

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 2 columns: Description and Amount. Rows 1-7: 1 Briefly describe the organization's mission; 2 Check this box; 3 Number of voting members; 4 Number of independent voting members; 5 Total number of individuals employed; 6 Total number of volunteers; 7a Total unrelated business revenue; 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-19: 8 Contributions and grants; 9 Program service revenue; 10 Investment income; 11 Other revenue; 12 Total revenue; 13 Grants and similar amounts paid; 14 Benefits paid; 15 Salaries; 16a Professional fundraising fees; 16b Total fundraising expenses; 17 Other expenses; 18 Total expenses; 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets; 21 Total liabilities; 22 Net assets or fund balances.

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.

Signature and Preparer information: Sign Here (Signature of officer, Date, Name and Title); Paid Preparer Use Only (Preparer's name, signature, date, PTIN, Firm's name, EIN, address, phone number).

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

TAXPAYER COPY

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MULTI-NATIONAL TEAM WORKS WITHIN MORE THAN 40 COUNTRIES ON OVER 100 ACTIVE PROJECTS TO HELP REDUCE THE SUFFERING OF THE WORLD'S MOST VULNERABLE GROUPS AND PROVIDES TOOLS AND RESOURCES NEEDED TO INCREASE THEIR SELF-SUFFICIENCY. VIRTUALLY ALL HEADQUARTERS STAFF IS REQUIRED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 68,258,936. including grants of \$ ) (Revenue \$ ) BUILDING INFRASTRUCTURE - IRD HAS WORKED WITH THOUSANDS OF COMMUNITIES TO COMPLETE CONSTRUCTION AND INFRASTRUCTURE DEVELOPMENT PROJECTS - ROADS, HEALTH CLINICS, SCHOOLS, AND WATER AND SANITATION SYSTEMS - IN DEVELOPING, HIGH-RISK, AND CONFLICT-AFFECTED AREAS. TO SUCCESSFULLY DELIVER INFRASTRUCTURE PROGRAMS IN SUCH AREAS, IRD PROVIDES CONSTRUCTION MANAGEMENT AND PROJECT SUPPORT SERVICES USING A COMMUNITY-BASED APPROACH THAT MITIGATES RISK AND PROMOTES SUSTAINABLE DEVELOPMENT. SINCE 2001, WE HAVE MANAGED OVER \$1 BILLION IN INFRASTRUCTURE PROJECTS IN THE WEST BANK, IRAQ, JORDAN, KOSOVO, MOZAMBIQUE, AFGHANISTAN AND ETHIOPIA. WE SPECIALIZE IN CONSTRUCTION IN NON-SECURE, LOW-CAPACITY ENVIRONMENTS, AND HAVE SUCCESSFULLY IMPLEMENTED DESIGN AND CONSTRUCTION THAT MEET INTERNATIONAL STANDARDS

4b (Code: ) (Expenses \$ 53,893,287. including grants of \$ ) (Revenue \$ ) HEALTH - IRD DESIGNS AND DELIVERS COMPREHENSIVE PROGRAMS AND SERVICES THAT IMPROVE THE HEALTH OF MILLIONS WORLDWIDE, PARTICULARLY IN COMMUNITIES AFFECTED BY POVERTY, CONFLICT, AND NATURAL DISASTER. OUR COST-EFFECTIVE OUTREACH, EDUCATION AND AWARENESS, AND RELIEF AND DEVELOPMENT PROGRAMS ARE DESIGNED IN COLLABORATION WITH LOCAL ORGANIZATIONS, GOVERNMENT AGENCIES, AND HEALTH AUTHORITIES. FUNDED BY USAID'S GLOBAL HEALTH BUREAU, IRD'S CHILD SURVIVAL AND HEALTH PROGRAM IN CAMBODIA USES AN INTEGRATED COMMUNITY-BASED APPROACH TO ACHIEVE A SUSTAINABLE DECREASE IN CHILD MALNUTRITION IN THE KAMPONG CHNANG PROVINCE, CAMBODIA WHERE THE MORTALITY RATE FOR CHILDREN UNDER FIVE IS SIGNIFICANTLY HIGHER THAN THE REST OF CAMBODIA. IN THE COUNTRIES OF UKRAINE, GEORGIA AND ARMENIA, WITH CONTINUED FUNDING FROM THE U.S.

4c (Code: ) (Expenses \$ 50,854,794. including grants of \$ ) (Revenue \$ ) STABILITY AND GOVERNANCE PRACTICE - IRD WORKS PREDOMINANTLY IN CONFLICT ZONES, FRAGILE STATES, AND SLOWLY MATURING DEMOCRACIES WHERE WELL-FUNCTIONING DEMOCRATIC INSTITUTIONS HAVE NOT BEEN THE NORM. IN SUCH SOCIETIES, CITIZENS AND COMMUNITIES MAY NOT BE FAMILIAR WITH OR OPEN TO ORGANIZING AND ENGAGING WITH LOCAL GOVERNMENT AND COMMUNITY LEADERSHIP ORGANIZATIONS-UNLESS THEY PERCEIVE AN IMMEDIATE AND TANGIBLE BENEFIT. IRD'S APPROACH TO CIVIL SOCIETY AND COMMUNITY DEVELOPMENT CUTS ACROSS ALL SECTORS OF IRD'S WORK. BUILDING CITIZENS' CONFIDENCE AND TRUST IN GOVERNMENT ARE FUNDAMENTAL TO ACHIEVING GREATER STABILITY IN AFGHANISTAN. DESPITE CONCERTED EFFORTS TO CREATE GOVERNANCE STRUCTURES, MANY DISTRICTS HAVE

4d Other program services (Describe in Schedule O.) (Expenses \$ 49,266,114. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 222,273,131.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or 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> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Main form body containing questions 1a through 14b and corresponding Yes/No columns.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ELSIE M. TAMA, CFO - (703) 248-0161
1621 N. KENT STREET, 4TH FL., ARLINGTON, VA 22209

