH ASIA	4	66,220	CHECK	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	10	18,709	CHECK	0.		FMV	
		MIDDLE EAST AND NORTH AFRICA	7, 10	50,888	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	4	59,092	CHECK	0.		FMV	
		SUB-SAHARAN AFRICA	9, 10	570,233	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	2	198,698	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	5	185,010	EFT	0.		FMV	
		SUB-SAHARAN AFRICA	4, 10	176,363	EFT	0.		FMV	

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

Schedule F (Form 990)

13-1685039

Page 2

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	9, 10	371,500.	EFT	0.		FMV	
			SOUTH ASIA	3, 4	100,438.	EFT	0.		FMV	
			SUB-SAHARAN AFRICA	4, 10	72,130.	EFT	0.		FMV	
			SUB-SAHARAN AFRICA	5	6,941.	CHECK	0.		FMV	
			MIDDLE EAST AND NORTH AFRICA	2	39,001.	EFT	0.		FMV	
			SOUTH ASIA	5	77,353.	EFT	0.		FMV	
			SUB-SAHARAN AFRICA	4	96,143.	CHECK	0.		FMV	
			MIDDLE EAST AND NORTH AFRICA	5	5,966.	EFT	0.		FMV	
			SOUTH ASIA	4	9,164.	CHECK	0.		FMV	

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

13-1685039

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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	6, 7, 9	213,610. EFT		0.		FMV		
		SUB-SAHARAN AFRICA	5	35,850. EFT		0.		FMV		
		RUSSIA/NEWLY IND. STATES	2	17,787. EFT		0.		FMV		
		SOUTH ASIA	2	56,172. CHECK		0.		FMV		
		CENT. AMERICA/CARIBBEAN	1	1240394. EFT		0.		FMV		
		SUB-SAHARAN AFRICA	1	63,690. EFT		0.		FMV		
		SOUTH ASIA	1	65,955. CHECK		0.		FMV		
		EAST ASIA AND THE PACIFIC	1	9,071. CHECK		0.		FMV		
		SUB-SAHARAN AFRICA	1, 4	1407673. EFT		0.		FMV		

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

Schedule F (Form 990)

13-1685039

Page 2

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	8,10	169,807.	EFT	0.		FMV
			SOUTH ASIA	4	18,937.	CHECK	0.		FMV
			SUB-SAHARAN AFRICA	4	210,034.	EFT	0.		FMV
			MIDDLE EAST AND NORTH AFRICA	10	247,052.	EFT	0.		FMV
			SUB-SAHARAN AFRICA	4	250,292.	EFT	0.		FMV
			EUROPE (INC. IC AND GL)	7	16,785.	EFT	0.		FMV
			MIDDLE EAST AND NORTH AFRICA	10	18,604.	EFT	0.		FMV

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

13-1685039

Schedule F (Form 990) 2017

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)

COOPERATIVE FOR ASSISTANCE AND RELIEF

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

CARE MONITORS SUB AGREEMENTS TO DETERMINE WHETHER BOTH CARE AND THE SUB-RECIPIENT ARE PERFORMING ACCORDING TO THE AGREED SCOPE OF WORK AND APPLICABLE CAPACITY IMPROVEMENT PLANS AND COMPLYING WITH APPLICABLE DONOR RULES AND REGULATIONS. PERIODIC REVIEWS OF MONITORING RESULTS MUST BE CONDUCTED BY A SUPERVISORY OFFICIAL (E.G., SUCH AS A MEMBER OF THE DMC).

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

ADDITIONAL MONITORING TOOLS INCLUDE THE FOLLOWING:

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

DONOR LAWS AND REGULATIONS MAY IMPOSE SUB-RECIPIENT MONITORING

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

REQUIREMENTS SPECIFIC TO A PROGRAM. IN ADDITION, FACTORS SUCH AS THE SIZE OF AWARDS, PERCENTAGE OF THE PASS-THROUGH ENTITY'S TOTAL PROGRAM FUNDS AWARDED TO SUB-RECIPIENTS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, AND RISK OF SUB-RECIPIENT NON-COMPLIANCE AS ASSESSED BY THE PASS-THROUGH ENTITY MAY INFLUENCE THE NATURE AND EXTENT OF MONITORING PROCEDURES.

