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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**CHRISTIAN RELIEF SERVICES, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

2550 HUNTINGTON AVENUE

Room/suite

200

City or town, state or country, and ZIP + 4

ALEXANDRIA, VA 22303**F** Name and address of principal officer: **EUGENE L. KRIZEK****SAME AS C ABOVE****D** Employer identification number**54-1884868****E** Telephone number**703-317-9086****G** Gross receipts \$ **18,592,743.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ **3299****I** Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CHRISTIANRELIEF.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1998****M** State of legal domicile: **VA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ASSIST THE ALLEVIATION OF HUMAN SUFFERING, DISABILITY & PAIN BY IMPROVING THE WELFARE OF ALL PERSONS	
	2	Check this box ☐ 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 10
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 23,177,319. Current Year 18,284,869.
	9	Program service revenue (Part VIII, line 2g)	304,380. 246,332.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,245. 15,261.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,970. 12,282.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,552,914. 18,558,744.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,858,377. 10,795,227.
	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)	1,481,582. 1,260,749.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	12,000. 12,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,865,745.	
Expenses	17	Other expenses (Part IX, column (A), lines 11g-11d, 11f-24f)	5,630,030. 6,082,081.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,981,989. 18,150,057.
	19	Revenue less expenses. Subtract line 18 from line 12	<1,429,075.> 408,687.
	20	Total assets (Part X, line 16)	Beginning of Current Year 1,469,565. End of Year 1,048,817.
Not Assets or Fund Balances	21	Total liabilities (Part X, line 26)	1,356,615. 500,729.
	22	Net assets or fund balances. Subtract line 21 from line 20	112,950. 548,088.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address and ZIP + 4

RAFA, PC
1899 L STREET NW, SUITE 900
WASHINGTON, DC 20036

EIN ▶

Phone no. ▶ **202-822-5000**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

17G110

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO ASSIST IN THE ALLEVIATION OF HUMAN SUFFERING, MISERY, DISABILITY,
AND PAIN IN THE WORLD BY ADVANCING AND IMPROVING THE WELFARE OF ALL
PERSONS AND THE INTERNATIONAL COMMUNITY WHILE PRESERVING NATIVE
CULTURES, HERITAGES, CUSTOMS AND BELIEFS.

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 \$ 8,051,045. including grants of \$ 6,499,781.) (Revenue \$)
INTERNATIONAL PROGRAMS - ASSISTED IMPOVERISHED PEOPLE IN EIGHT AFRICAN
COUNTRIES THROUGH CASH GRANTS AND IN-KIND GRANTS TO OUR AFFILIATE,
BREAD AND WATER FOR AFRICA (KENYA, BURUNDI, ETHIOPIA, MOZAMBIQUE,
SIERRA LEONE, ZAMBIA, ZIMBABWE AND UGANDA), AND DIRECTLY IN HAITI,
THROUGH SUPPORT OF GRASSROOTS INITIATIVES AND HOSPITALS BY PROVIDING
MEDICINE, MEDICAL SUPPLIES, MEDICAL RE-AGENTS, CLEAN WATER, EDUCATION,
VOCATIONAL TRAINING, LITERACY, AND OPPORTUNITIES FOR DEVELOPMENT AND
INCOME GENERATION.

(SEE SCHEDULE O FOR CONTINUATION)

4b (Code:) (Expenses \$ 3,348,680. including grants of \$ 2,462,785.) (Revenue \$)
AMERICAN INDIAN PROGRAMS - FUNDED PROGRAMS AND PROVIDED IN-KIND
DONATIONS SUCH AS FOOD AND CLOTHING TO OUR AFFILIATE, AMERICAN INDIAN
YOUTH RUNNING STRONG ("RUNNING STRONG") TO PROVIDE NEEDY AMERICAN
INDIANS, MOSTLY ON RESERVATIONS, WITH FOOD, WATER, BASIC RELIEF,
EMERGENCY ASSISTANCE, SUSTAINABLE DEVELOPMENT OPPORTUNITIES AND SUPPORT
SERVICES FOR AT-RISK YOUTH AND THEIR FAMILIES INCLUDING PROGRAMS
FOSTERING SELF-RELIANCE.