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROLAND JOHNSON ACTING CHAIRMAN	1.00 2.00	X		X				0.	0.	0.
(2) VERA SILVERMAN TREASURER	1.00 2.00	X		X				0.	0.	0.
(3) REV. DR. JOHN DECKENBACK SECRETARY	1.00 2.00	X		X				0.	0.	0.
(4) HON. JOSEPH A. BENKERT DIRECTOR	1.00 2.00	X						0.	0.	0.
(5) JANE OKUN BOMBA DIRECTOR	1.00 2.00	X						0.	0.	0.
(6) ROBERT BRADA DIRECTOR	1.00 2.00	X						0.	0.	0.
(7) JOSEPH BROWDY DIRECTOR	1.00 2.00	X						0.	0.	0.
(8) SHAHNAZ TAPLIN CHINYO DIRECTOR	1.00 2.00	X						0.	0.	0.
(9) JOEL COWAN DIRECTOR (UNTIL 10/2013)	1.00 2.00	X						0.	0.	0.
(10) KATHLEEN EDMOND DIRECTOR	1.00 2.00	X						0.	0.	0.
(11) MAUREEN HARRINGTON DIRECTOR (AS OF 11/2013)	1.00 2.00	X						0.	0.	0.
(12) CHRISTOPHER ROBERT HILL DIRECTOR	1.00 2.00	X						0.	0.	0.
(13) KRISTEN L. MANOS DIRECTOR	1.00 2.00	X						0.	0.	0.
(14) ARTHUR B. KEYS, D.MIN. PRESIDENT AND CEO	43.80 2.00	X		X				567,185.	14,672.	122,889.
(15) INGRID FITZGERALD CHIEF ADMIN OFFICER	38.00 2.00			X				286,675.	0.	30,902.
(16) JASON MATECHAK GENERAL COUNSEL	50.60 2.00			X				390,450.	0.	32,203.
(17) ELSIE M. TAMA CHIEF FINANCIAL OFFICER	38.00 2.00			X				277,546.	11,144.	31,453.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JASNA BASARIC-KEYS CHIEF OF PROGRAM OPERATIONS	40.00				X			578,776.	0.	523,515.
(19) TRAVIS GARTNER COUNTRY DIR. PDEV (UNTIL 10/2013)	62.00				X			281,808.	0.	23,942.
(20) JEAN HACKEN DIRECTOR OF COMPLIANCE	46.00				X			186,452.	521.	17,607.
(21) LEONARD CHITEKWE-MWALE FINANCE DIRECTOR ACAP	48.00				X			305,408.	0.	25,448.
(22) ANTHONY HASLAM COP ACAP AFGHANISTAN	48.00					X		353,580.	0.	17,351.
(23) DANIEL BICHANICH COP ARTF AFGHANISTAN	48.00					X		298,817.	0.	14,375.
(24) GERALD BECKER TEAM LEADER, SIKA SOUTH	48.00					X		280,704.	0.	24,765.
(25) JAMES WEEKS COP ARTF AFGHANISTAN	48.00					X		267,854.	0.	21,861.
(26) CARLA CLEMONS SENIOR CONTRACTS OFFICER - SIKA EAST	48.00					X		266,597.	0.	15,831.
<b>1b Sub-total</b>								4,341,852.	26,337.	902,142.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,341,852.	26,337.	902,142.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **109**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AFGHAN BUIDERS CONSORTIUM, ISTGAH CHARAHI-E-SHASK DARAK STREET NUMBER 2,	ROAD CONSTRUCTION	6,161,454.
BROTHERS CONTRACTING CO, NABLUS-AL-ADEL-ST ABED AL-HADI BUILDING THIRD FLO, NABLUS, O	ROAD CONSTRUCTION	3,658,092.
SILK ROUTE RISK MANAGEMENT COMPANY, HOUSE #259 STREET 4, KART-I-SHE, KABUL,	SECURITY SERVICES	3,597,831.
PILGRIMS GROUP LTD, PILGRIMS HOUSE, THE LINKS BUSINESS CENTRE, OLD WOR, SURREY,	SECURITY SERVICES	3,495,914.
RWA ROAD & CONSTRUCTION COMPANY SHAHR-E-AW, HOUSE # 96, KABUL, AFGHANISTAN	ROAD CONSTRUCTION	3,278,156.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **96**



**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 138,491,957.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 111,214,082.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	79,806,125.				
	<b>h Total.</b> Add lines 1a-1f	249,706,039.				
	Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		63,223.		63,223.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS INCOME	900099	10,990.			10,990.	
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		10,990.			
<b>12 Total revenue.</b> See instructions.		249,780,252.	0.	0.	74,213.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,212,386.	665,920.	2,546,466.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	41,900,257.	32,165,317.	9,727,387.	7,553.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	863,601.	312,600.	551,001.	
<b>9</b> Other employee benefits	22,347,228.	17,945,433.	4,398,313.	3,482.
<b>10</b> Payroll taxes	1,585,980.	591,948.	994,032.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,579,305.	1,312,820.	266,485.	
<b>c</b> Accounting	289,911.	34,962.	254,949.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,009.		1,009.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,726,057.	1,399,672.	1,311,240.	15,145.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	5,703,817.	4,663,095.	1,040,707.	15.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	7,491,539.	5,300,000.	2,191,539.	
<b>17</b> Travel	7,346,418.	6,138,182.	1,208,236.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	679,699.	501,132.	178,567.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	162,462.		162,462.	
<b>23</b> Insurance	1,230,105.	873,908.	356,197.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CONTRIBUTED GOODS	79,806,125.	79,806,125.		
<b>b</b> SUBCONTRACTS	22,199,114.	22,199,114.		
<b>c</b> PROJECT SUPP. & PROG AC	17,286,430.	17,286,430.		
<b>d</b> CONSTRUCTION	14,994,583.	14,994,583.		
<b>e</b> All other expenses	16,342,644.	16,081,890.	217,329.	43,425.
<b>25</b> Total functional expenses. Add lines 1 through 24e	247,748,670.	222,273,131.	25,405,919.	69,620.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	10,179,926.	<b>1</b>	10,037,818.
	<b>2</b> Savings and temporary cash investments .....	616,167.	<b>2</b>	808,357.
	<b>3</b> Pledges and grants receivable, net .....	48,285,872.	<b>3</b>	9,117,567.
	<b>4</b> Accounts receivable, net .....	10,994,382.	<b>4</b>	26,846,144.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	3,297,666.	<b>9</b>	3,104,767.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,330,527.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,129,759.	363,230.	<b>10c</b> 200,768.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	180,610.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,778,724.	<b>15</b>	3,943,889.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	76,515,967.	<b>16</b>	54,239,920.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	42,060,757.	<b>17</b>	23,852,785.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	13,982,502.	<b>19</b>	11,383,995.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,697,876.	<b>25</b>	193,346.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	59,741,135.	<b>26</b>	35,430,126.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	16,690,116.	<b>27</b>	18,768,138.
	<b>28</b> Temporarily restricted net assets .....	84,716.	<b>28</b>	41,656.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	16,774,832.	<b>33</b>	18,809,794.	
<b>34</b> Total liabilities and net assets/fund balances .....	76,515,967.	<b>34</b>	54,239,920.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	249,780,252.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	247,748,670.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,031,582.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	16,774,832.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,380.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	18,809,794.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2013)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization **INTERNATIONAL RELIEF AND DEVELOPMENT, INC.**

Employer identification number  
**54-1889077**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 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 - Non-functionally integrated
- 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?
 