SCHEDULE F, PART 11, COLUMN D

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

2. DEVELOPMENT-A LIFE FREE FROM VIOLENCE.

3. DEVELOPMENT-SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH.

4. DEVELOPMENT-ACCESS TO AND CONTROL OVER ECONOMIC RESOURCES (WOMEN'S ECONOMIC EMPOWERMENT).

5. DEVELOPMENT-OTHER.

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

7. HUMANITARIAN-A LIFE FREE FROM VIOLENCE.

8. HUMANITARIAN-SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH.

9. HUMANITARIAN-ACCESS TO AND CONTROL OVER ECONOMIC RESOURCES (WOMEN'S ECONOMIC EMPOWERMENT).

10. HUMANITARIAN-OTHER.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.** Employer identification number **13-1685039**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MARKETEAM, LLC - 1200 ABERNATHY RD, #1600, ATLANTA, GA 30309	FUNDRAISING CONSULTING		X	18,364,491.	786,054.	17,578,435.
CHANGING OUR WORLD INC. - 220 E. 42ND ST, 5 FLR, NEW YORK, NY 10018	FUNDRAISING STRATEGY CONSULTING		X	15,400,000.	499,618.	14,900,382.
M+R STRATEGIC SERVICES INC. - 1901 L ST. NW, #800, WASHINGTON, DC 20036	WEB/EMAIL STRATEGY		X	4,629,178.	607,680.	4,021,498.
MDS COMMUNICATION CORP. - 545 W. JUANITA AVE., MESA, AZ 85201	TELEMARKETING		X	643,738.	464,454.	179,287.
APPCO GROUP US INC. - 315 W. 36TH ST, 10 FLR, NEW YORK, NY 10018	IN PERSON MARKETING		X	419,510.	629,860.	<210,350.>
DONORWORX INC. - 4520 E. WEST HWY, #700, BETHESDA, MD 20814	IN PERSON MARKETING		X	417,637.	462,367.	<44,731.>
DIALOGUE DIRECT INC. - 589 8TH AVE., 21ST FLOOR, NEW YORK, NY 10018	IN PERSON MARKETING		X	218,423.	397,350.	<178,927.>
ANDREA NEMETZ - 143 W. 269TH ST, 4G, NEW YORK, NY 10023	FUNDRAISING STRATEGY SERVICE		X	115,000.	70,000.	45,000.
SOCIAL CAPITAL - 980 N. MICHIGAN, #1510, CHICAGO, IL 60610	BRAND/FUNDRAISING CAMPAIGN		X	0.	385,923.	<385,923.>
PMX AGENCY - 5 HANOVER SQUARE, NEW YORK, NY 10004	LIST BROKER/CONSULTING		X	0.	90,000.	<90,000.>
Total				40,207,977.	4,393,306.	35,814,671.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

COOPERATIVE FOR ASSISTANCE AND RELIEF

Schedule G (Form 990 or 990-EZ) 2017 **EVERYWHERE, INC.**

13-1685039 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		WALK IN HER SHOES (event type)	AWARDS DINNER (event type)	NONE (total number)		
Revenue	1	Gross receipts	258,092.	115,000.		373,092.
	2	Less Contributions	251,900.	115,000.		366,900.
	3	Gross income (line 1 minus line 2)	6,192.			6,192.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	96,839.	274,430.		371,269.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				371,269.
	11	Net income summary. Subtract line 10 from line 3, column (d)				<365,077.>

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

COOPERATIVE FOR ASSISTANCE AND RELIEF

Schedule G (Form 990 or 990-EZ) 2017 EVERYWHERE, INC.

