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# 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)

OMB No 1545-0047

**2009**

Open to Public Inspection

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

**A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BREAD AND WATER FOR AFRICA, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/Suite <b>2550 HUNTINGTON AVENUE 200</b> City or town, state or country, and ZIP + 4 <b>ALEXANDRIA, VA 22303</b>	<b>D</b> Employer identification number <b>54-1884520</b>
	<b>E</b> Telephone number <b>703-317-9440</b>	<b>G</b> Gross receipts \$ <b>6,813,429.</b>
	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number <b>3299</b>	
	<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: <b>WWW.AFRICANRELIEF.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/> <b>L</b> Year of formation: <b>1997</b> <b>M</b> State of legal domicile: <b>VA</b>	

Part I Summary					
Activities & Governance	1	Briefly describe the organization's mission or most significant activities. <b>SUPPORT AND STRENGTHEN INITIATIVES FOR SELF-SUFFICIENCY, HEALTH AND EDUCATION IN AFRICA.</b>			
	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	11	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
	5	Total number of employees (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	0	
	7a	Total gross 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 1b)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	9,356,167.	6,813,429.
10		Investment income (Part VIII, column (A), lines 7d and 7e)			
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	143.		
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,356,310.	6,813,429.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,273,728.	6,721,936.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,792.	48,739.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
	16b	Total fundraising expenses (Part IX, column (D), line 25) <b>6,858.</b>			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	77,926.	37,474.	
Net Assets or Fund Balances	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,386,446.	6,808,149.	
	19	Revenue less expenses Subtract line 18 from line 12	<30,136.>	5,280.	
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	82,009.	145,282.	
22	Net assets or fund balances Subtract line 21 from line 20	14,512.	72,504.		
		67,497.	72,778.		

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	<b>Eugene L. Krizek</b> Signature of officer <b>EUGENE L. KRIZEK, PRESIDENT</b> Type or print name and title
<b>Sign Here</b>	Date <b>10-25-2010</b> Date <b>10-25-2010</b>

<b>Paid Preparer's Use Only</b>	Preparer's signature <b>R H A</b> Firm's name (or yours if self-employed), address, and ZIP + 4 <b>RAFFA, PC</b> <b>1899 L STREET NW, SUITE 900</b> <b>WASHINGTON, DC 20036</b>	Date <b>10/22/10</b> Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) <b>EIN</b> Phone no. <b>202-822-5000</b>
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**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

THE EXEMPT PURPOSE OF THE ORGANIZATION IS TO SUPPORT AND STRENGTHEN GRASSROOTS INITIATIVES FOR COMMUNITY SELF-SUFFICIENCY, HEALTH AND EDUCATION IN AFRICA.

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code ) (Expenses \$ 6,633,722. including grants of \$ 6,578,455. ) (Revenue \$ )  
HEALTH - GENERAL AND REHABILITATIVE

IN ADDITION TO CASH GRANTS TO HEALTH CARE-FOCUSED PROJECTS, BWA PROVIDED MEDICINES, MEDICAL SUPPLIES AND FINANCIAL SUPPORT OF \$6,191,927.16 TO COMMUNITY BY CLINICS, MANY OF WHICH WERE BUILT BY BWA WITH DONATIONS FROM OUR CONTRIBUTORS. THIS IS IN KEEPING WITH OUR LONG-TERM MISSION TO IMPROVE HEALTH CONDITIONS IN UNDERSERVED PARTS OF AFRICA AND TO ENSURE THAT THOSE CLINICS THAT WE HELPED CONSTRUCT ARE ABLE TO CONTINUE TO OPERATE EFFECTIVELY AND EFFICIENTLY. SIERRA LEONE IS HOME TO THREE NON-GOVERNMENTAL ORGANIZATIONS ("NGO") WITH HEALTH CARE PROJECTS AND CLINICS SUPPORTED BY BWA: ALPHA FOUNDATION, FAITH HEALING DEVELOPMENT ORGANIZATION -SEE SCHEDULE O FOR CONTINUATION-

4b (Code ) (Expenses \$ 81,981. including grants of \$ 81,981. ) (Revenue \$ )  
ORPHANAGES

AIDS, PREVENTABLE AND TREATABLE DISEASES, WARFARE, AND SOCIAL CONDITIONS HAVE LEFT MANY CHILDREN IN AFRICA AS ORPHANS. WITHOUT HELP, THESE CHILDREN HAVE LITTLE HOPE FOR FUTURE PROSPECTS OF ECONOMIC AND SOCIAL ADVANCEMENT, AND SOMETIMES EVEN FOR SURVIVAL. WE ARE PROUD TO SUPPORT OUR PARTNERS' EFFORTS TO GIVE THESE CHILDREN A BRIGHT FUTURE, AND GRANTED \$71,000 IN TO ORPHANAGES IN THREE COUNTRIES THIS YEAR.