	Yes	No
(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? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	478,875,883.	706,076,538.	462,264,648.	335,985,954.	249,706,039.	2232909062.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	478,875,883.	706,076,538.	462,264,648.	335,985,954.	249,706,039.	2232909062.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						2232909062.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	478,875,883.	706,076,538.	462,264,648.	335,985,954.	249,706,039.	2232909062.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	14,698.	5,985.	3,157.	12,630.	63,223.	99,693.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....			24,136.	20,156.	10,990.	55,282.
<b>11 Total support.</b> Add lines 7 through 10						2233064037.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.99	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	99.99	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2011 AMOUNT: \$ 24,136.

2012 AMOUNT: \$ 20,156.

2013 AMOUNT: \$ 10,990.



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Name of the organization**

INTERNATIONAL RELIEF AND DEVELOPMENT,  
INC.

**Employer identification number**

54-1889077

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

<b>Name of organization</b> INTERNATIONAL RELIEF AND DEVELOPMENT, INC.	<b>Employer identification number</b> 54-1889077
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT <hr/> 320 21 STREET, NW, SUITE 5942 <hr/> WASHINGTON, DC 20523-0002	\$ 117,034,446.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MEDICAL, EDUCATION, TRAINING AND DEVELOPMENT, INC. <hr/> 614 174TH AVENUE <hr/> SPRING LAKE, MI 49456-0466	\$ 46,925,886.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	MEDPHARM <hr/> 1101 KING STREET <hr/> ALEXANDRIA, VA 22314	\$ 12,598,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	US DEPARTMENT OF STATE <hr/> 2201 C STREET, NW <hr/> WASHINGTON, DC 20037	\$ 12,796,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	AECOM <hr/> 1999 AVENUE OF THE STARS, SUITE 2600 <hr/> LOS ANGELES, CA 90067	\$ 9,093,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	US DEPARTMENT OF AGRICULTURE <hr/> 1400 INDEPENDENCE AVENUE, SW <hr/> WASHINGTON, DC 20250	\$ 8,215,211.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> INTERNATIONAL RELIEF AND DEVELOPMENT, INC.	<b>Employer identification number</b>  54-1889077
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TOM'S SHOES  5404 JANDY PLACE  LOS ANGELES, CA 90066	\$ 5,068,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> INTERNATIONAL RELIEF AND DEVELOPMENT, INC.	<b>Employer identification number</b>  54-1889077
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	PHARMACEUTICALS AND MEDICAL SUPPLIES <hr/> <hr/> <hr/> <hr/>	\$ 46,925,886.	12/31/13
3	PHARMACEUTICALS AND MEDICAL SUPPLIES <hr/> <hr/> <hr/> <hr/>	\$ 12,598,000.	12/31/13
7	CLOTHING AND HOUSEHOLD GOODS <hr/> <hr/> <hr/> <hr/>	\$ 5,013,450.	12/31/13
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

<b>Name of organization</b> INTERNATIONAL RELIEF AND DEVELOPMENT, INC.	<b>Employer identification number</b> 54-1889077
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2013

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization INTERNATIONAL RELIEF AND DEVELOPMENT, INC.

Employer identification number 54-1889077

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (2a-2d), and several numbered questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a regarding reporting requirements and amounts.

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Temporarily restricted endowment \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,516,538.	1,493,592.	22,946.
d Equipment		545,712.	413,631.	132,081.
e Other		1,268,277.	1,222,536.	45,741.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				200,768.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEPOSITS	3,943,889.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,943,889.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	83,158.
(3) DUE TO AFFILIATES	110,188.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	193,346.

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



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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: MANAGEMENT OF THE ORGANIZATION HAS EVALUATED ITS TAX

POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2013, IN ACCORDANCE WITH THE

AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES INCLUDED IN ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC INCOME

TAXES AND HAS DETERMINED THAT THE ORGANIZATION HAS NO MATERIAL UNCERTAIN

TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECOGNIZED ANY LIABILITY FOR

UNRECOGNIZED TAX.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization  
INTERNATIONAL RELIEF AND DEVELOPMENT,  
INC.

Employer identification number  
54-1889077

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	DEMOCRACY & GOVERNANCE CARIBBEAN (CUBA); RELIEF HAITI, HONDURAS	2,444,965.
EAST ASIA AND THE PACIFIC	3	50	PROGRAM SERVICES	DEMOCRACY & GOVERNANCE INDONESIA, HEALTH CAMBODIA, RELIEF CAMBODIA, HEALTH &	9,409,545.
MIDDLE EAST AND NORTH AFRICA	11	153	PROGRAM SERVICES	DEMOCRACY & GOVERNANCE IRAQ, LEBANON, COMMUNITY STABILIZATION JORDAN, YEMEN, LEBANON,	45,499,275.
RUSSIA (INCLUDING THE NEWLY INDEP. STATES)	6	57	PROGRAM SERVICES	HEALTH ARMENIA, GEORGIA, UKRAINE, KOSOVO DEMOCRACY & GOVERNANCE GEORGIA, KOSOVO	13,409,998.
SOUTH AMERICA	4	66	PROGRAM SERVICES	DEMOCRACY & GOVERNANCE COLOMBIA COMMUNITY STABILIZATION COLOMBIA RELIEF & HEALTH ECUADOR	14,965,645.
SOUTH ASIA	8	1107	PROGRAM SERVICES	COMMUNITY STABILIZATION AFGHANISTAN, PAKISTAN INFRASTRUCTURE AFGHANISTAN, HEALTH &	96,140,932.
SUB-SAHARAN AFRICA	21	530	PROGRAM SERVICES	FOOD SECURITY ZIMBABWE, NIGER, LIBERIA, CAMEROON, BURKINA FASO, INFRASTRUCTURE ETHIOPIA,	39,405,470.
<b>3 a</b> Sub-total .....	53	1963			221,275,830.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	53	1963			221,275,830.