13-1685039 Page 3

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

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

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

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

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

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

(I) NAME OF FUNDRAISER: MARKETEAM, LLC

(I) ADDRESS OF FUNDRAISER: 1200 ABERNATHY RD, #1600, ATLANTA, GA 30328

(I) NAME OF FUNDRAISER: CHANGING OUR WORLD INC.

(I) ADDRESS OF FUNDRAISER: 220 E. 42ND ST, 5 FLR, NEW YORK, NY 10017

(I) NAME OF FUNDRAISER: M+R STRATEGIC SERVICES INC.

COOPERATIVE FOR ASSISTANCE AND RELIEF

Schedule G (Form 990 or 990-EZ)

EVERYWHERE, INC.

13-1685039 Page 4

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 1901 L ST. NW, #800, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: MDS COMMUNICATION CORP.

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

(I) NAME OF FUNDRAISER: APPCO GROUP US INC.

(I) ADDRESS OF FUNDRAISER: 315 W.36TH ST. 10 FLR, NEW YORK, NY 10018

(I) NAME OF FUNDRAISER: DONORWORX INC.

(I) ADDRESS OF FUNDRAISER: 4520 E. WEST HWY, #700, BETHESDA, MD 20814

(I) NAME OF FUNDRAISER: DIALOGUE DIRECT INC.

(I) ADDRESS OF FUNDRAISER: 589 8TH AVE., 21ST FLOOR, NEW YORK, NY 10018

(I) NAME OF FUNDRAISER: SOCIAL CAPITAL

(I) ADDRESS OF FUNDRAISER: 980 N.MICHIGAN, #1510, CHICAGO, IL 60611

PROFESSIONAL SERVICE AMOUNT VS FUNDRAISING EXPENSE

FUNDRAISING EXPENSE AMOUNT PER VENDOR (DIFFERENT FROM FUNDRAISING

SERVICE AMOUNT REPORTED IN SCHEDULE G, PART I, LINE 2B, COLUMN V):

- FOR MARKETTEAM LLC FUNDRAISING EXPENSES INCLUDE THE COST OF PAPER, PRINTING, ENVELOPES, STAMPS, ETC. = \$4,331,782

- FOR M+R STRATEGIC SERVICES INC. FUNDRAISING EXPENSES INCLUDE PAID SEARCH AND EMAIL ACQUISITION = \$664,480

- FOR PMX AGENCY FUNDRAISING EXPENSES INCLUDE THE COST TO PROCURE RENTAL & EXCHANGE DONOR LISTS, NEGOTIATE NET NAME ARRANGEMENTS, REPORTING AND SEGMENTATION = \$366,569

DESCRIPTION OF HOW PROFESSIONAL FUNDRAISING SERVICE AMOUNT (REPORTED IN SCHEDULE G, PART I, LINE 2B, COLUMN V) IS DISTINGUISHED FROM FUNDRAISING EXPENSE AMOUNT FOR ALL FUNDRAISERS:

FOR THE BELOW VENDORS, THE INVOICE DISTINGUISHES THE FUNDRAISING SERVICE AMOUNT VS. THE FUNDRAISING EXPENSE, AND THE CONTRACT DEFINES THE EXACT COSTS FOR PROFESSIONAL FUNDRAISING SERVICES. ALL OTHER COSTS ARE CONSIDERED FUNDRAISING EXPENSES.

- MARKETTEAM LLC
- M+R STRATEGIC SERVICES INC.
- PMX AGENCY

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

- APPCO GROUP US INC. (PAY COST BY DONOR)
- MDS COMMUNICATIONS CORP (PAY COST BY COMPLETED CALLS)
- DONORWORX INC. (PAY COST BY DONOR)
- DIALOGUE DIRECT INC. (PAY COST BY DONOR)

GROSS RECEIPTS FROM ACTIVITY

CARE USA USED DONORWORX, APPCO, DIALOGUE DIRECT, AND PMX AGENCY TO ACQUIRE BRAND NEW DONORS. ACQUISITION OF ANY KIND REQUIRES HEAVY INITIAL INVESTMENT WITH LONG TERM PAY OFF NOT RECEIVED IN THE FISCAL YEAR IN WHICH IT IS SPENT. THIS RESULTED IN A NET NEGATIVE INCOME IN FISCAL

Part IV Supplemental Information *(continued)*

YEAR 2018.

