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Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	r the :	2008 cale	endar yea	r, or tax year beginning 1	.0-01-2008 and ending 09-30-2	2009	D Employ	er identification	a number
_			Please	C Name of organization counterpart international inc	:				i iluliibei
Add	fress ch	arige	use IRS abel or	Doing Business As			13-61	83605 one number	
Nar	me cha	nge I	print or type. See	boiling business As					
Init	ial retu	rn S	Specific		box if mail is not delivered to street ac	dress) Room	/cuite	236-1200 eceipts \$ 88,232	
┌ Ter	mınatıc	on i	Instruc- tions.	2345 crystal drive No 301			G Gross r	<b>eceipts</b> \$ 88,232	,580
┌ Am	ended	return		City or town, state or count	ry, and ZIP + 4				
Г <sub>Арг</sub>	olication	n pending		arlington, VA 22202					
		· •	F Nam	ne and address of Princip	al Officer	11/->			
			rob mur	phy	ar o meer		Is this a group r affiliates?		es 🔽 No
				rystal drive No 301 in, VA 22202					
т Та:	x-exem	npt status		(3) <b>◄</b> (insert no )	7(a)(1) or		Are all affiliates in		Yes No
					7(4)(1) 61   527		(If "No," attach Group Exemption		ructions )
) W	eb sit	e: 🕨 www	counterpa	art org		H(c)	Group Exemption	on Number F	
<b>K</b> Type	e of org	ganization <b>[</b>	Corporati	on trust association	other 🟲	<b>L</b> Yea	r of Formation 196	5 <b>M</b> State of leg	gal domicile NY
Pa	rt I				or mont or a first transfer of				
	1			_	or most significant activities		a and anuranma	ntal aballanga	
ဋ		ro empov	werpeopie	e to implement innovative	e and enduring solutions to socia	ai, economi	c and environme	intal challenge	S
ΣĒ									
Governance	2	Check th	ıs box 🗀	ıf the organizatıon discor	itinued its operations or dispose	d of more t	han 25% of its a	ıssets	
<u>ලි</u>	3		,		body (Part VI, line 1a)			3	10
	4		-		the governing body (Part VI, line			4	
Activities &	5			nployees (Part V, line 2a			5		
Ĕ	6			lunteers (estimate if nec				6	0
고 V				ted business revenue fro			7a	0	
					n Form 990-T, line 34			7b	0
					·		Prior Year	Curre	ent Year
	8	Contribu	utions and	l grants (Part VIII, line 1	h)		106,673,7	78	86,930,712
≘	9			revenue (Part VIII, line 2				205,533	
Reven	10			ne (Part VIII, column (A		227,3	22	13,198	
芒	11	Other re	evenue (P	art VIII, column (A), line		705,6	53	22,013	
	12		venue—a	dd lines 8 through 11 (mi	ust equal Part VIII, column (A),	line			
		12)	<del></del>				107,606,7		87,171,456
	13			r amounts paid (Part IX,	, ,,		85,402,7	91	56,376,451
	14		-	r for members (Part IX, o					0
83	15	Salaries	, other co	mpensation, employee b	enefits (Part IX, column (A), line	es 5-	11,404,8	58	13,358,992
Expenses	16a	Professi	onal fund	raising fees (Part IX, col	umn (A), line 11e)				0
훘	ь	(Total fun	draising ext	penses, Part IX, column (D), lii	ne 25 45,114				
ш	17	•		Part IX, column (A), line			10,971,9	81	18,061,992
	18	Totalex	penses—	add lines 13–17 (must e	qual Part IX, line 25, column (A	))	107,779,6	30	87,797,435
	19	Revenue	e less exp	enses Subtract line 18	from line 12		-172,8	77	-625,979
<u>광</u>						В	eginning of Year	End o	of Year
9 4 4 4	20	Total as	sets (Par	t X, line 16)			43,296,4	72	13,955,178
Ass JBa	21			art X, line 26)			42,861,5		13,924,240
Net Assets or Fund Balances	22		•	d balances Subtract line	21 from line 20		434,9		30,938
	t II	Signa	ture Blo	ock	•		,		
		Under per	nalties of pe	rjury, I declare that I have exa	amined this return, including accompany				
		and belief	, it is true, o	correct, and complete Declara	tion of preparer (other than officer) is b	ased on all in	formation of which	preparer has any	knowledge
Plea Sign		****** Signati	* ure of office	r			2010-08-13 Date		
Here				•			2010		
			urphy CFO or print nam	e and title					
		F	<u> </u>		Data	Check If	Dronaro-/-	PTIN (See Gen I	net \
Da!a		Preparer's signature	John S	terner	Date	self-	'	ı ımı (see gen 1	113t <i>)</i>
Paid	arer'e		<b>r</b>	h now works are and		empolyed	<u>*                                     </u>		
Prepa Use (		ıf self-emp		P			EIN Þ		
- J (	J.111 <b>y</b>	address, a	nd ZIP + 4	8000 TOWERS CRESCENT	DR STE 500		Dhama	<b>b</b> /702\ 220 04	00
				VIENNA, VA 221826205				• (703) 336-64 ————	
May t	he IR	S discuss	this retui	rn with the preparer show	n above? (See instructions) .				ΓNο

# Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

i	Other program services (Describe in S (Expenses \$	Schedule O ) ncluding grants of \$	) (Revenue \$	)
				·
	(Code ) (Expenses \$	30,817,527 including grants of	\$ 5,378,255 ) (Revenue \$	205,533 )
	management of childhood illnesses the number completed community action plans and 66 community credit loans and the several transning sessions o	munity development projects have been a	ccomplished - With close to \$250 thousa	and dollars disbursed in micro-
	Mauritania The USAID Food for Peace Multi Year regions of Mauritania through improving matern identify and mitigate issues affecting their food worming medications the targeted communities	nal child health and nutrition practices, adva security. Key successes to date - Initial re have the highest vaccination coverage in	ancing livelihood opportunities, and increa ports suggest that through distribution of Mauritania - Because of the establishme	asing community capacity to vitamin A supplements and de- ent of community-based
<u> </u>	(Code ) (Expenses \$	9,931,874 including grants of	\$ 6,759,290 ) (Revenue \$	)
	Tajıkıstan, Ukraine, and Uzbekistan			
	CHAP Transport - Operation Hope 06' In fiscal y organizations with transportation assistance of 1 organizations overseas The commodities consist distributed to the orphaned, ill, disabled, elderly Taylystan, Likraine, and Lizbekistan.	120 40-foot ocean-containers of needed histing of food, clothing, footwear, bedding,	umanitarian aid commodities valued at \$3 school/hygiene/household/medical suppli	18 million to their partner ies, and medical equipment were
	(Code ) (Expenses \$	14,982,552 including grants of	\$ 14,727,872 ) (Revenue \$	)
	to identify and mitigate issues affecting their for de-worming medications the targeted communi- management of childhood illnesses the number completed community action plans and 66 com- credit loans and the several transining sessions of	ities have the highest vaccination coverage of childhood illness reported has dramatic munity development projects have been a	e in Mauritania - Because of the establish ally declined - With Counterpart's suppor accomplished - With close to \$250 thousa	nment of community-based rt 160 communities have and dollars disbursed in micro-
	teams also managed the monitoring/spot check CHAP also accomplished 16 small reconstruction clinics Mauritania The USAID Food for Peace Mu Gharbi regions of Mauritania through improving	s of distributed assistance. Throughout the projects, which consisted of infrastructure liti Year Assistance Program (MYAP) aims t maternal child health and nutrition practice	e year, CHAP assisted with disaster respoi improvements to social service institutio to reduce food insecurity in the Gorgol, Gues, advancing livelihood opportunities, an	nse efforts in program countries ins such as boarding schools and uidimaka, Assaba and Hodh El id increasing community capacity
1	(Code ) (Expenses \$ Community & Humanitarian Assistance Program humanitarian assistance to Armenia, Azerbaijan,	31,310,277 including grants of CHAP was responsible for the acquisition,	\$ 29,511,034 ) (Revenue \$ shipment, receipt, and distribution of ov	
!	If "Yes," describe these changes on Sch Describe the exempt purpose achieveme Section 501(c)(3) and (4) organizations others, the total expenses, and revenue,	ents for each of the organization's t and 4947(a)(1) trusts are require	d to report the amount of grants a	
•	Did the organization cease conducting o		ıt conducts any program 	✓ Yes │ No
1				✓ Yes │ No
	Did the organization undertake any signi	 Ificant program services during the	year which were not listed on	
T	O EMPOWER PEOPLE TO IMPLEMENT INNOVATIVE	: AND ENDURING SOLUTIONS TO SOCIAL, I	ECONOMIC AND ENVIRONMENTAL CHALLE	:NGES
	•	E AND ENDUDING COULTIONS TO COCIAL	ECONOMIC AND ENVIRONMENTAL CHALLE	ENCEC
Т		Did the organization undertake any signi	TO EMPOWER PEOPLE TO IMPLEMENT INNOVATIVE AND ENDURING SOLUTIONS TO SOCIAL, E	Briefly describe the organization's mission  TO EMPOWER PEOPLE TO IMPLEMENT INNOVATIVE AND ENDURING SOLUTIONS TO SOCIAL, ECONOMIC AND ENVIRONMENTAL CHALLE  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
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 $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		Νο

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 38			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
2~	gaming (gambling) winnings to prize winners?	10	1 65	
∠a	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 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 this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	DR, IN, BR, AM, AF, AJ, GT, TX, MR, KZ, EG, VM, BO,			
	If "Yes," enter the name of the foreign country KG , UZ , GG , TI , HO , UP , NG , SG , ET , SU			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Report of Foreign Bank and Financial Accounts</i> .			
E-		F~		<sub>NI a</sub>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
Ь	, , , , ,	5b		IN O
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
0	year?			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	C-		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	vear 12b			

Yes No

## Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management
--

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstand	ces,			
1a	Enter the number of voting members of the governing body	1a		10			
b	Enter the number of voting members that are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			, ,	2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con	,			3		Νo
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ . \ \ \ $	ınce t	he prior Form 990 v	was	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's assets? .		5		Νo
6	Does the organization have members or stockholders?				6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			the	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons? .	[	7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the	e			
а	the governing body?				8a	Yes	
b	each committee with authority to act on behalf of the governing body?				8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?			. [	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the adaptiliates, and branches to ensure their operations are consistent with those of the organization.		·		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the		•		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc	,			11		No

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νο
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
		190		

#### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, MA, MD, ME, MI, MS, MN, MO, NC, ND, NJ, NH, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI,
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Scott Green 2345 crystal dr no 301 arlington, VA 22202 (703) 236-1200

## Part VII

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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 the organization did no	t compens	ate any	OHIC	ei, u	mec	ισι, τι	uste	e of key employee		
Check this box if the organization did no	(B)	Posii t	tion (	cheo	ck a  ')		uste	(D) Reportable	(E) Reportable	<b>(F)</b> Estimated amount of other
(A) Name and Title	Average hours per week	Individual Trustee or Director	stitutional Trustee	Officei	Ke) emplojee	nest compensated Notee	Former	compensation from the organization (W- 2/1099MISC)	compensation from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations

#### Part VIII Continued

			( ition that	•						(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	( <b>D)</b> Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total						•	Þ	1,227,75	2 0	128,414

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►11

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

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	0

Part VIII

Statement of Revenue

					(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	( <b>D)</b> Revenue Excluded from Tax under IRC 512, 513, or 514
18	1a	Federated can	npaigns 1a					
ants ints	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	1b /ents 1c					
<u>#</u> #	d	Related organ	ızatıons1d					
£,5€	e	Government grar	nts (contributions) <b>1e</b>	29,218,518				
utior Per si	f		tions, gifts, grants, and not included above	57,712,194				
를 들는 등 등 등	g		<b>1f</b> rıbutıons ıncluded ın					
လူမှု	L	lines 1a-1f \$			86,930,712			
	h	Total (Add iin	es 1a-1f)	<u> </u>				
0				Business Code				
nua	2a	Fee for services			205,533	205,533		
æ	ь							
93	c							
er E	d							
8	e							
Program Service Revenue	f	All other prog	ram service revenue					
<u>*</u>	g	Total. Add line  ▶ \$ 205,533	es 2a-2f					
	3		come (including divi	·	206 267			206.267
		other similar a	amounts)		306,367			306,367
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5	Royalties .						
		·	(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	с	Rental income						
	d	or (loss) Net rental inc	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	767,955					
		assets other						
	ь	than inventory Less cost or other basis and	1,060,281	843				
		sales expenses						
	C	Gain or (loss)	-292,326	-843	-293,169			-293,169
	d	Net gain or (lo			233,103			255,105
Other Revenue	8a	events (not in \$ of contribution 1c) See Part	ns reported on line					
æ		\$15,000	а					
Ē	ь	Less directe	xpensesb					
₹	С	Net income or	(loss) from fundrais	ing events				
	9a	Gross income activities See Complete Sche exceeds \$15,00	e part IV , line 19 dule G if total					
	ь	less directs	xpensesb					
	c		· (loss) from gaming a	activities				
	10a		f inventory, less	<b>•</b>				
		returns and al	lowances . a					
	Ь	Less cost of	_					
	С	Net income or Miscellaneou	(loss) from sales of					
	11a			Business Code	22,013			22,013
	ь	Other Income			22,013			22,013
	С							
	d	All other reve						
	e	Total. Add line	es 11a-11d	\$ 22,013				
	12	Total Revenue	a. Add lines 1h, 2g, 3		87,171,456	205,533	0	35,211
		8c,	l1e					