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

Schedule F (Form 990) 2013

SEE PART V FOR COLUMN (E) DESCRIPTIONS

332071  
10-03-13

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities .....

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2013

**Part V Supplemental Information**

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

## PART I, LINE 2:

EXPLANATION: IRD HIRES AND RETAINS QUALIFIED LOCAL, THIRD COUNTRY NATIONAL AND EXPATRIATE STAFF AND CONSULTANTS TO IMPLEMENT ITS VARIOUS OVERSEAS PROGRAMS - BOTH PROGRAMMATICALLY AND FINANCIALLY. EACH IRD FIELD OFFICE HAS DEDICATED FINANCE STAFF WHO VERIFY THAT EXPENSES INCURRED ARE REASONABLE, ALLOWABLE AND ALLOCABLE UNDER THE VARIOUS FUNDING MECHANISMS. THE STAFF RECORD APPROVED EXPENSES IN COSTPOINT (IRD'S FINANCIAL SOFTWARE), MAINTAIN SUPPORTING DOCUMENTATION AND FORWARD TO COUNTERPART STAFF AT HQ FOR FURTHER REVIEW AND APPROVAL. IN LOCATIONS WHERE INTERNET BANDWIDTH IS NOT STRONG, INTERNATIONALLY BASED STAFF ENTER FINANCIAL DATA USING QUICKBOOKS SOFTWARE INITIALLY AND FORWARD TO HQ COUNTERPART STAFF FOR FINAL REVIEW AND UPLOAD INTO COSTPOINT. THE SAME DOCUMENTATION MAINTENANCE IS REQUIRED. EACH OFFICE MAINTAINS AN ACCOUNTING PROCEDURES MANUAL TO ENSURE MONITORING PRACTICES ARE APPROPRIATE AND CONSISTENT BETWEEN OFFICES.

## PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: DEMOCRACY & GOVERNANCE

INDONESIA, HEALTH CAMBODIA, RELIEF CAMBODIA, HEALTH & RELIEF PHILIPPINES, VIETNAM

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: DEMOCRACY & GOVERNANCE IRAQ,

LEBANON, COMMUNITY STABILIZATION JORDAN, YEMEN, LEBANON, INFRASTRUCTURE PALESTINE, JORDAN, YEMEN HEALTH LEBANON, JORDAN FOOD SECURITY JORDAN

RELIEF YEMEN

**Part V Supplemental Information**

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

REGION: RUSSIA (INCLUDING THE NEWLY INDEP. STATES)

(E) SPECIFIC TYPES OF SERVICES IN REGION: HEALTH ARMENIA, GEORGIA,

UKRAINE, KOSOSVO DEMOCRACY & GOVERNANCE GEORGIA, KOSOSVO INFRASTRUCTURE

KOSOVO RELIEF KOSOVO

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: COMMUNITY STABILIZATION

AFGHANISTAN, PAKISTAN INFRASTRUCTURE AFGHANISTAN, HEALTH & RELIEF

AFGHANISTAN PAKISTAN

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: FOOD SECURITY ZIMBABWE, NIGER,

LIBERIA, CAMEROON, BURKINA FASO, INFRASTRUCTURE ETHIOPIA, SWAZILAND,

ZIMBABWE, MOZAMBIQUE COMMUNITY STABILIZATION CHAD, NIGER, BURKINA FASO,

ETHIOPIA HEALTH MOZAMBIQUE, SOMALIA RELIEF SOMALIA

SCHEDULE F, PART I, COLUMN (E)

EXPLANATION: CENTRAL AMERICA & THE CARIBBEAN

DEMOCRACY & GOVERNANCE (CARIBBEAN, CUBA)

UNDER THE COMMUNITY ENGAGEMENT THROUGH ACTION PROGRAM (CEAP), IRD

PROVIDED LIMITED INDIRECT SUPPORT TO INDEPENDENT ONGOING COMMUNITY

BASED ACTIVITIES IN CUBA, TO STRENGTHEN COMMUNITY BASED SELF-HELP

INITIATIVES.

**Part V** Supplemental Information

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

RELIEF (HAITI, HONDURAS)

AS PART OF CONTINUING SUPPORT TO NATURAL DISASTERS, IRD PROVIDED

HEALTH AND SOCIAL WELFARE SERVICE SUPPORT TO VICTIMS OF THE HAITIAN

EARTHQUAKE, HELPING TO REBUILD DEVASTATED COMMUNITIES, THROUGH THE

PROVISION OF TEMPORARY SHELTERS AND ASSISTED IN PROCUREMENT AND SUPPLY

CHANGE MANAGEMENT FOR A GLOBAL FUND HIV/AIDS AND MALARIA EFFORT IN

HONDURAS.

EAST ASIA AND THE PACIFIC

DEMOCRACY & GOVERNANCE (INDONESIA)

IN INDONESIA, IRD SUPPORTED A MAJOR INITIATIVE TO PROMOTE CONFLICT

RESOLUTION, RECONCILIATION, TOLERANCE AND DIVERSITY, AND TO FORMULATE

LASTING SOLUTIONS TO THE MAJOR CAUSES OF CONFLICT AND SOCIAL VIOLENCE

THAT TARGETED STRENGTHENING OF EXISTING INSTITUTIONS TO MITIGATE

CONFLICT IN CRISES-AFFECTED AREAS SUCH AS ACEH, PAPUA, SULAWESI AND

MALUKUS. THE PROGRAM SUPPORTED INDONESIA'S CONTINUING EVOLUTION TO A

MORE PEACEFUL, JUST AND DEMOCRATIC SOCIETY, STRENGTHENING BASIC HUMAN

RIGHTS PROTECTIONS FOR ALL CITIZENS.