(SEE SCHEDULE O FOR CONTINUATION)

4c (Code:) (Expenses \$ 1,503,744. including grants of \$ 932,477.) (Revenue \$)
DOMESTIC PROGRAMS - SUPPORTED EFFORTS PROMOTING SELF-SUFFICIENCY
THROUGHOUT THE UNITED STATES WITH SPECIAL EMPHASIS ON THE APPALACHIAN
REGION, THROUGH AMERICANS HELPING AMERICANS, AN AFFILIATE, BY PROVIDING
EMERGENCY ASSISTANCE, SCHOOL SUPPLIES, NEW SHOES, NEW COATS, NEW
BLANKETS, HYGIENE ITEMS, MONTHLY AND SUPPLEMENTAL FOOD, FOOD PANTRY
REPAIR, CHRISTMAS AND HOLIDAY PARTIES, HOME REPAIR AND ASSISTANCE WITH
YOUTH ENRICHMENT PROJECTS.

(SEE SCHEDULE O FOR CONTINUATION)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,080,236. including grants of \$ 900,184.) (Revenue \$ 246,332.)

4e Total program service expenses \$ 13,983,705.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5 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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? <i>If "Yes," complete Schedule F, Part I</i>	14b 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? <i>If "Yes," complete Schedule F, Part II</i>	15 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? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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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
1a Enter the number of voting members of the governing body	11	
b Enter the number of voting members that are independent	10	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," 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 **AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID**

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 - 703-317-9086**
2550 HUNTINGTON AVENUE, #200, ALEXANDRIA, VA 22303

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	15.00	X		X				22,615.	52,769.	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	12.00			X				31,707.	126,826.	9,591.
PAUL KRIZEK VP/GENERAL COUNSEL	40.00			X				127,218.	14,135.	9,591.

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			
1b Total								181,540.	193,730.	19,182.

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 **1**

- 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
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **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	36,718.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	9,556,136.			
	e	Government grants (contributions)	1e	127,598.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,564,417.			
	g	Noncash contributions included in lines 1a-1f \$		8,677,645.			
	h	Total. Add lines 1a-1f		18284869.			
Program Service Revenue	2 a	HOUSING RENTAL	Business Code 900099	246,332.	246,332.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		246,332.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		15,567.		
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	33,693.			
b		Less: cost or other basis and sales expenses		33,999.			
c		Gain or (loss)		<306.>			
d		Net gain or (loss)		<306.>			<306.>
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	OTHER INCOME	900099	12,282.			12,282.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		12,282.				
12	Total revenue. See instructions.		18558744.	246,332.	0.	27,543.	

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	10,274,955.	10,274,955.		
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	520,272.	520,272.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	208,412.	16,379.	58,986.	133,047.
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	607,286.	321,226.	37,467.	248,593.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,685.	6,277.	1,045.	4,363.
9 Other employee benefits	356,873.	279,634.	5,503.	71,736.
10 Payroll taxes	76,493.	41,886.	7,093.	27,514.
11 Fees for services (non-employees):				
a Management				
b Legal	1,545.	522.	1,023.	
c Accounting	32,520.		32,520.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	12,000.			12,000.
f Investment management fees				
g Other	136,777.	67,491.	69,286.	
12 Advertising and promotion	250.			250.
13 Office expenses	4,827,708.	1,526,421.	62,286.	3,239,001.
14 Information technology	25,122.	1,189.	541.	23,392.
15 Royalties				
16 Occupancy	121,866.	84,158.	9,286.	28,422.
17 Travel	2,827.	1,420.	761.	646.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	606.	266.	340.	
20 Interest	2,367.		2,367.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,471.	26,135.	165.	2,171.
23 Insurance	20,192.	14,203.	3,299.	2,690.
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 PROCUREMENT FEES	790,560.	790,560.		
b LIST RENTALS	60,523.			60,523.
c REPAIRS AND MAINTENANCE	18,368.	5,374.	1,635.	11,359.
d UNCOLLECTABLE PLEDGES	8,735.	2,213.	6,522.	
e TAXES	3,131.	3,093.		38.
f All other expenses	513.	31.	482.	
25 Total functional expenses. Add lines 1 through 24f	18,150,057.	13,983,705.	300,607.	3,865,745.
26 Joint costs. Check here ☒ 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	1,413,967.	649,131.	0.	764,836.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	975,015.	1	298,367.
	2 Savings and temporary cash investments	11,913.	2	27,179.
	3 Pledges and grants receivable, net	88,141.	3	250,790.
	4 Accounts receivable, net	2,040.	4	98,635.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	810.	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 150,511.		
	b Less: accumulated depreciation	10b 95,249.	10c	55,262.
	11 Investments - publicly traded securities	288,834.	11	314,979.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	19,079.	15	3,605.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,469,565.	16	1,048,817.	
Liabilities	17 Accounts payable and accrued expenses	334,856.	17	279,685.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	600,000.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	421,759.	25	221,044.
	26 Total liabilities. Add lines 17 through 25	1,356,615.	26	500,729.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	54,475.	27	287,298.
	28 Temporarily restricted net assets	58,475.	28	260,790.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	112,950.	33	548,088.
	34 Total liabilities and net assets/fund balances	1,469,565.	34	1,048,817.