IN KENYA, THE LEWA CHILDREN'S HOME IS A MODEL FOR ALL THE OTHER PROGRAMS WE SUPPORT. THE LEWA HOME BEGAN WHEN BREAD AND WATER FOR AFRICA'S VOLUNTEER SPOKESPERSON, -SEE SCHEDULE O FOR CONTINUATION-

4c (Code ) (Expenses \$ 61,500. including grants of \$ 61,500. ) (Revenue \$ )  
EDUCATIONAL INSTITUTIONS AND RELATED PROGRAMS

EDUCATING AFRICA'S YOUNGER GENERATION HAS BEEN A PRIORITY FOR BREAD AND WATER FOR AFRICA SINCE OUR FOUNDING. IN 2010, WE GRANTED \$46,000 TO EDUCATIONAL PROGRAMS IN KENYA AND SIERRA LEONE, MAINTAINING PARTNERSHIPS THAT HAVE BEEN HELPING CHILDREN IN BOTH COUNTRIES FOR OVER A DECADE. FHDO'S NINE SCHOOLS IN SIERRA LEONE HAVE BEEN EDUCATING CHILDREN IN NEED FOR MANY YEARS. IN THREE YEARS, THE FIRST CLASS TO HAVE BEGUN THEIR PRIMARY EDUCATION AT FHDO-RUN SCHOOLS WILL GRADUATE FROM SECONDARY SCHOOL, MARKING A GREAT SUCCESS FOR THESE EDUCATIONAL PROGRAMS. BWA IS LOOKING FORWARD TO THIS LANDMARK GRADUATION AND IS HONORED TO HAVE BEEN A PART OF THIS -SEE SCHEDULE O FOR CONTINUATION-

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► \$ 6,777,203.

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or 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		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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• 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? If "Yes," complete Schedule D, Part VII		
• 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? If "Yes," complete Schedule D, Part VIII		
• 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? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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

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

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2a</b>	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	0	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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>b</b>	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	N/A	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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**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.**Section A. Governing Body and Management**

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

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input checked="" type="checkbox"/>	
<b>13</b> Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b> Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>b</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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed: **AZ, CA, CT, DE, FL, MA, MD, MI, NJ, NY, NC, OH**

**18** Section 6104 requires an organization to make its Forms 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    ☐ Another's website    ☒ Upon request

**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.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 703-317-9440**  
**2550 HUNTINGTON AVENUE, #200, ALEXANDRIA, VA 22303**

Form 990 (2009)

**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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(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			
EUGENE L. KRIZEK PRESIDENT	1.00	X		X				0.	75,384.	0.
JAMES J. O'BRIEN, ESQ CHAIRMAN OF THE BOARD	1.00	X		X				0.	0.	0.
CLYDE B. RICHARDSON TREASURER	1.00	X		X				0.	0.	0.
ROBERT J. HISEL, JR. DIRECTOR	1.00	X						0.	0.	0.
EMIL HER MANY HORSES DIRECTOR	1.00	X						0.	0.	0.
REV. CHARLES T. HOLLIDAY DIRECTOR	1.00	X						0.	0.	0.
MYRIAM I. JONES, MD DIRECTOR	1.00	X						0.	0.	0.
TRACY KELSO, MSW DIRECTOR	1.00	X						0.	0.	0.
MARSHALL A. MACKLER DIRECTOR	1.00	X						0.	0.	0.
THOMAS O'BRIEN DIRECTOR	1.00	X						0.	0.	0.
FRANK STITELY, CPA DIRECTOR	1.00	X						0.	0.	0.
BRYAN KRIZEK CEO	3.00			X				0.	158,533.	9,591.
PAUL KRIZEK VP/GENERAL COUNSEL	3.00			X				0.	141,353.	9,591.
BETHLEHEM TESSEMA EXECUTIVE DIRECTOR	30.00			X				40,709.	40,709.	4,280.

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

(A) Name and title	(B) Average hours per week	(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			
<b>1b Total</b>								<b>40,709.</b>	<b>415,979.</b>	<b>23,462.</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 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
- 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
- 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

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>	<b>X</b>	
<b>5</b>		<b>X</b>

**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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII** Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	148,611.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	6,601,023.				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	63,795.				
	g	Noncash contributions included in lines 1a-1f \$		6,469,781.				
	h	<b>Total.</b> Add lines 1a-1f		6,813,429.				
Program Service Revenue	2 a _____ Business Code _____							
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19	a					
		b	Less direct expenses	b				
		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	b				
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	_____							
	b	_____						
	c	_____						
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions.		6,813,429.	0.	0.	0.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the 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	6,721,936.	6,721,936.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	44,855.	39,917.	2,469.	2,469.
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	882.	882.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,002.	3,002.		
11 Fees for services (non-employees)				
a Management				
b Legal	566.		566.	
c Accounting	10,920.		10,920.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	563.	563.		
12 Advertising and promotion	2,590.			2,590.
13 Office expenses	13,463.	5,180.	6,484.	1,799.
14 Information technology	312.	312.		
15 Royalties				
16 Occupancy	7,437.		7,437.	
17 Travel	2,701.	2,701.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,710.	2,710.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	441.		441.	
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.)				
a REPAIRS AND MAINTENANCE	473.		473.	
b OTHER	31.		31.	
c PROVISION FOR DOUBTFUL	<4,733.>		<4,733.>	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,808,149.	6,777,203.	24,088.	6,858.
26 Joint costs. Check here <input type="checkbox"/> 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**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	13,693.	<b>1</b>	17,935.
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	68,316.	<b>3</b>	110,748.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	16,160.
	<b>10a</b> Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	0.	<b>15</b>	439.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	82,009.	<b>16</b>	145,282.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	5,468.	<b>17</b>	58,564.
	<b>18</b> Grants payable	9,000.	<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D	44.	<b>25</b>	13,940.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	14,512.	<b>26</b>	72,504.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<819.>	<b>27</b>	<68,066.>
	<b>28</b> Temporarily restricted net assets	68,316.	<b>28</b>	140,844.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	67,497.	<b>33</b>	72,778.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	82,009.	<b>34</b>	145,282.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- 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.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
<b>2a</b>		<input checked="" type="checkbox"/>
<b>2b</b>	<input checked="" type="checkbox"/>	
<b>2c</b>	<input checked="" type="checkbox"/>	
<b>3a</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