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalisms of the section 501(c)(3) and 501(c)(4) orgalisms of the section of th				·
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	56,376,451	56,376,451		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	409,484	303,018	106,466	
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	11,692,780	8,540,278		34,759
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	481,274	355,942	123,995	1,337
9	Other employee benefits	462,681	342,191	119,205	1,285
10	Payroll taxes	312,773	231,322	80,582	869
11	Fees for services (non-employees)				
а	Management				
b	Legal	51,481	41,912	9,569	
c	Accounting	67,043		67,043	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	2,540		2,540	
g	Other				
12	Advertising and promotion	31,179	24,939		6,240
13	Office expenses	1,618,986	1,344,626	274,360	
14	Information technology	396,963	283,309	113,654	
15	Royalties				
16	Occupancy	1,437,358	1,068,611	368,747	
17	Travel	1,225,919	1,042,461	182,834	624
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	233,984	190,494	43,490	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,106		24,106	
23	Insurance	77,685	63,246	14,439	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Transportation and ware	8,776,964	8,581,935	195,029	
ь	Pass-Through Costs	2,020,726	2,018,036	2,690	
c	Non-allowable	917,225	24,092	893,133	
d	training	702,129	676,372	25,757	
e	Indirect Costs	0	5,281,035	-5,281,035	
f	All other expenses	477,704	251,960	225,744	
25	Total functional expenses. Add lines 1 through 24f	87,797,435	87,042,230	710,091	45,114
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(E End o	
	1	Cash—non-interest-bearing			384,996	1		984,143
	2	Savings and temporary cash investments			8,850,166	2		7,512,225
	3	Pledges and grants receivable, net			31,486,582	3		2,763,026
	4	Accounts receivable, net			401,420	4		569,129
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		nployees or	,	5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 4			6		
	7	Notes and loans receivable, net			7			
	8	Inventories for sale or use				8		
w	9	Prepaid expenses and deferred charges			263,475	9		278,308
et	10a	Trepara expenses and deferred enarges						
Assets	100	Land, buildings, and equipment cost basis	10a	212,692				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	87,387	150,254	10c		125,305
	11	Investments—publicly traded securities			812,103	11		765,877
	12	Investments—other securities See Part IV, line 11 $\it Complete Passive School Complete Passive Deliver See Part IV, line 11 \it Complete Passive Deliver See$	rt VII ol	<del>.</del>		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part Part Part Part Part Part Part Part$			13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			947,476	15		957,165
	16	Total assets. Add lines 1 through 15 (must equal line 34)			43,296,472	16	1	3,955,178
	17	Accounts payable and accrued expenses .			1,288,468	17		1,681,997
	18	Grants payable	41,098,641	18	1	0,946,727		
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
Q.	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Lia		persons Complete Part II of Schedule L		•		22		
_	23	Secured mortgages and notes payable to unrelated third parties			383,825	23		364,142
	24	Unsecured notes and loans payable				24		750,000
	25	Other liabilities Complete Part X of Schedule D			90,576	25		181,374
	26	Total liabilities. Add lines 17 through 25			42,861,510	26	1	3,924,240
s e		Organizations that follow SFAS 117, check here ▶ ↓ and complethrough 29, and lines 33 and 34.	ete line	es 27				
anc	27	Unrestricted net assets			434,962	27		-569,480
Balance	28	Temporarily restricted net assets				28		600,418
달	29	Permanently restricted net assets				29		
. Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	ete					
o.	30	Capital stock or trust principal, or current funds	_			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.			31			
25.5	32	Retained earnings, endowment, accumulated income, or other fur		• •		32		
	33	Total net assets or fund balances			434,962	33		30,938
Net	34	Total liabilities and net assets/fund balances			43,296,472		1	3,955,178
Pa	rt XI				,200, 1/2	<u> </u>		, ,
							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		e organizat i	on	Em	ployer ide	nt if icat io	n number						
Count	еграті пі	ternational inc						13	-618360!	5			
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganizatio						
				ation because it is (Please									
1	$\Gamma$	A church, c	onvention of cl	nurches, or association of ch	nurches de	escribed in	Section 1	L70(b)(1)	(A)(i).				
2	$\Gamma$	A school de	escribed in <b>Sec</b>	tion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E )							
3	Γ	A hospital	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)										
4	Γ		-	zation operated in conjuncti	on with a	hospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the		
_	_	•	name, city, and										
5	ı			for the benefit of a college or	universit	y owned o	r operated	by a gov	ernmental	unit desc	ribed in		
	_			(Complete Part II )									
6	<u> </u>	•		overnment or governmental									
7	<u>~</u>	=		ally receives a substantial p		support fro	om a gove	rnmental ı	init or fron	n the gene	eral public		
_	_		-	o)(1)(A)(vi) (Complete Par	•								
8	<u> </u>		•	ped in Section 170(b)(1)(A)		•	•						
9	ı			ally receives (1) more than									
				lated to its exempt functions	-		•	, ,	•				
			-	estment income and unrelate			•			() from bu	sinesses		
	_	acquired by the organization after June 30, 1975 See <b>Section 509(a)(2).</b> (Complete Part III )  An organization organized and operated exclusively to test for public safety. See <b>Section 509(a)(4).</b> (See instructions.)											
10	<u> </u>												
11	ı	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 <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h											
		а Г⊤	ype I <b>b</b>	Type II c	Type III	- Function	nally Integ	grated	d	Г⊤ype	III - Other		
e	Γ	•	-	rtify that the organization is agers and other than one or			•				•		
_		section 50											
f		check this		d a written determination fro	om the IRS	tnat it is	a Type I,	Type II o	r i ype III	supportir	ng organization,		
g				as the organization accepte	d any gift	or contrib	utıon from	any of the	<u> </u>		,		
_		following pe	ersons?										
			•	r indirectly controls, either		_	th persons	describe	d ın (ıı)		Yes No		
				ng body of the the supported	_	tion?				11g			
			•	erson described in (i) above						11g(			
				ty of a person described in (						11g(	iii)		
h		Provide the	following infor	mation about the organizatio	ons the org	janization	supports						
-	(i) N a	me of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of		
	Supp	orted		(described on lines 1 - 9	, ,	ation in	_	inization	_	ation in	support?		
	Organ	ızatıon		above or IRC section (See Instructions))		listed in verning		i) of your oort?		rganized US?			
				(See Instructions))		ment?	Supp	,011	"" ""	03.			
					Yes	No	Yes	No	Yes	No	1		

Total

## Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu ille box o	11 IIIIe 5, 7, 0F	0 01 Part 1.)				
	ublic Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,	, , , 1			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	115,538,539	115,152,387	53,585,403	106,673,778		86,930,712	477,880,819
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	115,538,539	115,152,387	53,585,403	106,673,778		86,930,712	477,880,819
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							
6	(f)  Public Support subtract line 5 from line 4							477,880,819
T	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	115,538,539	115,816	53,585,403	106,673,778	8	36,930,712	477,880,819
8	Gross income from interest, dividends,							_
	payments received on securities loans, rents, royalties and income from similar sources	51,919	115,816	66,708	240,122		306,367	780,932
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 IV )	64,511	429,958	483,572	692,853		22,013	1,692,907
11	Total Support (Add lines 7 through 10)							480,354,658
12	Gross receipts from related activities, etc	(See instruction	s)			12		249,040
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, third	l, fourth, or fifth	tax year as a 5	01(c)(	3)	<b>▶</b> ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		99.480 %
15	Public Support Percentage for 2007 Sched		•	· · //		15		99.570 %
	33 1/3% Test - 2008. If the organization di and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	s a publicly supp	orted organizati	on	·			<b>▶</b>  ✓
17a	box and <b>stop here.</b> The organization qualifi <b>10% Facts and Circumstances Test - 2008.</b> more, and if the organization meets the "factors and if the organization meets the "factors and its and its angle of the organization meets and its angle of the organization meets and its angle of the organization meets and organization meets and organization meets and organization meets and organization	If the organization	on did not check	a box on line 1				
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	tances" test The Ifthe organization	e organization qu on did not check	ualifies as a pub a box on line 1	licly supported 3, 16a, 16b, or :	organı 17a aı	zation nd line 15	<b>►</b>
18	the organization meets the "facts and circu Private Foundation. If the organization did	ımstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	¨ ▶⊏