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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2009

Open to Public Inspection

CHRISTIAN RELIEF SERVICES, INC.

Employer identification number

54-1884868

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 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.")	33369306.	36435165.	29180100.	23177319.	18284869.	140446759
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	33369306.	36435165.	29180100.	23177319.	18284869.	140446759
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						140446759

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	33369306.	36435165.	29180100.	23177319.	18284869.	140446759
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,903.	16,376.	19,719.	27,245.	15,567.	90,810.
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.)				43,970.	12,282.	56,252.
11 Total support. Add lines 7 through 10						140593821
12 Gross receipts from related activities, etc. (see instructions)					12	1,470,714.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.90	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.92	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐			

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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 A (Form 990 or 990-EZ) 2009

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

CHRISTIAN RELIEF SERVICES, INC.

Employer identification number

54-1884868

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?		☐ Yes ☐ 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?		☐ Yes ☐ 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).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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		150,511.	95,249.	55,262.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				55,262.

Schedule D (Form 990) 2009

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	18,558,744.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,150,057.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	408,687.
4	Net unrealized gains (losses) on investments	4	26,451.
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	26,451.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	435,138.

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	19,857,824.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	26,451.
b	Donated services and use of facilities	2b	1,272,629.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,299,080.
3	Subtract line 2e from line 1	3	18,558,744.
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	18,558,744.

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

1	Total expenses and losses per audited financial statements	1	19,422,686.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,272,629.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,272,629.
3	Subtract line 2e from line 1	3	18,150,057.
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	18,150,057.

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.

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

Employer identification number

CHRISTIAN RELIEF SERVICES, INC.

54-1884868

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
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		480,273.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		40,000.
Totals	0	0			520,273.

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

Schedule F (Form 990) 2009

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: FOREIGN GRANTS TO AFFILIATES ARE MADE
INFREQUENTLY, AND ACCORDINGLY, THE CHARITY DOES NOT PERFORM GRANTMAKING
PROCEDURES THAT DIFFER FROM DOMESTIC GRANT PROCEDURES.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

CHRISTIAN RELIEF SERVICES, INC.

Employer identification number

54-1884868

Part I

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

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

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

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NATIONAL OUTDOOR SPORTS ADVERTISING	DIRECT MAIL AND FUNDRAISING CNSL		X	7,170,476.	12,000.	7,158,476.
Total				7,170,476.	12,000.	7,158,476.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

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

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

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

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..**15a**

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐

Director/officer

☐

Employee

☐

Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

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

Schedule G (Form 990 or 990-EZ) 2009

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CHRISTIAN RELIEF SERVICES, INC.

Employer identification number
54-1884868

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICANS HELPING AMERICANS 2550 HUNTINGTON AVE. #200 ALEXANDRIA, VA 22303	54-1594577	501(C)(3)	142,844.	702,981.FMV		FOOD, CLOTHING, TOYS, HYGIENE ITEMS, SHOES, AND SCHOOL	MISSION TO PROVIDE RELIEF
BREAD AND WATER FOR AFRICA 2550 HUNTINGTON AVE. #200 ALEXANDRIA, VA 22303	54-1884520	501(C)(3)	30,000.	6,534,983.FMV		CLOTHING, TOOLS, MEDICINE & SUPP., TEXTBOOKS, & SCHOOL SUPP.	MISSION TO PROVIDE RELIEF
CHRISTIAN RELIEF SERVICES CHARITIES, INC. - 2550 HUNTINGTON AVE. #200 - ALEXANDRIA, VA 22303	52-1394775	501(C)(3)	781,790.	0.			MISSION TO PROVIDE RELIEF
CHEYENNE RIVER YOUTH PROJECT 2550 HUNTINGTON AVE. #200 ALEXANDRIA, VA 22303	46-0423106	501(C)(3)	242,591.	202,907.FMV		FOOD, CLOTHING, TOYS, SHOES, AND SCHOOL SUPPLIES	MISSION TO PROVIDE RELIEF
AMERICAN INDIAN YOUTH RUNNING STRONG - 2550 HUNTINGTON AVE. #200 - ALEXANDRIA, VA 22303	54-1594578	501(C)(3)	438,417.	1,072,774.FMV		FOOD, CLOTHING, TOYS, HYGIENE ITEMS, SHOES, AND SCHOOL	MISSION TO PROVIDE RELIEF
2 Enter total number of section 501(c)(3) and government organizations							5.
3 Enter total number of other organizations							0.