Form 990 (2009)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	807,465.	886,168.	1001418.	9356167.	6813429.	18864647.
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 <b>Total.</b> Add lines 1 through 3	807,465.	886,168.	1001418.	9356167.	6813429.	18864647.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						18864647.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	807,465.	886,168.	1001418.	9356167.	6813429.	18864647.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)				143.		143.
11 <b>Total support.</b> Add lines 7 through 10						18864790.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.00 %
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float: right;">▶ <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

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

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an 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	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations  
 (ii) related organizations

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

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) 0.

Schedule D (Form 990) 2009

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>DUE TO AFFILIATE</b>	<b>13,940.</b>
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	
	<b>13,940.</b>

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,813,429.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,808,149.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,280.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	5,280.

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

1	Total revenue, gains, and other support per audited financial statements	1	6,878,631.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	65,202.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	65,202.
3	Subtract line 2e from line 1	3	6,813,429.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,813,429.

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

1	Total expenses and losses per audited financial statements	1	6,873,351.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	65,202.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	65,202.
3	Subtract line 2e from line 1	3	6,808,149.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,808,149.

**Part XIV Supplemental Information**

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

**PART X: THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN**

TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2010, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY AFFECT ON ITS TAX-EXEMPT STATUS.

**Schedule F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3** Activities per Region (Use Schedule F-1 (Form 990) if additional 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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	FOOD AGRICULTURE AND NUTRITION	36,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	EDUCATIONAL INSTITUTION AND RELATED	67,250.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	HUMAN SERVICES PROGRAMS-HEALTH CARE, GENERAL REHABILITATIVE	34,750.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	HOUSING SHELTER/ORPHAN CARE	71,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	HUMAN SERVICE AND MULTIPURPOSE	3,700.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING	HUMAN SERVICE AND MULTIPURPOSE	39,455.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	FOOD, CLOTHING, MEDICAL EQUIPMENT GRANTED RELIEF MATERIALS	6,469,781.
<b>Totals</b>	0	0			6,721,936.

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

Schedule F (Form 990) 2009

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

Use Schedule F-1 (Form 990) if additional space is needed

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	AGRICULTURE PROGRAM	36,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	FOOD/VOCATIONAL TRAINING	15,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	VOCATIONAL TRAINING	6,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	HEALTHCARE/MEDICAL	20,000.	WIRE TRANSFER	0.	MEDICAL MEDICAL ASSORTED	
			SUB-SAHARAN AFRICA	HEALTHCARE/MEDICAL	12,000.	WIRE TRANSFER	551,220.	FURNITURE, AND	FMV
			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	9,702.	CREDIT CARD	0.		
			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	28,603.	WIRE TRANSFER/CREDIT CARD	0.		
			SUB-SAHARAN AFRICA	ORPHAN/WATER WELL	16,200.	WIRE TRANSFER	855,779.	MEDICAL EQUIPMENT, ASSORTED FURNITURE, HEALTH	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 **14**3 Enter total number of other organizations or entities **14**SEE PART IV FOR COLUMN (H) DESCRIPTIONS  
24



**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

SCHEDULE F, PART I, LINE 2: ORGANIZATIONS AND INDIVIDUALS CONTACT BREAD AND WATER FOR AFRICA (BWA) AND SUBMIT A PROPOSAL DESCRIBING THEIR NEED FOR ASSISTANCE. BASED ON THE REQUEST, BWA EVALUATES THE NEED FOR ASSISTANCE WITH ADMINISTRATIVE, TECHNICAL, HOUSING, FOOD, MEDICAL ASSISTANCE, CLOTHING, FOOD, ETC.

THE FOLLOWING CRITERIA ARE CONSIDERED:

A) THE ORGANIZATION IS REGISTERED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR IS A CHURCH RELATED, OR COMMUNITY BASED NON-GOVERNMENTAL ORGANIZATION (NGO) AND IS LOCATED ON THE AFRICAN CONTINENT OR IS AN INTERNATIONAL NGO WITH A MISSION THAT IS SIMILAR OR COMPLIMENTARY TO THAT OF BWA.

B) THE ORGANIZATION'S ACTIVITIES ARE CONSISTENT WITH BWA'S MISSION STATEMENT AND CHARITABLE PURPOSE.