HEALTH (CAMBODIA)

IN CAMBODIA, IRD CONTINUED WORK TO REDUCE SHORT-TERM HUNGER AND IMPROVE

CALORIE MICRONUTRIENT INTAKE OF SCHOOL AGE CHILDREN THROUGH A SCHOOL

BASED NUTRITION PROGRAM, AND IMPROVE HYGIENE HEALTH AND BASIC

SANITATION EDUCATION AMONG SCHOOL AGE CHILDREN. THE 2013 GLOBAL HARVEST



**Part V Supplemental Information**

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

INITIATIVE REPORT FEATURED THE IRD'S BETTER FOODS FOR BETTER LIVES

PROGRAM IN CAMBODIA (2004-2007). THE REPORT STATES "CLEARLY, THE

PROGRAMMATIC SEEDS THAT WERE PLANTED BY BETTER FOOD FOR BETTER LIVES

HAVE TAKEN HOLD IN CAMBODIA, DEMONSTRATING THAT VALUE CHAIN

ENHANCEMENTS CAN WORK TO IMPROVE THE NUTRITIONAL CONTENT OF FOOD AND

MARKET IT TO LOW-INCOME CONSUMERS."

RELIEF (CAMBODIA)

ALSO IN CAMBODIA, IRD ADMINISTERED AGRICULTURAL COMMODITY DONATION

(FOOD AID) DISTRIBUTION OF VEGETABLE OIL, SALMON, LENTILS, AND CORN-SOY

BLEND TO RELIEVE HUNGER AND FOOD SCARCITY FOR VULNERABLE POPULATIONS.

HEALTH & RELIEF (PHILIPPINES, VIETNAM)

IN RESPONSE TO TYPHOON HAIYAN, IRD SUPPORTED IMMEDIATE NUTRITION AND

FOOD SECURITY NEEDS IN THE EASTERN VISAYAS REGION OF THE PHILIPPINES

AND PROVIDED SIGNIFICANT GIFTS IN KIND SUPPORT WITHIN THE FIRST FEW

WEEKS AND MONTHS OF DISASTER RESPONSE. IRD ALSO SUPPORTED SIMILAR

ACTIVITIES FOR VULNERABLE POPULATIONS IN VIETNAM.

MIDDLE EAST & NORTH AFRICA

DEMOCRACY & GOVERNANCE (IRAQ, LEBANON)

IN IRAQ IRD INITIATED IMPLEMENTATION OF THE COMMUNITY COHESION IN

NORTHERN IRAQ (CCNI) PROGRAM THAT IDENTIFIES DRIVERS OF CONFLICT IN

**Part V Supplemental Information**

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

COMMUNITIES HOSTING LARGE NUMBERS OF REFUGEES. IRD'S PROGRAM IMPROVE

THE CAPACITY OF HOST COMMUNITIES TO PREVENT AND MANAGE CONFLICT AND

INCREASE AWARENESS OF HUMAN RIGHTS, INCLUDING THE RIGHTS OF WOMEN IN

THE REGION. IN LEBANON, IRD FACILITATED THE WORK LEGALIZATION PROCESS

FOR IRAQI REFUGEES, ENABLING THEM TO CONTINUE GENERATING INCOME WHILE

RESIDING IN LEBANON.

COMMUNITY STABILIZATION (YEMEN)

IN YEMEN, IRD IMPROVED CITIZENS' UNDERSTANDING OF BASIC RIGHTS AND

CIVIC RESPONSIBILITIES THROUGH GRASSROOTS THEATER AND OTHER COMMUNITY

BASED FORUMS. THE GRASSROOTS THEATER INITIATIVE USES A COMMUNITY

THEATRE MODEL TO SUPPORT POLITICAL TRANSITION. THE PROGRAM FACILITATES

DISCUSSION REGARDING POLITICAL AND SOCIO-ECONOMIC TOPICS.

INFRASTRUCTURE (PALESTINE, JORDAN, YEMEN)

IN THE WEST BANK AND GAZA, (PALESTINE) IRD PROVIDES A WIDE RANGE OF

MAJOR CONSTRUCTION AND PHYSICAL INFRASTRUCTURE IMPROVEMENT SERVICES IN

TRANSPORTATION, WATER, SANITATION AND WASTE MANAGEMENT THROUGH THE WEST

BANK INFRASTRUCTURE NEEDS PROGRAM (INP II). IN YEMEN, THE WATER

RESILIENCY THROUGH SAND DAM CONSTRUCTION AND HYGIENE PROMOTION USES

LOCAL, LOW TECH, SAND DAM TECHNOLOGY TO CREATE UNDERWATER RESERVOIRS IN

15 LOCATIONS IN YEMEN'S SOUTHERN GOVERNORATES. IN JORDAN, IRD

SUPPORTED SCHOOL CONSTRUCTION AND RENOVATION ACTIVITIES.

HEALTH (LEBANON, JORDAN, YEMEN)

**Part V Supplemental Information**

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

IN JORDAN, IRD STRENGTHENS THE CAPACITY OF NATIONAL COMMUNITY-BASED ORGANIZATIONS TO INCLUDE REFUGEES IN THEIR ONGOING PROGRAMS TO FACILITATE GREATER SOCIAL INCLUSION OF IRAQIS IN HEALTH EDUCATION AND OTHER SOCIAL WELFARE PROGRAMS, AND TO REDUCE BARRIERS TO COMMUNITY MOBILIZATION FOR REFUGEE DISPLACED POPULATIONS. IRD PROVIDES PRACTICAL TRAINING OPPORTUNITIES FOR IRAQI MEN AND WOMEN THROUGH ITS NETWORK OF SKILLED CRAFTSMEN AND PROFESSIONALS. IRD'S HEALTH SUPPORT TO SYRIAN REFUGEES (HSSR) PROGRAM IN JORDAN IS IMPROVING THE HEALTH STATUS OF DISPLACED SYRIANS IN THE NORTHERN AND SOUTHERN REGIONS OF JORDAN WHILE ALSO SUPPORTING HOST COMMUNITIES. THE ACTIVITIES FOCUS ON INCREASING ACCESS TO BETTER QUALITY HEALTH SERVICES FOR DISPLACED SYRIANS AND HOST FAMILIES AND MITIGATING DOMESTIC AND GENDER-BASED VIOLENCE WITHIN THE REFUGEE POPULATION.

TO SUPPORT IRD'S RESPONSE TO THE SYRIAN CRISIS, IRD ARRANGED FOR SHIPMENTS OF CHILDREN'S CLOTHING, SHOES, HYGIENE KITS, SCHOOL KITS, LAYETTES, SOCCER BALLS AND BIRTHING KITS TO JORDAN. THE COMMODITIES WERE SENT TO AID THE ZAATARI REFUGEE CAMP ALONG WITH HOST FAMILIES IN JORDAN AND LEBANON.