CARE USA USED SOCIAL CAPITAL TO DEVELOP AN INTEGRATED BRAND &
FUNDRAISING CAMPAIGN. THE BRAND AND MARKET WORK PROVIDED FOR THE
CAMPAIGN HAS NOT GONE TO MARKET YET, SO THERE IS NO FINANCIAL RETURN
FOR FISCAL YEAR 2018.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

2017

Open to Public
Inspection

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

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

Employer identification number
13-1685039

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABT ASSOCIATES INC 55 WHEELER STREET CAMBRIDGE, MA 02138	04-2347643	N/A	315,617.	0.	N/A	N/A	3 - SEE SUPPLEMENTAL INFORMATION
BRIDGES TO PROSPERITY 1031 33RD STREET DENVER, CO 80205	54-2031102	501(C)(3)	69,040.	0.	N/A	N/A	5 - SEE SUPPLEMENTAL INFORMATION
CATHOLIC RELIEF SERVICES USCCB INC 228 W. LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)(3)	296,214.	0.	N/A	N/A	1 - SEE SUPPLEMENTAL INFORMATION
DOUBLE X ECONOMY LLC 1875 CONN AVENUE WASHINGTON, DC 20009	46-5559371	N/A	200,206.	0.	N/A	N/A	4 - SEE SUPPLEMENTAL INFORMATION
EMORY UNIVERSITY 1599 CLIFTON RD NE. ATLANTA, GA 30322	58-0566256	501(C)(3)	214,897.	0.	N/A	N/A	3 - SEE SUPPLEMENTAL INFORMATION
ENGENDERHEALTH INC 440 NINTH AVENUE NEW YORK, NY 10001	13-1623838	501(C)(3)	26,050.	0.	N/A	N/A	3 - SEE SUPPLEMENTAL INFORMATION

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

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

▶ 22.
▶ 3.

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

Schedule I (Form 990) (2017)

COOPERATIVE FOR ASSISTANCE AND RELIEF

Schedule I (Form 990) **13-1685039** Page 1

EVERYWHERE, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH INTERNATIONAL 359 BLACKWELL STREET DURHAM, NC 27709	23-7413005	501(C)(3)	123,357.	0.	N/A	N/A	1 - SEE SUPPLEMENTAL INFORMATION
FOOD FOR THE HUNGRY INC. 405 LYNNWOOD LANE BROOKFIELD, WI 53005	20-8277733	501(C)(3)	39,601.	0.	N/A	N/A	5 - SEE SUPPLEMENTAL INFORMATION
HELEN KELLER INTERNATIONAL 352 PARK AVE S NEW YORK, NY 10010	13-5562162	501(C)(3)	839,140.	0.	N/A	N/A	1 - SEE SUPPLEMENTAL INFORMATION
INSTITUTE FOR HEALTHCARE IMPROVEMENT - 20 UNIVERSITY ROAD - CAMBRIDGE, MA 02138	38-3017223	501(C)(3)	314,947.	0.	N/A	N/A	3 - SEE SUPPLEMENTAL INFORMATION
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE LOS ANGELES, CA 90025	95-3949646	501(C)(3)	11,681.	0.	N/A	N/A	6 - SEE SUPPLEMENTAL INFORMATION
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10017	13-5660870	501(C)(3)	573,042.	0.	N/A	N/A	1 - SEE SUPPLEMENTAL INFORMATION
INTL CENTER FOR RESEARCH ON WOMEN 1120 20TH STREET WASHINGTON, DC 20036	52-1081455	501(C)(3)	80,697.	0.	N/A	N/A	4 - SEE SUPPLEMENTAL INFORMATION
JOHNS HOPKINS UNIVERSITY 111 MARKET PLACE BALTIMORE, MD 21202	52-0595110	501(C)(3)	407,445.	0.	N/A	N/A	3 - SEE SUPPLEMENTAL INFORMATION
MERCY CORPS 45 SW ANKENY STREET PORTLAND, OR 97204	91-1148123	501(C)(3)	18,420.	0.	N/A	N/A	5 - SEE SUPPLEMENTAL INFORMATION