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

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DLN: 93493225032040

OMB No 1545-0047

Inspection

Open to Public

Schedule D (Form 990) 2008

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

**Employer identification number** Name of the organization counterpart international inc

			13-6183605
Par	Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		Funds or Accounts. Complete if the
	gaa.a.a aa.no.oa 100 to 101111 99	(a) Donor advised funds	(b) Funds and other accounts
1	Fotal number at end of year		
2 /	Aggregate Contributions to (during year)		
3 ,	Aggregate Grants from (during year)		
. ,	Aggregate value at end of year		
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		onor advised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		·
ar	Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Form 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space	on or pleasure)	in historically importantly land area ertified historic structure
	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the for	m of a conservation easement  Held at the End of the Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		2b
:	Number of conservation easements on a certified hi		2c
1		` ,	2d
	Number of conservation easements included in (c) a	•	
	Number of conservation easements modified, transfe	rrea, released, extinguished, or termina	ted by the organization during
	the taxable year 🕨		
	Number of states where property subject to conserva	ation easement is located ►	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		olations, and Yes No
	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during th	ne year ►
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the	year ► \$
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	Yes No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	he footnote to the organization's financi	
art	Organizations Maintaining Collection Complete if the organization answered '		, or Other Similar Assets.
_	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resea	rch in furtherance of public service,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research	·
	(i) Revenues included in Form 990, Part VIII, line 1		<b>-</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
	If the organization received or held works of art, hist following amounts required to be reported under SFA		for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
b	Assats included in Form 990 Part Y		<b>b</b> dr

Cat No 52283D

3	Using the organization's accession and other re				-			ntinuea)
	items (check all that apply)	,	_	-	•			
а	Public exhibition	d	Г	Loan or exch	ange programs			
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's colle Part XIV	ctions and explain ho	w the	y further the or	rganızatıon's ex	empt purpose ın		
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b						Yes	□ No
Pai	t IV Trust, Escrow and Custodial Arr Part IV, line 9, or reported an amou	angements. Com	plet	e if the orgai		· ·		,
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	•		•	r other assets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete	the following table						
						A mou	nt	
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?				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the	ne organization ans	wer					
		(a)Current Year (b	<b>)</b> Prior	Year (c)Two	Years Back (d)	Three Years Back <b>(e</b>	Four Y	ears Back
1a	Beginning of year balance							
b	Contributions							
С	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year er	nd balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
С	Term endowment ►							
3a	Are there endowment funds not in the possession	on of the organization	that	are held and ac	dministered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		<u> </u>
ь	(ii) related organizations					3a(ii) 3b	 	<u> </u> 
4	Describe in Part XIV the intended uses of the o						<u> </u>	<u> </u>
	t VI Investments—Land, Buildings, a				rt X. line 10.			
				a) Cost or other	(b)Cost or other			
	Description of investment			isis (investment)	basis (other)	(c) Depreciation	( <b>d</b> ) B	ook value
1a	Land							
ь	Buildings					]		
	Leasehold improvements							
	Equipment				86,083	62,964		23,119
	Other		$\vdash$		126,609	·		102,186
	I. Add lines 1a-1e (Column (d) should equal Form		), line	: 10(c).)				125,305
	( )	, , ,		• //	-	Schedule D (F	· 0	

Part VIII Investments—Other Securities.	See Form 990, Part X, line 12.		
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b</b> )Book value		d of valuation year market value
Financial derivatives and other financial products		Cost of end-of-	year market value
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	) 🕨		
Total (column (b) should equal from 350, full N, col (b) line 12	,		
Part VIII Investments—Program Related.	See Form 990, Part X, line 1	3.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(a) Bescription of investment type	(2) Book value	Cost or end-of-	year market value
Table (Calume (b) should a real form 000, Bath V and (D) for 12	, <u>.</u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13  Part IX Other Assets. See Form 990, Part X			
,	scription		(b) Book value
security deposits	Serretion		68,378
Due from Enviro Ventures			
Due Irom Enviro Ventures			888,787
Total. (Column (b) should equal Form 990, Part X, col.(B)	line 15.)		957,165
Part X Other Liabilities. See Form 990, Pa			·
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Deferred Rent	181,374		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	) ▶ 181,374		

Par	XI Reconciliation of Cl	hange in Net Assets from Fori	m 99	00 to	<u>Financial Stateme</u> i	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	87,171,456
2	Total expenses (Form 990, Par		2	87,797,435			
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-625,979
4	Net unrealized gains (losses) or					4	221,955
5	Donated services and use of fac					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Irr	205 4 - 8				9	221,955
10	• • • • • • • • • • • • • • • • • • • •	per financial statements. Combine line	c 3 3	nd Q		10	-404,024
		evenue per Audited Financial			nts With Revenue r		<u> </u>
1	Total revenue, gains, and othe				ito iiitti itoronao p	, , , , , , , , , , , , , , , , , , ,	90,462,744
	statements					1	, ·
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12			1		
а	Net unrealized gains on invest	ments	•	2a	221,955		
b	Donated services and use of fa		•	2b	3,069,333		
C	Recoveries of prior year grants	s	•	2c			
d	Other (Describe in Part XIV)			2d			
е	Add lines <b>2a</b> through <b>2d</b> .					2e	3,291,288
3	Subtract line <b>2e</b> from line <b>1</b> .					3	87,171,456
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1		1	1		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	•	4a			
Ь	Other (Describe in Part XIV)		1	4b			
c	Add lines <b>4a</b> and <b>4b</b>					4c	0
5		d <b>4c.</b> (This should equal Form 990, Par				5	87,171,456
		xpenses per Audited Financia		teme	ents With Expenses	Г	
1	Total expenses and losses per			•		1	90,866,768
2		t not on Form 990, Part IX, line 25		ا ء۔	1 3,000,333		
a L	Donated services and use of fa			2a	3,069,333	-	
b	,			2b		1	
C C	Other (Describe in Part XIV)	Part IX, line 25	•	. 2c		ł	
d			•	2d		2e	3,069,333
е 3	Add lines 2a through 2d					3	· · · · · · · · · · · · · · · · · · ·
4		O, Part IX, line 25, but not on line <b>1:</b>				-	87,797,435
a		uded on Form 990, Part VIII, line 7b		4a			
a b				4b		-	
c	Add lines <b>4a</b> and <b>4b</b>		•	_ +0		4c	0
5		nd <b>4c.</b> (This should equal Form 990, Pa	rtīl	 .ne 18		5	87,797,435
	XIV Supplemental Inf		161,1	ine 10	<u>,</u>		07,737,433
Com	plete this part to provide the des	scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part XI				art XIV	, lines 1b and 2b,
	<b>Ident if ier</b>	Ret urn Reference			Explanat	ion	
					-		