C) THE ORGANIZATION DEMONSTRATES A REAL NEED FOR ASSISTANCE AND PROVIDES A REALISTIC, ORGANIZED PLAN FOR THE PROPOSED PROGRAM.

D) THE RECIPIENT ORGANIZATION SHOWS ACCOUNTABILITY FOR USE OF GRANT FUNDS AND AGREES TO PROVIDE REPORTING AND DOCUMENTATION THAT THE FUNDS ARE USED FOR THE BENEFIT OF THE ILL, NEEDY, ELDERLY, OR INFANTS AND CHILDREN.

E) THE ORGANIZATION CAN DEMONSTRATE PROGRESS TOWARD SELF-SUFFICIENCY AND WILL NOT NEED CONTINUAL FUNDING WHILE PROVIDING MEASURABLE RESULTS FOR THE PROGRAM.

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

F) THE AMOUNT OF GRANT FUNDS REQUESTED IS WITHIN THE LIMITS OF THE BUDGET  
FOR THE PROPOSED PROGRAM AREA.

ONCE FUNDED, GRANTS ARE MONITORED THROUGH REQUIRED REPORTING AND SITE  
VISITS MADE BY BWA STAFF AND AFFILIATED ORGANIZATIONS.

PART II, COLUMN (H):

REGION: SUB-SAHARAN AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICAL EQUIPMENT, ASSORTED  
FURNITURE, AND HEALTH KITS

REGION: SUB-SAHARAN AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICAL EQUIPMENT, ASSORTED  
FURNITURE, HEALTH KITS, LAYETTE KITS, BACKPACK KITS, HYGIENE KITS, SHOES,  
AND MEDICAL SUPPLIES

REGION: SUB-SAHARAN AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: SOCKS, BACKPACK KITS, HYGIENE  
KITS, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND SHOES

REGION: SUB-SAHARAN AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICAL EQUIPMENT, HEALTH KITS,  
AND ASSORTED FURNITURE

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	ORPHAN PROGRAM	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ORPHAN PROGRAM	16,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SCHOOL/COLLEGE SUPPORT	15,000.	WIRE TRANSFER	1111261.	SOCKS, BACKPACK KITS, HYGIENE KITS, MEDICAL SUPPLIES, MEDICAL	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE/MEDICAL	5,500.	WIRE TRANSFER	3723768.	MEDICAL SUPPLIES AND MEDICINES	FMV
		SUB-SAHARAN AFRICA	SCHOOL/COLLEGE SUPPORT	31,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	1,150.	CREDIT CARD	0.		
		SUB-SAHARAN AFRICA	HEALTHCARE/MEDICAL	0.		227,754.	MEDICAL EQUIPMENT, HEALTH KITS, AND ASSORTED	FMV

Schedule F-1 (Form 990) 2009

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input 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 in 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) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2009



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**BREAD AND WATER FOR AFRICA, INC.**

Employer identification number

**54-1884520**

**Part 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 determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		19,727.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	6,450,054.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

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

**29**

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

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

**31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

**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 did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
<b>30a</b>		X
<b>31</b>	X	
<b>32a</b>		X
<b>33</b>		

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Schedule M (Form 990) 2009

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information

SCHEDULE M, LINE 32B: ALL OFFERED GIFTS ARE REVIEWED UNDER OUR GIFT  
ACCEPTANCE POLICY PRIOR TO ACCEPTANCE.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number  
54-1884520

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(FHDO), AND NDEGBORMEI DEVELOPMENT ORGANIZATION (NDO). COMBINED, THESE  
THREE NGOS PROVIDE CARE TO AROUND 40,000 PEOPLE EVERY YEAR, WITH A  
FOCUS ON PREGNANT AND LACTATING WOMEN AND CHILDREN UNDER FIVE YEARS  
(SIERRA LEONE HAS SOME OF THE HIGHEST MATERNAL AND INFANT MORTALITY  
RATES IN THE WORLD.)

THE ALPHA FOUNDATION USED ITS CASH GRANTS TO PAY FOR ITS MEDICAL  
STAFF'S SALARIES AND IN ORDER TO CONTINUE OFFERING FREE OR AFFORDABLE  
SERVICES TO THE LOCAL POPULATIONS IN THE KENEMA, BO, AND BOMBALI  
DISTRICTS. ALPHA ALSO BENEFITTED FROM \$3.7 MILLION WORTH OF MEDICINES  
AND SUPPLIES SENT BY BWA.

NDO OPERATES THE BUMPE CLINIC, WHICH, IN ADDITION TO OFFERING BASIC  
HEALTHCARE SERVICES TO PREGNANT AND LACTATING WOMEN AND CHILDREN UNDER  
THE AGE OF FIVE, MAINTAINS A SUPPLEMENTAL FEEDING PROGRAM AND EMPLOYS A  
TRADITIONAL BIRTH ATTENDANT. GRANTS FROM BREAD AND WATER FOR AFRICA  
FUNDED THE CONSTRUCTION, AND NOW THE OPERATION, OF THE BUMPE CLINIC.  
THIS YEAR, GRANTS MADE TO NDO WENT TO UPDATING THEIR COMPUTER SYSTEM,  
BUYING OFFICE STATIONERY, BUYING CLEANING/HYGIENE PRODUCTS, BUYING  
DE-WORMING MEDICINES, AND FIXING THE ORGANIZATION'S ONLY VAN.