Schedule I (Form 990)

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

Schedule I (Form 990) **Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METABIOA INC 425 CALIFORNIA STREET SAN FRANCISCO, CA 94104	26-3139661	N/A	149,744.	0.	N/A	N/A	3 - SEE SUPPLEMENTAL INFORMATION
SAINT LOUIS UNIVERSITY 1 N. GRAND BLVD. ST. LOUIS, MO 63103	43-0654872	501(C)(3)	38,034.	0.	N/A	N/A	3 - SEE SUPPLEMENTAL INFORMATION
SAVE THE CHILDREN FEDERATION, INC 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501(C)(3)	1,553,178.	0.	N/A	N/A	1,5 - SEE SUPPLEMENTAL INFORMATION
SEARCH FOR COMMON GROUND 1601 CONNECTICUT AVE NW STE 200 WASHINGTON, DC 20036	52-1257425	501(C)(3)	45,214.	0.	N/A	N/A	7 - SEE SUPPLEMENTAL INFORMATION
SNV USA 7514 WISCONSIN AVENUE BETHESDA, MD 20814	90-0756603	501(C)(3)	671,604.	0.	N/A	N/A	1 - SEE SUPPLEMENTAL INFORMATION
SYRIA RELIEF AND DEVELOPMENT FOUNDATION - 7300 W 110TH STREET - OVERLAND PARK, KS 66210	45-3737015	501(C)(3)	422,699.	0.	N/A	N/A	6 - SEE SUPPLEMENTAL INFORMATION
TULANE UNIVERSITY 6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	167,839.	0.	N/A	N/A	5 - SEE SUPPLEMENTAL INFORMATION
WATERAID AMERICA INC 233 BROADWAY #2705 NEW YORK, NY 10279	30-0181674	501(C)(3)	229,998.	0.	N/A	N/A	1 - SEE SUPPLEMENTAL INFORMATION
WORLD VISION INTERNATIONAL 800 WEST CHESTNUT AVENUE MONROVIA, CA 91016	95-3202116	501(C)(3)	594,358.	0.	N/A	N/A	1,2,5 - SEE SUPPLEMENTAL INFORMATION

COOPERATIVE FOR ASSISTANCE AND RELIEF

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD WILDLIFE FUND, US., INC. 406 G ST #301 ANCHORAGE, AK 99501	52-1693387	501(C)(3)	100,000.	0.	N/A	N/A	1 - SEE SUPPLEMENTAL INFORMATION

COOPERATIVE FOR ASSISTANCE AND RELIEF

Schedule I (Form 990) (2017)

13-1685039

Page 2

EVERYWHERE, INC.

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

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

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

PART I, LINE 2:

CARE MONITORS SUB AGREEMENTS TO DETERMINE WHETHER BOTH CARE AND THE SUB-RECIPIENT ARE PERFORMING ACCORDING TO THE AGREED SCOPE OF WORK AND APPLICABLE CAPACITY IMPROVEMENT PLANS AND COMPLYING WITH APPLICABLE DONOR RULES AND REGULATIONS. PERIODIC REVIEWS OF MONITORING RESULTS MUST BE CONDUCTED BY A SUPERVISORY OFFICIAL (E.G., SUCH AS A MEMBER OF THE DMC).