RELIEF (YEMEN)

IN YEMEN, IRD INCREASED ACCESS TO POTABLE WATER AND IMPROVED HYGIENE PRACTICES FOR VULNERABLE COMMUNITIES IN HODEIDAH GOVERNORATE.

RUSSIA & THE NEWLY INDEPENDENT STATES

**Part V Supplemental Information**

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

HEALTH (ARMENIA, GEORGIA, UKRAINE, KOSOVO)

IRD'S HEALTH SYSTEMS STRENGTHENING FOR A SUSTAINABLE HIV/AIDS RESPONSE

IN UKRAINE WORKS TO ENSURE EFFECTIVE AND SUSTAINABLE DELIVERY OF

HIV/AIDS PREVENTION CARE AND TREATMENT SERVICES FOR HARD TO REACH

MARGINALIZED POPULATIONS. IRD ALSO ARRANGED FOR A SHIPMENT OF 5,280

INDESTRUCTIBLE SOCCER BALLS TO A VARIETY OF PLACES IN LUGANSK, UKRAINE

INCLUDING ORPHANAGES, NGOS, AND SCHOOLS FOR SPECIAL EDUCATION.

INFRASTRUCTURE ( KOSOVO)

IRD'S SMALL INFRASTRUCTURE FOR WATER AND SANITATION (SIWS) IN KOSOVO

COMPLETED RESIDENTIAL WATER SUPPLY CONNECTIONS THAT WILL PROVIDE SAFE

DRINKING WATER. WATER ENGINEERING SUPPORT SERVICES INCLUDED DESIGN AND

EXTENSION OF THE WATER DISTRIBUTION NETWORKS, REHABILITATION OF WATER

CATCHMENTS SYSTEMS, CONSTRUCTION OF NEW WATER RESERVOIRS, AND DESIGN

AND CONSTRUCTION OF WATER PUMPING SYSTEMS IN VARIOUS MUNICIPALITIES.

SOUTH AMERICA

DEMOCRACY & GOVERNANCE (COLOMBIA)

IRD/COLOMBIA'S CLOSING GAPS IV AND CASA PINTADA PROGRAMS CONTINUE TO

WORK WITH NATIONAL GOVERNMENT, LOCAL GOVERNMENTS AND THE PUBLIC

MINISTRY TO STRENGTHEN THEIR CAPACITY FOR PREVENTION, ASSISTANCE,

ATTENTION AND REPARATION OF VICTIMS OF FORCED DISPLACEMENT IN COLOMBIA.

**Part V Supplemental Information**

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

BOTH PROGRAMS WORK WITH FORCED VICTIMS OF DISPLACEMENT ORGANIZATIONS TO

ALLEVIATE EMOTIONAL SUFFERING CAUSED BY VIOLENCE, INCLUDING GENDER

BASED VIOLENCE, BY PROVIDING PSYCHOSOCIAL SUPPORT ACTIVITIES. THE

PROGRAM ALSO PROVIDES HUMANITARIAN ASSISTANCE FOR THE VICTIMS OF FORCED

DISPLACEMENT AND PERFORMS MINOR COMMUNITY BASED RECONSTRUCTION.

SOUTH ASIA

COMMUNITY STABILIZATION (AFGHANISTAN, PAKISTAN)

AFGHANISTAN CIVILIAN ASSISTANCE PROGRAM II (ACAP II) PROVIDES IMMEDIATE

AND LONGER-TERM ASSISTANCE TO DIRECT VICTIMS OF CONFLICT BY DELIVERING

REPARATION ASSISTANCE TO WAR-AFFECTED COMMUNITIES. PSYCHOSOCIAL SUPPORT

ACTIVITIES HAVE ALSO BEEN INTEGRATED INTO ITS PROGRAMMING. GRIEVING

FAMILIES HAVE THE OPPORTUNITY TO DISCUSS THEIR FEELINGS AND PROBLEMS

WITH MEMBERS OF THEIR COMMUNITY WHO HAVE RECEIVED PSYCHOSOCIAL TRAINING

ON APPROPRIATE INTERVENTIONS.

THE KANDAHAR FOOD ZONE PROGRAM (KFZ) IS ALTERNATIVE LIVELIHOOD PROGRAM

THAT USES A PARTICIPATORY ASSESSMENTS AND COMMUNITY PLANNING AND

PROGRAM INTERVENTIONS TO DETERMINE WHY FARMERS GROW POPPY AND HELPS

COMMUNITIES IMPLEMENT ALTERNATIVE LIVELIHOOD PROGRAMS.

THE PAKISTAN CONFLICT VICTIMS SUPPORT PROGRAM (CVSP) PROVIDES

ASSISTANCE TO CIVILIAN VICTIMS OF VIOLENT CONFLICT AND THEIR FAMILIES

IN PAKISTAN. THIS ASSISTANCE INCLUDES THE PROVISION OF EMERGENCY FOOD

AND HOUSEHOLD ITEMS TO AFFECTED FAMILIES IMMEDIATELY AFTER AN INCIDENT

**TAXPAYER COPY**

**Part V Supplemental Information**

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

AS WELL AS TAILORED ASSISTANCE SUCH AS PROSTHETICS AND OTHER MEDICAL SUPPORT; PSYCHOSOCIAL COUNSELING; VOCATIONAL TRAINING AND SMALL BUSINESS ASSISTANCE; AND SCHOLARSHIPS FOR CHILDREN TO ATTEND PRIMARY AND SECONDARY SCHOOL. THE CVSP PROJECT IS ALSO WORKING WITH THE GOVERNMENT OF PAKISTAN (GOP) TO ESTABLISH AND MANAGE A SUSTAINABLE FUND FOR VICTIMS THROUGH THE ESTABLISHMENT OF PUBLIC PRIVATE PARTNERSHIPS AND MAJOR POLICY DIALOGUE AMONG KEY STAKEHOLDERS.