FHDO OPERATES FIVE CLINICS IN VARIOUS TOWNS AND VILLAGES AROUND THE  
COUNTRY. THE CLINICS BENEFITTED FROM \$1.1 MILLION WORTH OF DONATED  
MEDICAL EQUIPMENT AND SUPPLIES.

THIS YEAR, THE KABWATA TRANSIT AND OUTREACH CENTRE FOCUSED ON BUILDING

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

UPON THE PAST SUCCESS OF ITS MOBILE CLINIC BY CONSTRUCTING A PERMANENT  
CLINIC IN THE KAZEZA DISTRICT IN ZAMBIA. MUCH PROGRESS HAS BEEN MADE IN  
THE PAST YEAR, AND IT IS EXPECTED THAT THE CLINIC WILL OPEN THIS YEAR.  
EVEN BETTER, WITH THE GOVERNMENT PROVIDING DOCTORS AND OTHER MEDICAL  
STAFF AS PART OF ITS NEW EFFORTS TO IMPROVE HEALTH CARE COUNTRYWIDE,  
THE CLINIC WILL BE FULLY SELF-SUFFICIENT FROM THE START. THE NEW CLINIC  
WILL BE OF HUGE BENEFIT TO RESIDENTS, SOME OF WHOM CURRENTLY HAVE TO  
WALK UP TO 38 KM TO GET CARE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PHYLLIS KEINO, TOOK IN FOUR CHILDREN WHOSE PARENTS, WHO HAD BEEN GOOD  
FRIENDS OF THE KEINO FAMILY, DIED IN A CAR CRASH IN THE EARLY 1970S.

TODAY, THE HOME CARES FOR 87 CHILDREN AND PROVIDES 176 MORE FROM  
SURROUNDING COMMUNITIES WITH MONEY FOR SCHOOL FEES AND BASIC

NECESSITIES LIKE FOOD AND CLOTHING. IN ADDITION TO THESE BASIC NEEDS,  
THE CHILDREN ARE ALSO OFFERED EMOTIONAL AND PSYCHOLOGICAL COUNSELING TO  
HELP COPE WITH THE TRAUMAS THAT SO MANY OF THEM HAVE ALREADY HAD TO

FACE. ONE CHILD WAS RESCUED FROM A PIT LATRINE, FOR EXAMPLE. OVER THE  
YEARS, PHYLLIS HAS EXPANDED HER EFFORTS THROUGH THE KIPKEINO SCHOOL AND  
BARAKA FARM, ALL WITHIN WALKING DISTANCE OF EACH AND WORKING

SYNERGISTICALLY TOGETHER. BREAD AND WATER FOR AFRICA CONTINUED ITS  
ENTHUSIASTIC SUPPORT OF THE LEWA CHILDREN'S HOME IN 2010 WITH QUARTERLY  
GRANT FUNDING THAT WERE USED FOR THE UPKEEP OF THE HOME, AND TO PROVIDE  
DAILY SUPPORT FOR THE STAFF AND CHILDREN.

THE KABWATA TRANSIT CENTRE AND ORPHANAGE, LOCATED IN LUSAKA, ZAMBIA,

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932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
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Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

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**2009**

Open to Public  
Inspection

Name of the organization

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Employer identification number  
54-1884520

WAS FOUNDED BY ANGELA MIYANDA TO PROVIDE A LOVING, CARING, SECURE AND  
HEALTHY ENVIRONMENT FOR ORPHANS IN THIS COUNTRY (THOUGH HAS SINCE  
EXPANDED ITS OPERATIONS TO HEALTH CARE - SEE ABOVE). MOST OF THE  
CHILDREN TAKEN IN BY KABWATA HAVE LOST THEIR PARENTS TO THE TERRIBLE  
AIDS EPIDEMIC IN THE COUNTRY. THE KABWATA CHILDREN ARE PROVIDED QUALITY  
NUTRITIONAL FOOD, SHELTER, EDUCATION AND SKILLS TRAINING. NEARLY 500  
ORPHANS AND OVER 3,000 OTHER INDIVIDUALS BENEFIT FROM THESE SERVICES,  
WHICH BWA IS PROUD TO FUND. INDEED, THE CENTER HAS BEEN SO SUCCESSFUL  
THAT THIS YEAR IT WAS VISITED BY THE NEW FIRST LADY OF ZAMBIA AND  
FOREIGN OFFICIALS FROM SOUTH AFRICA IN RECOGNITION OF ITS ACHIEVEMENTS.  
AS IT AIMS FOR SELF-SUFFICIENCY, THE CENTER HAS BEEN WORKING TOWARDS  
DEVELOPING AN INCOME-GENERATING PROJECT IN THE FORM OF A BANANA  
PLANTATION WHICH IS CURRENTLY EARNING BETWEEN \$8,000.00 AND \$12,000.00  
PER YEAR.