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OMB No 1545-0047

2008

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE F

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Open to Public Inspect ion

Name of the organizat	tion	
ounterpart internation	nal	ınc

**Employer identification number** 

13-6183605

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

- For grantmakers. 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 ▼ Yes
- For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Us	se Schedule F-1	(Form 990) If add	ditional space is needed )		
(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)	describe specific type of service(s) in region	(f) Total expenditures in region
Central America & Caribbean	5	20	Program services	Economic development, health	1,708,234
East Asia & Pacific	1	6	Program services	Civil society, health	1,413,068
Europe	2	32	Program services	Cıvıl society, humanitarian aid	2,909,380
Mıddle East	1	0	Program services	Civil society	689
North Africa	6	182	Program services	A griculture, economic development, humanitarian aid, health	10,436,066
Russia & Newly independent states	9	63	Program services	Cıvıl society, humanitarian aid	5,989,783
South Asia	2	62	Program services	Civil society, health	7,913,223
Sub-saharan Africa	2	2	Program services	A grıc ulture	882,344
	28	367			31,252,787

		grant	(e) A mount of cash grant	cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	valuation (book, FMV, appraisal, other)
	Central America and the caribbean	Enviromental / Natural Resources	5,057	check			
	central America and the caribbean	Enviromental / Natural Resources	76,567	check			
	central America and the caribbean	Enviromental / Natural Resources	23,000	check			
	East Asia / Pacific	Civil Society	3,295	check			
	Europe	Civil Society	689,452	check			
	europe	Civil Society	81,212	check			
	europe	Civil Society	5,973	check			
	europe	Civil Society	100,536	check			
	north africa	Civil Society	121,140	check			
	north africa	food security	919	check			
	russia and the newly independent states	Cıvıl Society	516,556	check			
	russia and the newly independent states	Civil Society					
	russia and the newly independent states	Civil Society					
	russia and the newly independent states	Civil Society	12,000	check			
	South Asia	Civil Society	1,212,639	check			
_	per of organ	the caribbean  East Asia / Pacific  Europe  europe  europe  europe  north africa  russia and the newly independent states	the caribbean  East Asia / Pacific  Civil Society  Europe  Civil Society  europe  Civil Society  europe  Civil Society  curope  Civil Society	the caribbean Natural Resources  East Asia / Pacific Civil Society 3,295  Europe Civil Society 689,452  europe Civil Society 5,973  europe Civil Society 100,536  north africa Civil Society 121,140  north africa food security 919  russia and the newly independent states	the caribbean East Asia / Pacific Civil Society 3,295 check  Europe Civil Society 689,452 check  europe Civil Society 5,973 check  europe Civil Society 100,536 check  north africa Civil Society 121,140 check  north africa food security 919 check  russia and the newly independent states	the caribbean Natural Resources East Asia / Pacific Civil Society 3,295 check  Europe Civil Society 689,452 check  europe Civil Society 81,212 check  europe Civil Society 5,973 check  europe Civil Society 100,536 check  north africa Civil Society 121,140 check  north africa food security 919 check  russia and the newly independent states	the caribbean Natural Resources East Asia / Pacific Civil Society 3,295 check  Europe Civil Society 689,452 check  europe Civil Society 5,973 check  europe Civil Society 100,536 check  north africa Civil Society 121,140 check  north africa food security 919 check  russia and the newly independent states

0

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Part IV		mation	
	Identifier	provide the information required  ReturnReference	In Part I, line 2, and any other additional information.
Procedure f O utside the	or Monitoring Grants	ReturnReference	Explanation  Schedule F, Part I, Line 2 In-country offices are established in each location of operation and staffed by Counterpart personnel including dedicated finance staff. Field financial reports are remitted on a monthly basis to headquarters in Washington DC where they are reviewed and processed into a centralized financial system. Headquarters finance dept provides support and oversees and monitors all foreign country financial transactions for all projects, provides updated financial reporting information to the field and to donors, and ensures that donor funds are spent in accordance with donor regulations and with Counterpart financial policies and procedures. Field audits are periodically conducted by HQ. Finance Dept staff to ensure continued compliance with financial requirements and provide training when required.
-			
-			

Software ID: **Software Version:** 

**EIN:** 13-6183605

Name: counterpart international inc

Form 990 Sched	ule F Part II	- Grants and Othe	r Assistance to Or	ganizations or E	ntities Outside Th	e United States		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the caribbean	Enviromental / Natural Resources	5,057	check			
		central America and the caribbean	Enviromental / Natural Resources	76,567	check			
		central America and the caribbean	Enviromental / Natural Resources	23,000	check			
		East Asia / Pacific	Civil Society	3,295	check			
		Europe	Civil Society	689,452	check			
		europe	Civil Society	81,212	check			
		europe	Civil Society	5,973	check			
		europe	Civil Society	100,536	check			
		north africa	Civil Society	121,140	check			
		north afrıca	food security	919	check			
		russia and the newly independent states	Civil Society	516,556	check			
		russia and the newly independent states	Civil Society	10,000	check			
		russia and the newly independent states	Civil Society	61,156	check			
		russia and the newly independent states	Civil Society	12,000	check			
		South Asia	Civil Society	1,212,639	check			