CARE ALSO PERIODICALLY EVALUATES THE PERFORMANCE OF SUB AGREEMENTS TOWARDS THE ACHIEVEMENT OF INTENDED OUTCOMES AND CONTRIBUTIONS TO CARE'S PROGRAM

Part IV Supplemental Information

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

ADDITIONAL MONITORING TOOLS INCLUDE THE FOLLOWING:

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

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

FORM 990, SCHEDULE I, PART II, COLUMN H

1. DEVELOPMENT-FOOD AND NUTRITION SECURITY AND RESILIENCE TO CLIMATE CHANGE
2. DEVELOPMENT-A LIFE FREE FROM VIOLENCE

Part IV Supplemental Information

3. DEVELOPMENT-SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH

4. DEVELOPMENT-ACCESS TO AND CONTROL OVER ECONOMIC RESOURCES (WOMEN'S
ECONOMIC EMPOWERMENT)

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

6. HUMANITARIAN-A LIFE FREE FROM VIOLENCE

7. HUMANITARIAN-OTHER

[Multiple blank horizontal lines for supplemental information]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

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

Employer identification number

13-1685039

Part I Questions Regarding Compensation

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

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

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

Schedule J (Form 990) 2017

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(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) MICHELLE MUNN BOARD MBR/PRESIDENT AND CEO	(i) 418,229. (ii) 0. (iii) 0.	0.	1,911.	10,800.	6,101.	437,041.	0.
(2) PETER BUIJS CHIEF FINANCIAL OFFICER	(i) 223,791. (ii) 0. (iii) 0.	0.	3,192.	18,317.	5,173.	250,473.	0.
(3) ERIC D. JOHNSON BOARD SECRETARY/GENERAL COUNSEL	(i) 159,808. (ii) 0. (iii) 0.	0.	511.	13,481.	8,701.	182,501.	0.
(4) LEE T. LOVE VP IND ENDRSG AND MKTG (THRU 10/17)	(i) 247,085. (ii) 0. (iii) 0.	0.	102,096.	21,600.	6,707.	377,488.	0.
(5) HEATHER A. HIGGINBOTTOM CHIEF OPERATING OFFICER	(i) 262,293. (ii) 0. (iii) 0.	0.	877.	0.	4,542.	267,712.	0.
(6) NICHOLAS C. OSBORNE VP INTL PROGRAM OPERATIONS	(i) 247,300. (ii) 0. (iii) 0.	0.	1,225.	19,962.	2,221.	270,708.	0.
(7) EMMA M. NAYLOR-NGUGI REG DIR EAST, CENTRAL & S. AFRICA	(i) 256,561. (ii) 0. (iii) 0.	0.	0.	13,291.	1,404.	271,256.	0.
(8) NAVA R. GYAWALI REGIONAL DIRECTOR OF ASIA	(i) 187,758. (ii) 0. (iii) 0.	0.	31,702.	11,310.	1,194.	231,964.	0.
(9) JAMIE D. TERZI VP PROG PTSHP & LRNG (EFF 06/17)	(i) 183,490. (ii) 0. (iii) 0.	10,000.	21,358.	13,391.	2,370.	230,609.	0.
(10) DAVID B. RAY VP ADVOCACY	(i) 211,161. (ii) 0. (iii) 0.	0.	2,830.	16,569.	6,204.	236,764.	0.
(11) DIAWARY BOUARE REGIONAL DIRECTOR WEST AFRICA	(i) 163,223. (ii) 0. (iii) 0.	0.	46,608.	10,257.	2,231.	222,319.	0.
(12) ROBERT M. PHILLIPS III CHIEF DIGITAL OFFICER	(i) 225,254. (ii) 0. (iii) 0.	0.	429.	0.	0.	225,683.	0.
(13) MICHELLE CARTER MGMT DEP REG DIR S.AFRICA(THRU 10/17)	(i) 213,009. (ii) 0. (iii) 0.	0.	33,839.	9,374.	2,132.	258,354.	0.
(14) YAWO DOUVON COUNTRY DIRECTOR OF MALI	(i) 146,345. (ii) 0. (iii) 0.	0.	89,878.	8,302.	1,607.	246,132.	0.
(15) MARC NOSBACH COUNTRY DIRECTOR	(i) 115,858. (ii) 0. (iii) 0.	0.	110,225.	3,836.	2,231.	232,150.	0.
(16) CHRISTOPHER J. WILLIAMS DIRECTOR OF SECURITY	(i) 163,530. (ii) 0. (iii) 0.	0.	58,778.	9,073.	1,971.	233,352.	0.