IN ADDITION TO QUARTERLY CASH GRANTS, THE ORPHAN CARE PROGRAM AT  
KABWATA WAS THE BENEFICIARY OF OVER \$20,000 IN NON-MEDICAL IN-KIND  
DONATIONS, INCLUDING BACKPACKS, FURNITURE AND LAYETTES.

THE SHINGA DEVELOPMENT TRUST IN MUTARE, ZIMBABWE CARES FOR 350 ORPHANS  
AND REACHES OUT TO OVER 2,500 MORE CHILDREN PER YEAR THROUGH THEIR  
FEEDING PROGRAM. GIVEN THE DESPERATE ECONOMIC SITUATION IN ZIMBABWE  
(WITH AN UNEMPLOYMENT RATE OF 95% AND PER CAPITA GDP OF UNDER \$100),  
THE SHINGA DEVELOPMENT TRUST'S MISSION TO CARE FOR THE NEEDIEST  
CHILDREN TAKES ON PARTICULAR URGENCY. SHINGA PROVIDES A FREE EDUCATION,  
MEALS, AND SHELTER TO MANY CHILDREN WHO WOULD NOT OTHERWISE HAVE THEM.

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

JOURNEY.

THE KIPKEINO SCHOOL, FOUNDED BY PHYLLIS KEINO, REMAINS ONE OF THE TOP  
RATED PRIMARY SCHOOLS IN KENYA, EDUCATING THE MANY CHILDREN FROM THE  
LEWA CHILDREN'S HOME (LCH) AS WELL AS OTHER CHILDREN FROM THE TOWNS AND  
VILLAGES SURROUNDING ELDORET. AS IS THE CASE WITH ITS PARTNER  
ORGANIZATIONS (LCH AND BARAKA FARM), ITS REPUTATION AS A MODEL IN THE  
REGION AND FOR OUR OTHER PARTNERS IS A CONTINUING SOURCE OF PRIDE FOR  
BWA. THE SCHOOL CURRENTLY HAS 280 STUDENTS. BWA CONTINUED ITS  
ENTHUSIASTIC SUPPORT OF THE KIPKEINO SCHOOL IN 2010 BY PAYING THE  
SALARY OF PAUL SCOTT, DIRECTOR OF THE SCHOOL. WE ARE PLEASED TO HELP IN  
HIS IMMENSELY SUCCESSFUL ENDEAVORS.

FORM 990, PART VI, SECTION A, LINE 2: EUGENE L. KRIZEK, PRESIDENT, BRYAN  
KRIZEK, CEO, AND PAUL KRIZEK, VP/GENERAL COUNSEL HAVE A FAMILY  
RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEE HAS THE AUTHORITY TO  
ACT INDEPENDENT OF THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY A CPA FIRM.  
THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE 990 PRIOR TO THE REPORTING TO  
THE FULL BOARD AT THE QUARTERLY MEETING. AT THAT TIME, THE FULL BOARD  
DISCUSSES AND APPROVES PRIOR TO FILING.

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FORM 990, PART VI, SECTION B, LINE 12C: THE CHARITY MAKES A REASONABLE EFFORT TO DETERMINE THE BUSINESS AND FAMILY RELATIONSHIPS AMONG BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES BY HAVING THE GENERAL COUNSEL DISTRIBUTE A QUESTIONNAIRE ENTITLED "CONFLICT OF INTEREST DISCLOSURE STATEMENT" AND THE CONFLICT OF INTEREST POLICY AT THE ANNUAL MEETING TO THE ORGANIZATION'S OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ASKING FOR THE INFORMATION REQUIRED BY QUESTION 2 OF PART VI AND QUESTION 28 OF PART IV OF THE FORM 990. THE QUESTIONNAIRE INCLUDES THE NAME, TITLE, DATE AND SIGNATURE OF THE PERSON RESPONDING AND IS WITH THE CONFLICT OF INTEREST POLICY WHICH PROVIDES THE DEFINITIONS OF INDEPENDENT VOTING MEMBER, FAMILY RELATIONSHIP, BUSINESS RELATIONSHIP, AND KEY EMPLOYEE. FURTHERMORE, THE SIGNING PARTY AGREES TO PROMPTLY INFORM THE BOARD CHAIR OF ANY MATERIAL CHANGE THAT DEVELOPS WITH REGARD TO THEIR DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15: THE CHARITY'S POLICY FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES WAS ESTABLISHED FIRST BY THE BOARD AT ITS MEETING ON JUNE 26, 2004 TO REGULARLY ASSESS THE ORGANIZATION'S PERFORMANCE AND EFFECTIVENESS AND TO SET GOALS AND OBJECTIVES TO ACHIEVE THE MISSION OF BREAD AND WATER FOR AFRICA AND ITS PARENT ORGANIZATION, CHRISTIAN RELIEF SERVICES CHARITIES. A BIENNIAL REPORT IS MADE OF THE PERFORMANCE AND EFFECTIVENESS ASSESSMENTS OF BWA, WITH RECOMMENDATIONS FOR FUTURE ACTIONS, AS REQUIRED BY STANDARD 7 OF THE STANDARDS FOR CHARITY ACCOUNTABILITY OF THE BBB WISE GIVING.