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

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information**SCHEDULE I, PART I, LINE 2: GRANT REQUESTS ARE SUBMITTED BY ORGANIZATIONS**

FOLLOWING CHRISTIAN RELIEF SERVICES' PUBLISHED GUIDELINES.

THEN CRS STAFF MEMBERS REVIEW THE REQUESTS AND ASSESS WHETHER 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. THE ORGANIZATION'S ACTIVITIES ARE CONSISTENT WITH CHRISTIAN RELIEF SERVICES' MISSION STATEMENT AND CHARITABLE PURPOSE, FUNDING GUIDELINES, AND BUDGET.

Part IV Supplemental Information

REQUESTS ARE DISCUSSED WITH RELEVANT STAFF, THE EXECUTIVE DIRECTOR AND BY CONTACTING THE PROPOSED PROGRAM FOR MORE INFORMATION IF NECESSARY. IF APPROVED BY THE EXECUTIVE DIRECTOR, GRANTS ARE SUBMITTED TO THE CEO FOR FINAL APPROVAL AND PROCESSING. LARGER GRANT REQUESTS FOLLOW THE SAME PROCEDURE TO BE INCLUDED IN THE NEXT FISCAL YEAR BUDGET THAT IS APPROVED BY THE BOARD OF DIRECTORS. ONCE FUNDED, GRANTS ARE MONITORED THROUGH REQUIRED REPORTING AND SITE VISITS FROM STAFF.

**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

CHRISTIAN RELIEF SERVICES, INC.

Employer identification number

54-1884868

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

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ 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

X

X

X

X

X

X

X

X

X

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

CHRISTIAN RELIEF SERVICES, INC.

Employer identification number

54-1884868

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		462,225.	FAIR MARKET VALUE
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	X	22	741,232.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	12	6,666,389.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (RELIEF ITEMS)	X	3	521,766.	
26 Other ► (SCHOOL SUPPLI)	X	2	240,483.	
27 Other ► (FURNITURE)	X	3	15,500.	
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
30a		X
31	X	
32a		X

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

Schedule M (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

CHRISTIAN RELIEF SERVICES, INC.

Employer identification number
54-1884868

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

RELIEF DISTRIBUTED (SIERRA LEONE, ZAMBIA AND HAITI) - PROVIDED
DONATIONS OF MEDICAL SUPPLIES, MEDICINES, PERSONAL CARE ITEMS, SCHOOL
SUPPLIES, OFFICE AND SCHOOLS FURNITURE, CLOTHING AND NEW SHOES TO
GRASSROOTS ORGANIZATIONS, HOSPITALS, CLINICS, SCHOOLS AND ORPHANAGES IN
SIERRA LEONE, ZAMBIA AND HAITI. A TOTAL OF 8 CONTAINERS WERE PROVIDED,
INCLUDING OVER 137,000 POUNDS OR 68.5 TONS, OF RELIEF MATERIALS AND
OVER 38,000 INDIVIDUALS WERE SERVED.

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

FOOD AND RELIEF DISTRIBUTED (SOUTH DAKOTA AND MONTANA) - HOLIDAY AND
SUPPLEMENTAL FOOD WAS PROVIDED TO FOUR AMERICAN-INDIAN RUN FOOD
PANTRIES AND YOUTH PROGRAMS WITH A TOTAL OF 249,155.25 POUNDS OF FOOD
DISTRIBUTED FOR THE YEAR. FOR THE THANKSGIVING AND CHRISTMAS HOLIDAYS,
6,080 TURKEYS WERE DISTRIBUTED. WE PROVIDED 3,000 NEW WINTER COATS,
3,000 NEW BLANKETS, 3,060 PAIRS OF NEW SHOES, 2,040 NEW TOYS, 3,000
HYGIENE KITS AND 1,800 SCHOOL SUPPLY KITS TO CHILDREN AND THEIR
FAMILIES. OVER 90,000 INDIVIDUALS WERE ASSISTED FOR THE YEAR.