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

Schedule J (Form 990) 2017

13-1685039

Page 2

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC 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				
(17) MOUSTAPHA GAYE CHIEF OF PARTY HARANDE	(i) 149,909.	0.	68,585.	8,987.	1,607.	229,088.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(18) CAROL A. HUDSON CHIEF OF STAFF(FORMER AS OF 9/30/16)	(i) 0.	0.	152,755.	0.	0.	152,755.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(19) PATRICK SOLOMON VP HR AND ADMIN(FORMER AS OF 04/17)	(i) 61,779.	0.	118,495.	4,881.	1,396.	186,551.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(20) THOMAS L. REYNOLDS VP PROG PTSHP LRNG (FORMER 06/17)	(i) 91,905.	0.	127,469.	8,676.	2,235.	230,285.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							

COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE, INC.

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

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

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

QUALIFIED INTERNATIONAL STAFF ARE TAX INDEMNIFIED FOR HOST COUNTRY TAX OBLIGATIONS. THE BASE COMPENSATION FOR CERTAIN QUALIFIED INTERNATIONAL STAFF LISTED IN SCHEDULE J INCLUDES A PORTION OF TAXES PAID TO THE COUNTRY'S TAX AUTHORITIES IN WHICH THEY RESIDE. TAXES ARE PAID BY THE ORGANIZATION ON BEHALF OF THE EMPLOYEE. COMPENSATION INCLUDES SIGNIFICANT TAX PAYMENTS FOR THOSE QUALIFIED INTERNATIONAL STAFF LISTED IN SCHEDULE J. AMOUNTS PER PERSON RANGE FROM \$8,000 - 84,000.

-HEALTH CLUB FEES, NOT TO EXCEED \$20/MONTH, ARE REIMBURSABLE TO ALL EMPLOYEES. HEALTH CLUB REIMBURSEMENTS ARE INCLUDED IN THE EMPLOYEE'S INCOME.

COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE, INC.

Part III Supplemental Information

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

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

SCHEDULE J, PART I, LINE 4A

THE FOLLOWING STAFF RECEIVED A SEPARATION PAYMENT IN CALENDAR YEAR

2017:

-CAROL HUDSON, BOARD SECRETARY - \$152,755

-THOMAS REYNOLDS, VICE PRESIDENT PROGRAM PARTNERSHIP LEARNING -

\$112,968

- LEE T LOVE, VICE PRESIDENT FUNDRAISING AND MARKETING - \$81,154

- PATRICK SOLOMON, VICE PRESIDENT HUMAN RESOURCES AND ADMINISTRATION -

\$120,128

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **COOPERATIVE FOR ASSISTANCE AND RELIEF
EVERYWHERE, INC.** Employer identification number **13-1685039**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
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	282	11,669,891.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	124,456	34,396,232.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>WATER PURIFIC</u>)	X	6,944	64,960.	FMV
26	Other ▶ (<u>COMPUTERS</u>)	X	32	29,186.	FMV
27	Other ▶ (<u>PRINTERS</u>)	X	2	383.	FMV
28	Other ▶ ()				

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

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

	Yes	No
30a		X
31	X	
32a	X	

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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.

COOPERATIVE FOR ASSISTANCE AND RELIEF

Schedule M (Form 990) 2017

EVERYWHERE, INC.