AT THE DIRECTION OF THE BOARD, THE CHAIRMAN AND THE EXECUTIVE/GOVERNANCE

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COMMITTEE OF THE BOARD UNDERTOOK A COMPARABILITY SURVEY OF OTHER NON-PROFIT ORGANIZATIONS WITH SIMILAR MISSIONS, INCOMES AND GEOGRAPHICAL LOCATIONS. IN CONDUCTING THE RESEARCH FOR THIS SURVEY, IT RELIED ON ASSOCIATION SURVEYS, PHONE INQUIRIES, CONSULTANT RESEARCH, ETC. AND IN PARTICULAR, ON COMPARABILITY DATA INCLUDING PROFESSIONAL SURVEYS PUBLISHED BY GUIDESTAR PHILANTHROPIC RESEARCH, INC., IN 2007, AND ON THE 2008 PUBLICATION BY THE HANOVER RESEARCH COUNCIL OF EXECUTIVE COMPENSATION DATA PERTAINING TO NONPROFITS LOCATED WITHIN THE WASHINGTON, D.C. METROPOLITAN AREA. THE PUBLISHED SURVEYS, CONTAINING THE MAXIMUM TOTAL COMPENSATION PER COMPARABILITY DATA, WERE PRINTED ON A FORM FOR CREATING THE SAFE HARBOR FOR EXECUTIVE COMPENSATION AND WERE CONSIDERED BY THE EXECUTIVE/GOVERNANCE COMMITTEE, WHICH AGREED ON A MINIMUM TOTAL COMPENSATION PACKAGE FOR SUBMISSION TO THE FULL BOARD OF DIRECTORS FOR ITS FINAL APPROVAL TOGETHER WITH A BOARD EVALUATION ON EACH OFFICER ON JUNE 14, 2008. SINCE THAT TIME NO FURTHER SALARY INCREASES HAVE TAKEN PLACE.

INDEED, THE CHARITY HAS FOUND THAT ITS EXECUTIVES ARE WELL UNDERPAID COMPARED TO WHAT THEY MIGHT OBTAIN ELSEWHERE, INCLUDING IN THE CHARITABLE SECTOR. THE CHARITY HAS NEVER MADE A DECISION TO RAISE THE COMPENSATION OF ITS EXECUTIVES AS FAR UP TO WHAT THESE MARKET SURVEYS AND COMPENSATION REPORTS ALLOW THAT THE CHARITY SHOULD BE PAYING, BUT THE CHARITY AND EXECUTIVES RECOGNIZE THE NEED TO KEEP THE FOCUS ON THE PROGRAMS AND THE PEOPLE BEING SERVED.

THE INDEPENDENT BOARD OF DIRECTORS OF THE CHARITY IS ALSO AWARE THAT TWO OF THE HIGHEST PAID EXECUTIVES OF ITS PARENT ORGANIZATION, CHRISTIAN RELIEF

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SERVICES CHARITIES, INC., (WHOSE COMBINED ASSETS TOTAL APPROX. \$100 MILLION) ARE BROTHERS, FIRST BROUGHT INTO THE CHARITY AS VOLUNTEERS 17 AND 20 YEARS AGO, RESPECTIVELY, BY ITS FOUNDER, THEIR FATHER. OVER THE YEARS, THE BOARD HAS INDEPENDENTLY MONITORED AND APPROVED THEIR GRADUAL DEVELOPMENT INTO PAID EMPLOYEES, AND HAS GIVEN ITS ASSENT TO PAY INCREASES FOR THESE EXECUTIVES (UPON RECUSAL OF THE FOUNDER FROM THAT DECISION-MAKING). THE BOARD HAS GRATEFULLY RECEIVED ON BEHALF OF THE CHARITY THE DEVELOPMENT OF BOTH OF THESE EXECUTIVES, ONE A LAWYER AND THE OTHER, A SUCCESSFUL BUSINESSMAN, INTO TIRELESS ADVOCATES AND EXECUTORS OF THE CHARITY'S MISSION. FURTHER, THE BOARD HAS RECOGNIZED THAT THE INTENSE COMMITMENT OF BOTH TO THE CHARITABLE PURPOSES OF THE ORGANIZATION HAS (A) CREATED ENORMOUS EFFICIENCIES IN FAVOR OF THE CHARITABLE MISSION REPRESENTED BY THE WILLINGNESS OF EACH TO UNDERTAKE MULTIPLE RESPONSIBILITIES FOR WHICH THE CHARITY WOULD OTHERWISE NEED TO HIRE ADDITIONAL WORKERS; AND, (B) REQUIRED EACH TO MAKE PERSONAL SACRIFICES IN FOREGOING MORE LUCRATIVE PROFESSIONAL OPPORTUNITIES, FOR WHICH EACH WAS CLEARLY QUALIFIED, IN ORDER TO REMAIN WITH THE CHARITY. THE BOARD HAS ENDORSED THE CULTIVATION OF THESE EXECUTIVES, UNDER THE SUPERVISION OF THE CHARITY'S FOUNDER, INTO KEY ROLES IN THE ORGANIZATION'S NEXT GENERATION OF LEADERSHIP. THUS, THE CHARITY SEES THE FAMILIAL BOND OF THESE EXECUTIVES AS ONE OF THE GREATEST SOURCES OF STRENGTH OF THE ORGANIZATION. THEY HAVE A STRONG COMMITMENT TO BUILD ORGANIZATIONAL STRENGTH AND ARE MORE LIKELY TO TAKE A MORE FLEXIBLE APPROACH TO PUT IN THE EXTRA HOURS NEEDED TO MAKE THE CHARITABLE MISSION A SUCCESS. THE LOYALTY OF THEIR STRONG PERSONAL BONDS PERMEATES THE ORGANIZATION WITH COHESION DURING HARD TIMES AND REINFORCES THE DETERMINATION NEEDED FOR SUCCESS.