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OMB No 1545-0047

2008

### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

**Compensation Information** 

Open to Public Inspection

Name of the organization counterpart international inc

**Employer identification number** 

13-6183605

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N	•		1b	Yes	
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executive	e Direct	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t					
	Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	Г	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide tl	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			R		N o

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Leleı LeLaulu	(ı) (ıı)	198,641			20,520	21,544	240,705		
Harry C Dorcus	(ı) (ıı)	174,016			17,250	6,282	197,548		
Arlene P Lear	(ı) (ıı)	219,449			18,454	7,812	245,715		
David Cohen	(ı) (ıı)	169,152			14,000	7,812	190,964		
Eileen L Reed	(ı) (ıı)	151,571			10,729	6,888	169,188		
Michael L Kunz	(ı) (ıı)	150,307			11,750	11,976	174,033		
William B Schlansker	(1) (11)	164,616			13,001	12,520	190,137		
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
		Counterpart offers employees a choice between a metro, parking, or health club benefit. This benefit is offered to assist with an employee's work related transportation costs. For those who live nearby or otherwise prefer to promote their physical health and well being (which Counterpart sees as being beneficial to the organization) they may elect instead to join a nearby health & sports club. The amount of this benefit is taxable

## OMB No 1545-0047

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Open to Public Inspection

	ne of the organization rerpart international inc				Employer identificat	ion nur	nber	
,	erpare international inc				13-6183605			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermır	ning	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		1,862,755	FMV			
5	Clothing and household	V						
	goods	X		29,388,807	FMV			
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
L3	Qualified conservation contribution (historic structures)							
L <b>4</b>	Qualified conservation contribution (other)							
L <b>5</b>	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other	X	1	60,000	FMV			
18	Collectibles			,				
L <b>9</b>	Food inventory	X	10	933,675	FMV			
	Drugs and medical supplies .	X	35					
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date of for the entire holding period?			not required to be used for	exempt purposes	30a		No
h	If "Yes", describe the arrangem							
	Does the organization have a gif			review of any non-standard	contributions?	31		No
32a	Does the organization hire or us	e thırd part	ies or related organizations	to solicit, process, or sell	non-cash			
	contributions?					32a		Νo
	If "Yes", describe in Part II If the organization did not report	: revenues i	n Column (c) for a type of p	property for which Column (	a)ıs			

checked, describe in Part II

<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.				
Identifier	ReturnReference	Explanation		
240111111	Notal III Colored	Explanation		
	1	1		

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### DLN: 93493225032040

## **SCHEDULE O** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public
Inspection

Name of the organization counterpart international inc

Employer identification number

13-6183605

ldentifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	USAID GRANTS 473USAID - Senegal - BreedloveFFP-A-00-08-00074-00 474USAID - Dominican Republic - Training Youth517-G-00-09-00101-00 475USAID - LWA - Global Civil Society Strengthening 517-G-00-09-00101-00 UNITED STATES DEPARTMENT OF AGRICULTURE 809USDA - Cameroon - Food For EducationFFE-631-2008/004-00 OTHER FEDERAL PROGRAMS 810MSI NGO Survey - Turkmenistan3714-03 811EQATES (AED) - Senegal3714-03 812WORLD LEARNING - Azerbaijan3714-03 813MAURITANIA - BPRMSPRMCO09CA049 814NIGER - IMAGINEn/a 815AZERBAIJAN - BPRMSPRMCO09CA101 NON FEDERAL PROGRAMS 550UNHCR - Georgia Winterization IDP's 551World Bank - PRN Senegal 552World Bank - OMV'S Senegal 553UNICEF - Kygyrz Republic - NRT 316HAITI - Coca Cola HIV/AIDS 317JAMAICA - Coca Cola HIV/AIDS

Identifier	Return Reference	Explanation
Form 990, Part III, line 3	Changes in Program Services	USAID GRANTS 435USAID - Child Survival IndiaFAO-A-00-00-00028 444AID BulgariaN/A 448Cwic Advocacy SupportN/A 452Regional CSSIN/A 453USAID - Institutional Capacity Building to Strengthening CPI's Capacity to Design, Manage, Monitor and Evaluate Effective Titlle II ProgramsAFP-A-00-03-00028-00 454USAID - Inter-Institutional Environmental Considerations and Regulation 216 Training InititativeFFP-G-00-03-0100-00 457DAP TajikistanN/A 463Child Survival UzbekistanN/A 466USAID - Senegal Koranic School Pilot Project685-A-00-06-00054-00 470USAID - Egypt Promoting Effective & Civic Engagement (PEACE) 263-G-00-07-00083-00 471USAID - Conflict Victims in Republic of Georgia 114-G-00-08-00077-00 UNITED STATES DEPARMENT OF STATE 680DOS JordanN/A 687DOS - DPK Consulting - Rule of Law - JordanIQC-AC-47 03 699DOS - Vietnam PlaygroundsS-PRMCO-06CA-064 801DOS - CHAP - ARMENIAS-AM100 07-GR-R01 UNITED STATES DEPARTMENT OF AGRICULTURE 678USDA - TajikstanN/A 682US Soybean Export Council (USDA) - Emerging Market Program - Ghana N/a OTHER FEDERAL PROGRAMS 675UNIVERSITY OF COLORADO - ARTS HIV UKRAINE1 RO1 DA017620 01 (CFDA#93 279) 681WORLD VISION (AID) - HONDURAS FFP-A-00-05-00002 689HIV/AIDS - PACTIV/A 810MSI NGO Survey - Turkmenistan3714-03 812WORLD LEARNING - Azerbaijan3714-03 FEDERAL CONTRACTS / SUBCONTRACTS 803USAID/PAYS DOGON TOURISM IN MALI3714-04 NON FEDERAL PROGRAMS 549UNICEF - SENEGAL NURTITION ENHANCEMENT 550UNHCR - Georgia Winterization IDP'S 553UNICEF - Kygyrz Republic - NRT 302HEALTH COCA COLA HAITI 307USA RICE - PROPOSAL WRITING 310MSI Sustainability Index Activity 316HAITI - Coca Cola HIV/AIDS 317JAMAICA - Coca Cola HIV/AIDS 758CARIBBEAN MEDIA EXCHANGE 765SAE CONSULTING AGREEMENt