13-1685039

Page 2

Part II

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

SCHEDULE M, PART I, COLUMN (B):

FOR LINE 9, QUANTITY REPRESENTS NUMBER OF CONTRIBUTIONS. FOR ALL OTHER LINES, QUANTITY REPRESENTS NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

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

Employer identification number
13-1685039

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

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

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

**AFGHANISTAN, BANGLADESH, BENIN, BOLIVIA,
BURUNDI, COTE D IVOIRE, CONGO, DEM REP, DJIBOUTI,
ECUADOR, EGYPT, EL SALVADOR, ETHIOPIA,
GEORGIA, GHANA, GUATEMALA, HAITI,
HONDURAS, INDIA, ISRAEL, JORDAN,
KENYA, LEBANON, LESOTHO, LIBERIA,
MADAGASCAR, MALAWI, MALI, MOZAMBIQUE,
NEPAL, NICARAGUA, NIGER, NIGERIA,
SUDAN, PAKISTAN, PHILIPPINES, RWANDA,
SIERRA LEONE, SOMALIA, SOUTH AFRICA, SOUTH SUDAN,
SRI LANKA, TANZANIA, THAILAND, TURKEY,
UGANDA, UNITED KINGDOM, YEMEN (ADEN), OTHER COUNTRY**

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

**THE 990 IS CIRCULATED TO THE FULL BOARD OF DIRECTORS ELECTRONICALLY. CARE'S
BOARD OF DIRECTORS REVIEWED THE 990 WITH MANAGEMENT PRIOR TO FILING WITH
THE IRS.**

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

**THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. EACH YEAR THE BOARD OF**

Name of the organization	COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.	Employer identification number	13-1685039
--------------------------	---	--------------------------------	------------

DIRECTORS REVIEWS AND APPROVES A CONFLICT OF INTEREST POLICY AND ATTESTS THAT THEY UNDERSTAND IT AND HAVE PROVIDED INFORMATION ON ANY POTENTIAL CONFLICTS. AS SUCH:

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

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

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

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

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

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

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

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

Name of the organization	COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.	Employer identification number	13-1685039
--------------------------	---	--------------------------------	------------

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

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

INCREASE IN VALUE OF SPLIT INTEREST AGREEMENTS	3,033,334.
CHANGE IN SUBSIDIARY NET ASSET BALANCE	-75,000.
MINORITY INTEREST IN SUBSIDIARY INCOME	39,045.
SUBSIDIARY - FOREIGN EXCHANGE GAIN AND INTEREST/DIVIDEND	228,825.
MISCELLANEOUS VARIANCE	-2,380.
TOTAL TO FORM 990, PART XI, LINE 9	3,223,824.

FORM 990, PART XII, LINE 2C:

THE AUDIT AND RISK MANAGEMENT COMMITTEE OF THE ORGANIZATION ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

FORM 990, PART I, LINE 5

IN THE SUMMARY IN PART I ON LINE 5, THE TOTAL NUMBER OF STAFF LISTED OF 515 IS COMPRISED OF THE US AND INTERNATIONAL STAFF ON THE US PAYROLL AND RECONCILES TO THE FORM W-3 TRANSMITTAL OF WAGE AND TAX STATEMENTS. THE SALARY EXPENSE REPRESENTED ON LINE 15 REPRESENTS THE TOTAL COMPENSATION EXPENSE FOR CARE'S GLOBAL WORKFORCE, WHICH INCLUDES STAFF PAID ON LOCAL PAYROLLS IN CARE'S COUNTRY OFFICES. THE TOTAL GLOBAL WORKFORCE IS APROXIMATELY 6,000 AS OF JUNE 30, 2018.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ACCESS AFRICA FUND - 27-3080676, 7315 WI AVENUE, #300W, BETHESDA, MD 20814	MICROFINANCE	DE	CARE USA	RELATED INVESTMENT I	<431,015.>	6,005,745.		X	<115,748.>		X	90.91%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CARE ENTERPRISES, INC. - 38-3873371 151 ELLIS STREET NE ATLANTA, GA 30303	HOLDING COMPANY	DE	CARE USA	C CORP	<103,127.>	279,574.	100%		X
THOMAS WILLIAMS TRUST - 36-6673112 3455 PEACHTREE ROAD NE ATLANTA, GA 30326	INVESTING	GA	BESSEMER	TRUST	5,764,677.	119,953,555.	66.67%		X