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

AZ, CA, CT, DE, FL, MA, MD, MI, NJ, NY, NC, OH, PA, VA

FORM 990, PART VI, SECTION C, LINE 19: THE CHARITY POSTS LAST THREE YEARS  
AUDITS AND LINKS TO LAST THREE YEARS 990S (VIA GUIDESTAR) ON ITS WEBSITE.  
ALSO, THE ARTICLES AND BYLAWS ARE AVAILABLE TO ANYONE WHO REQUESTS THEM AT  
NO CHARGE. THEY ARE COPIED AND MAILED OUT WITHIN 30 DAYS. THE SAME APPLIES  
FOR THE CONFLICT OF INTEREST POLICIES.

THE CHARITY IS AFFILIATED WITH ITS PARENT ORGANIZATION, CHRISTIAN  
RELIEF SERVICES CHARITIES, INC., (CRSC) AS A SUBSIDIARY UNDER AN IRS  
GROUP EXEMPTION LETTER. THE TOTAL CURRENT AFFILIATION OF SUBSIDIARY  
SUBORDINATE UNITS OF CRSC UNDER THIS GROUP EXEMPTION LETTER INCLUDES 17  
INDIVIDUAL CHARITIES, EACH WITH DIVERSE MISSIONS AND ACCOMPLISHMENTS  
AND ALL ENJOYING THE BENEFITS OF SHARED RESOURCES IN AREAS WHICH  
OTHERWISE WOULD BE HARD AND EXPENSIVE TO REALIZE INDEPENDENTLY. SUCH  
SHARED RESOURCES INCLUDE: ECONOMY OF SCALE FROM A COMBINED \$40 MILLION  
BUDGET, HUMAN RESOURCES, ACCOUNTING AND INFORMATION TECHNOLOGY,  
INTERNET PHILANTHROPY, NON-PROFIT LEGAL COUNSEL AND RISK MANAGEMENT,  
BUSINESS MANAGEMENT FOR CHARITIES IN THE 21ST CENTURY, LOWER CORPORATE  
OVERHEAD, INSURANCE AND BENEFITS, GRANT MANAGEMENT, TRANSPARENCY AND  
FISCAL ACCOUNTABILITY, AND MANAGING THE MYRIAD OF CHANGING REGULATORY  
REQUIREMENTS IN TODAY'S WORLD.

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33 )

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AMERICANS HELPING AMERICANS, INC. - 54-1594577, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
AMERICAN INDIAN YOUTH RUNNING STRONG - 54-1594578, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CHEYENNE RIVER YOUTH PROJECT, INC. - 46-0423106, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	SOUTH DAKOTA	501(C)(3)	LINE 7	
CHRISTIAN RELIEF SERVICES OF VIRGINIA - 54-1609844, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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 other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or 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) Name of other organization(s)		(b) Transaction type (a-r)	(c) Amount involved
(1) CHRISTIAN RELIEF SERVICES, INC.		C	6,499,781.
(2) CHRISTIAN RELIEF SERVICES CHARITIES, INC.		C	101,242.
(3)			
(4)			
(5)			
(6)			



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CENTER FOR HOUSING COUNSELING TRAINING, INC. - 91-1812359, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CHRISTIAN RELIEF SERVICES CHARITIES, INC. - 52-1394775, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRS TRIANGLE HOUSING CORPORATION - 54-1922277, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CHRISTIAN RELIEF SERVICES KANSAS AFFORDABLE HOUSING CORPORATION - 54-1779171, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
MOUNTAIN LAKES HOUSING FOUNDATION, INC. - 54-1639377, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	DELAWARE	501(C)(3)	LINE 7	
CRS ALEXANDRIA HOUSING CORPORATION - 31-1659036, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRS SCOTTS DALE HOUSING CORPORATION - 54-1990752, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	
CRS CAMBRIDGE HOUSING CORPORATION - 54-2041806, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	
CRS PINE RIDGE HOUSING CORPORATION - 54-2041803, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	
CRS FOUNTAIN PLACE HOUSING CORPORATION - 54-2041804, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	
CRS THE COVE HOUSING CORPORATION - 54-2041798, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	
CRSC RESIDENTIAL, INC. - 54-2041807 2550 HUNTINGTON AVE., #200 ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	

Schedule R-1 (Form 990) 2009