SCHEDULE F, PART I, COLUMN (E)

EXPLANATION: INFRASTRUCTURE (AFGHANISTAN)

IRD'S ENGINEERING QUALITY ASSURANCE AND LOGISTICAL SUPPORT (EQUALS) BASED IN KABUL AFGHANISTAN IS CURRENTLY MONITORING CONSTRUCTION PROJECTS AND CONDUCTED QUALITY ASSURANCE INSPECTIONS ON BEHALF OF USAID. AMONG OTHER ACTIVITIES IN 2013, EQUALS COMPLETED WATER ASSESSMENT CAPACITY NEEDS SURVEYS FOR FIVE RIVER BASIN AGENCIES, ESTABLISHED A DIGITAL MAPPING LIBRARY AND WEBSITE AT THE MINISTRY OF ENERGY AND WATER (MOEW) AND WORKED ON THE EMERGENCY REPAIR OF A FLOOD DAMAGED ROAD NEAR GARDEZ. EQUALS ALSO CONDUCTED FINAL INSPECTION OF THE DURAI JUNCTION SUBSTATION NEAR KANDAHAR AND COMPLETED REVIEW OF THE PLANT'S HYDRO POWER PLANT OPERATIONS AND MAINTENANCE TRAINING MANUALS.

RECONSTRUCTION TRUST FUND QUALITY ASSURANCE MONITORING (ARTF) COMPLETED PROJECT INSPECTIONS IN 28 PROVINCES FOR FOUR AFGHANISTAN WORLD BANK PROGRAMS AND PROVIDED SUBSTANTIAL TECHNICAL SUPPORT TO THE AFGHAN MINISTRY OF EDUCATION (MOED) MONITORING TRAINING CENTER (MTC) TO INITIATE A MONITORING TRAINING PROGRAM FOR THE MINISTRY'S

**Part V Supplemental Information**

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

INFRASTRUCTURE SERVICE DEPARTMENT ENGINEERS TO ENSURE THEY ARE CAPABLE

OF CONDUCTING INSPECTIONS INDEPENDENTLY OF EXTERNAL TECHNICAL

ASSISTANCE.

HEALTH & RELIEF (PAKISTAN)

SINGH COMMUNITY MOBILIZATION PROGRAM (CMP) BUILDS A SUSTAINABLE

PLATFORM FOR COMMUNITY AND PRIVATE SECTOR ENGAGEMENT IN SCHOOL

MANAGEMENT IN SINDH IN PAKISTAN. CMP WORKS TO INCREASE COMMUNITIES'

INVOLVEMENT IN REFORM OF MERGING, CONSOLIDATING, AND UPGRADING SCHOOLS;

IMPROVE COMMUNITY AND DISTRICT GOVERNMENT COORDINATION FOR INCREASED

GIRLS' ENROLLMENT, AND IMPROVE CHILD NUTRITION IN SELECTED COMMUNITIES

AND GOVERNMENT SCHOOLS THROUGH RESEARCH THAT INFORMS INNOVATION AND

GOOD PRACTICE.

SUB-SAHARAN AFRICA

FOOD SECURITY (ZIMBABWE, NIGER, LIBERIA, CAMEROON, BURKINA FASO)

SUSTAINABLE FOOD & AGRICULTURE SYSTEMS (SFAS) RECEIVED A GRANT FOR THE

MONETIZATION OF 19,100 METRIC TONS OF U.S. DEPARTMENT OF AGRICULTURE

(USDA) FOOD FOR PROGRESS DONATED COMMODITIES TO SUPPORT DEVELOPMENT

PROGRAM IMPLEMENTATION IN BURKINA FASO, SENEGAL AND GAMBIA. PROGRAMS

SUPPORT DEVELOPMENT OF THE CASHEW, FONIO AND SESAME VALUE CHAINS AND

PROMOTE FOOD SECURITY AND AGRICULTURAL DEVELOPMENT.

INFRASTRUCTURE ( ETHIOPIA, SWAZILAND, ZIMBABWE, MOZAMBIQUE, )

**Part V Supplemental Information**

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

IRD'S MITIGATION OF NEGATIVE IMPACTS OF CLIMATE CHANGE IN SWAZILAND

IMPLEMENTS SUSTAINABLE FOOD SECURITY, WATER SUPPLY, SANITATION, AND

HYGIENE ACTIVITIES. THE ZIMBABWE PERI-URBAN ROOF-TOP RAIN WATER

HARVESTING (ZIMROOF) ALSO FOCUSES ON WATER AND SANITATION FOR HEALTH

(WASH) AS DOES IRD'S . REDUCTION OF VULNERABILITY TO DROUGHT,

CYCLONES, AND IMPACT OF CLIMATE CHANGE IN SOUTHERN MOZAMBIQUE (COLHEITA

II) AND DRR ZAMBEZIA ACTIVITIES.

COMMUNITY STABILIZATION (CHAD, NIGER, BURKINA FASO, ETHIOPIA)

PEACE THROUGH DEVELOPMENT II (PDEV II) IS COUNTERING VIOLENT EXTREMISM

(CVE) THROUGHOUT THE SAHEL REGION THROUGH THE LAUNCH OF THEATER AND

CINEMA AND OTHER COMMUNICATION PROJECTS IN NIGER, CHAD, AND BURKINA

FASO. PROGRAMS INVOLVE YOUTH BUILDING SOCIAL SKILLS AND TRAINING IN

CONFLICT ANALYSIS, DIALOGUE FACILITATION AND CVE PROGRAMMING. PDEV II

ALSO TRAINS PARTNER CIVIL SERVICES ORGANIZATIONS (CSOS) TO INCREASE

CIVIL SOCIETY CAPACITY TO ADDRESS COMMUNITY ISSUES. THE PROGRAM ALSO

SUPPORTS SMALL COMMUNITY BASED INFRASTRUCTURE PROJECTS.

THE ETHIOPIA HEALTH INFRASTRUCTURE NEEDS PROGRAM (EHIP) IS WORKING

THROUGHOUT ETHIOPIA TO IMPROVE CONSTRUCTION OF HEALTH CARE FACILITIES.

IRD IS CONSTRUCTING OR REHABILITATING HEALTH INCLUDING MANAGEMENT AND

SUPERVISION OF LOCAL SUBCONTRACTORS.

RELIEF (SOMALIA)

IN SOMALIA, IRD PROVIDED HUMANITARIAN EMERGENCY RESPONSE UNDER THE



**Part V Supplemental Information**

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

SOMALIA DROUGHT RESISTANCE PROGRAM, BY HELPING TO CONSTRUCT RAIN WATER

CATCHMENT SYSTEMS KNOWN AS BIRKEDS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization INTERNATIONAL RELIEF AND DEVELOPMENT, INC.