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	other programs Expenses \$ 30817527 including grants of \$ 5378255 Revenue \$ 205533

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 information is compiled by an independent CPA firm and reviewed by the Controller for accuracy Once a draft of the 990 has been sent to Counterpart, it is reviewed by the CFO and the head of the audit committee. Any questions / changes are communicated by the CFO to the Controller, the CPA firm and McGladrey. The FINAL draft of the 990 is reviewed and signed by the CFO.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation policy -CEO's salary - determined by Board -Senior officer's - determined by CEO w ho bases his/her decision upon external/3rd party surveys and assessments -There is a Compensation Committee (comprising CEO, CFO, HR) w ho determine all other staff salaries

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		upon request

Identifier	Return Reference	Explanation
Form 990, Part XI, line 2c		the process has been consistent with prior years

ldentifier	Return Reference	Explanation
Schedule A, Part II, Line 10	Explanation for Other Income	Other Income

ldentifier	Return Reference	Explanation
form 990, part VI, line 12c		the conflict of interest policy is signed during orientation for all new hires

ldentifier	Return Reference	Explanation
form 990, schedule F part II		Counterpart maintains records of all goods donated to beneficiaries, including date, shipping details, nature of goods, quantity, unit value, beneficiary names and details and other relevant data. This data is maintained in an in-house customized database how ever no reporting outputs are currently available to specifically meets the information needs of the Form 990, schedule F part II nor does. Counterpart currently have the technical capacity to develop additional customized reporting to fulfill the reporting requirements in this instance. Accordingly Counterpart is currently unable to provide the information requested at present.

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

Cat No 51056K

Schedule O (Form 990) 2008

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

#### DLN: 93493225032040

## OMB No 1545-0047

2008

**Open to Public** Inspection

Schedule R (Form 990) 2008

**Employer identification number** 

## **SCHEDULE R** (Form 990)

Name of the organization

counterpart international inc

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

**Related Organizations and Unrelated Partnerships** 

				13-6183605	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity L	(C) egal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(F) Public charity star (if section 501(c)(	tus Direct controlling entity
Counterpart Foundation					
2345 crystal dr ste 301 arlington, VA22202 26-1838817	Fundraising	VA	501(c)(4)		N/A

Cat No 50135Y

Part III Identification of Related Organizations Taxable as a Partnership

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary act	tivity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	<b>(E)</b> Predominant Income(related, Investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Dısprop allocat	rtionate	(I) Code V—UB on Box 20 o		( <b>J</b> ) Genera manag partn	al or ging
								Yes	No			Yes	No
												$\overline{}$	
Part IV Identification of Re	elated Org	anizations	Taxable a	as a Corporation	or Trust								
( <b>A)</b> Name, address, and EIN of related org		(B) Primary activi		(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total income	e	Shai end-o	<b>G)</b> re of ıf-year sets	(H Percei owne	ntage	
Enviroventures inc 2345 crystal dr ste 301 arlington, VA22202 52-2322149		Private Debt/Eq Fund	uity	DE	N/A	С	13,62	24		361,192	100 00	00 %	
											ı		

(6)

Dart V	Transactions with	Related	Organizations
Partv	I I alisactions with	Relateu	Organizations

	Transactions with Related of gamzations						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
<b>1</b> D	ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactıons with	one or more related organizations listed in Parts II-IV	7				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No	
b	Gift, grant, or capital contribution to other organization(s)			1b		No	
c	Gift, grant, or capital contribution from other organization(s)			1c		No	
d	Loans or loan guarantees to or for other organization(s)			1d		No	
e	Loans or loan guarantees by other organization(s)			1e		No	
f	Sale of assets to other organization(s)			1f		No	
	Purchase of assets from other organization(s)			1g		No	
	Exchange of assets			1h		No	
	Lease of facilities, equipment, or other assets to other organization(s)			1i		No	
-							
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No	
k	Performance of services or membership or fundraising solicitations for other organizat	tion(s)		1k		No	
ı	Performance of services or membership or fundraising solicitations by other organizati	on(s)		11		No	
	Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes		
n Sharing of paid employees							
0	Reimbursement paid to other organization for expenses			10		No	
p	Reimbursement paid by other organization for expenses			1р		No	
	O ther transfer of cash or property to other organization(s)			1q		No	
	O ther transfer of cash or property from other organization(s)			1r		No	
•	Other transfer of cash of property from other 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)	( <b>B</b> ) Transaction	(C)				
	Name of other organization(s)	type(a-r)	Amount Involved				
(1)	Counterpart Foundation	М					
(2)	Enviroventures inc	М					
(3)							
(4)							
(5)							

### Part VI Unrelated Organizations Taxable as a Partnership

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

									_											
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No										
			•	•		•		Cabadul	. D / Farms	9907 2008										