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

OUTREACH PROGRAMS FOR YOUTH AND FAMILIES (WEST VIRGINIA, KENTUCKY AND
ARIZONA) - CONCENTRATED EFFORTS, THROUGH FUNDING TO AMERICANS HELPING
AMERICANS, AN AFFILIATE, IN RURAL AREAS OF APPALACHIA AND URBAN
PROGRAMS ASSISTING VERY LOW-INCOME PEOPLE WITH EMERGENCY ASSISTANCE,
HOME REPAIR, SCHOOL SUPPLIES, ENRICHMENT CAMPS AND SERVICES FOR YOUTH
AND LIFE SKILLS TRAINING. OVER 3,000 INDIVIDUALS WERE ASSISTED.

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

CHRISTIAN RELIEF SERVICES, INC.

Employer identification number
54-1884868

FOOD AND RELIEF DISTRIBUTIONS (DISTRICT OF COLUMBIA, KENTUCKY, OHIO,
TENNESSEE, VIRGINIA, GEORGIA AND WEST VIRGINIA) - HOLIDAY AND
SUPPLEMENTAL FOOD WAS DISTRIBUTED TO FAMILIES IN THE APPALACHIAN REGION
OF GEORGIA, WEST VIRGINIA, VIRGINIA, OHIO, TENNESSEE AND KENTUCKY AND
VARIOUS COMMUNITY-BASED EFFORTS IN THE DISTRICT OF COLUMBIA AND
VIRGINIA. IN TOTAL, 276,414.88 POUNDS OF FOOD WAS DISTRIBUTED FOR THE
YEAR. FOR THE HOLIDAYS, 6,080 TURKEYS WERE PROVIDED. WE ALSO
PROVIDED, 810 BLANKETS, 1,050 NEW COATS, 1,460 TOYS, 1,740 NEW SHOES,
750 HYGIENE KITS AND 1,050 SCHOOL SUPPLY KITS AS WELL AS VARIOUS RELIEF
AND HYGIENE ITEMS. OVER 30,000 INDIVIDUALS WERE ASSISTED.

SERVICE-ENRICHED HOUSING AND COMMUNITY RESOURCE CENTER (ARIZONA) -
THROUGH OUR AMERICANS HELPING AMERICANS AFFILIATE THAT WE WORK WITH, WE
PROVIDED COMMUNITY-BASED SERVICES (INCLUDING AFTER-SCHOOL AND SUMMER
PROGRAMS TO THIRTY CHILDREN A MONTH) TO RESIDENTS OF A MULTI-FAMILY
HOUSING DEVELOPMENT OF 301 UNITS (OVER 350 INDIVIDUALS SERVED) IN A LOW
INCOME COMMUNITY IN PHOENIX, ARIZONA.

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

DOMESTIC PROGRAMS

EXPENSES \$ 1080236. INCLUDING GRANTS OF \$ 900184. REVENUE \$ 246332.

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.

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Supplemental Information to Form 990

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▶ Attach to Form 990.

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2009

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Inspection

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CHRISTIAN RELIEF SERVICES, INC.

Employer identification number
54-1884868

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 REPORTING TO THE
FULL BOARD AT THE QUARTERLY MEETING. AT THAT TIME, THE FULL BOARD
DISCUSSES AND APPROVES PRIOR TO FILING.

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

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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
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

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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
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

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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.

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

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

FORM 990, PART VI, SECTION C, LINE 19: THE CHARITY POSTS THE LAST THREE YEARS AUDITS AND LINKS TO THE LAST THREE YEARS 990'S (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

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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.

Name of the organization

CHRISTIAN RELIEF SERVICES, INC.

Employer identification number
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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	
BREAD AND WATER FOR AFRICA, INC. - 54-1884520, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	

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

Schedule R (Form 990) 2009

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	
			Yes	No
(1) CHRISTIAN RELIEF SERVICES VIRGINA		M		X
(2) CHRISTIAN RELIEF SERVICES CHARITIES, INC.		M		X
(3) AMERICANS HELPING AMERICANS, INC.		B		X
(4) BREAD AND WATER FOR AFRICA, INC.		B		X
(5) CHRISTIAN RELIEF SERVICES CHARITIES, INC.		B		X
(6) CHEYENNE RIVER YOUTH PROJECT, INC.		B		X

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
CHRISTIAN RELIEF SERVICES OF VIRGINIA - 54-1609844, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
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 SCOTTSDALE 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	

Schedule R-1 (Form 990) 2009

Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a)	Name of other organization	(b) Transaction type (a-i)	(c) Amount involved
(7)	AMERICAN INDIAN YOUTH RUNNING STRONG, INC.	B	1,511,191.
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R-1 (Form 990) 2009