Employer identification number 54-1889077

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ARTHUR B. KEYS, D.MIN. PRESIDENT AND CEO	(i)	457,828.	94,500.	14,857.	89,825.	33,064.	690,074.	0.
	(ii)	14,672.	0.	0.	0.	0.	14,672.	0.
(2) INGRID FITZGERALD CHIEF ADMIN OFFICER	(i)	228,980.	57,245.	450.	11,449.	19,453.	317,577.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JASON MATECHAK GENERAL COUNSEL	(i)	325,000.	65,000.	450.	12,750.	19,453.	422,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELSIE M. TAMA CHIEF FINANCIAL OFFICER	(i)	228,856.	48,000.	690.	12,000.	19,453.	308,999.	0.
	(ii)	11,144.	0.	0.	0.	0.	11,144.	0.
(5) JASNA BASARIC-KEYS CHIEF OF PROGRAM OPERATIONS	(i)	168,438.	289,273.	121,065.	522,133.	1,382.	1,102,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TRAVIS GARTNER COUNTRY DIR. PDEV (UNTIL 10/2013)	(i)	198,600.	0.	83,208.	9,930.	14,012.	305,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JEAN HACKEN DIRECTOR OF COMPLIANCE	(i)	184,479.	0.	1,973.	9,250.	8,357.	204,059.	0.
	(ii)	521.	0.	0.	0.	0.	521.	0.
(8) LEONARD CHITEKWE-MWALE FINANCE DIRECTOR ACAP	(i)	172,661.	8,654.	124,093.	8,633.	16,815.	330,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANTHONY HASLAM COP ACAP AFGHANISTAN	(i)	195,700.	29,355.	128,525.	9,785.	7,566.	370,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DANIEL BICHANICH COP ARTF AFGHANISTAN	(i)	143,182.	0.	155,635.	7,159.	7,216.	313,192.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) GERALD BECKER TEAM LEADER, SIKA SOUTH	(i)	158,995.	0.	121,709.	7,950.	16,815.	305,469.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JAMES WEEKS COP ARTF AFGHANISTAN	(i)	185,000.	0.	82,854.	9,250.	12,611.	289,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CARLA CLEMONS SENIOR CONTRACTS OFFICER - SIKA EAST	(i)	165,300.	0.	101,297.	8,265.	7,566.	282,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

EXPLANATION: PROFESSIONAL ORGANIZATION FEES PAID FOR PRESIDENT/CEO IN THE  
AMOUNT OF \$2,049.

PART I, LINE 4B:

EXPLANATION: IRD DEFERRED \$23,875 FOR THE IRC 457(F) PLAN COVERING ARTHUR  
B. KEYS, D. MIN., PRESIDENT/CEO. HOWEVER, ALL IRC 457(F) PLAN AMOUNTS  
CREDITED TO ARTHUR B. KEYS WERE FORFEITED ON AUGUST 31, 2014 BY OPERATION  
OF THE PLAN. THE TOTAL FORFEITED AMOUNT OF \$320,710 INCLUDES THE \$23,875  
REPORTED HEREIN.

PART I, LINE 7:

EXPLANATION: ANY BONUSES RECEIVED BY OFFICERS, KEY EMPLOYEES AND HIGHEST  
PAID EMPLOYEES LISTED IN FORM 990, PART VII - AS WELL AS ANY OTHER IRD  
EMPLOYEE WHO RECEIVED A BONUS - DURING THE YEAR ENDED DECEMBER 31, 2013,  
WERE BASED ON PERFORMANCE AS IDENTIFIED BY THEIR SUPERVISORS  
AND AS APPROVED BY THE PRESIDENT AND CEO AS PART OF THE ANNUAL PERFORMANCE  
APPRAISAL PROCESS. THE BOARD OF DIRECTORS DETERMINES ANY BONUS TO THE  
PRESIDENT AND CEO AND RELATED PARTIES.

**Part III Supplemental Information**

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

SCHEDULE J, PART II, ROW (1)(I)(C)

EXPLANATION: \$23,875 OF THE AMOUNT SHOWN HAS BEEN FORFEITED. ALSO, AN

AMOUNT OF \$590,625 HAD BEEN DEFERRED IN 2012 FOR ARTHUR KEYS, BUT WHICH

AMOUNT HAS NOT BEEN PAID (TO DATE). IN GOOD FAITH, THE ORGANIZATION

DID NOT KNOW IT SHOULD HAVE REFLECTED THE FULL AMOUNT IN THE 2012 990

UNTIL LATE 2014, AFTER CONSULTING COUNSEL. AS OF THE DATE OF THIS

FILING, A. KEYS HAS AGREED TO RELINQUISH HIS CLAIM TO \$590,625.

SCHEDULE J, PART II, LINE (5)(I)(B)(II)

EXPLANATION: AS OF THE DATE OF THIS FILING, J. KEYS HAS AGREED TO

RETURN \$176,318 OF THIS AMOUNT TO IRD.

SCHEDULE J, PART II, LINE (5)(I)(B)(III)

EXPLANATION: AS OF THE DATE OF THIS FILING, J. KEYS HAS AGREED TO

RETURN \$120,313 OF THIS AMOUNT TO IRD.

SCHEDULE J, PART II, LINE (5)(I)(C)

EXPLANATION: AS OF THE DATE OF THIS FILING, J. KEYS HAS AGREED TO

**Part III** Supplemental Information

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

RETURN \$496,211 (WHICH WAS PAID IN 2014) OF THIS AMOUNT TO IRD.

SCHEDULE J, PART II, LINE (5)(I)(E)

EXPLANATION: THE EFFECT OF THE REPAYMENTS TO THE ORGANIZATION REFLECTED

IN COLUMNS (5)(I)(B)(II), (III) AND (5)(C), TOTALING \$792,842, IS TO

REDUCE THE TOTAL IN COLUMN (5)(I)(E) DOWN TO \$309,499.



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
NATASA RUKA	FAMILY MEMBER OF TH	75,669.	SALARY AND		X
MLADEN BASARIC	FAMILY MEMBER OF JA	181,912.	SALARY AND		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: NATASA RUKA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF THE PRESIDENT/CEO OF IRD

(D) DESCRIPTION OF TRANSACTION: SALARY AND STANDARD ORGANIZATIONAL

BENEFITS PAID TO NATASA RUKA FOR FULL-TIME EMPLOYMENT WITH IRD.

(A) NAME OF PERSON: MLADEN BASARIC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JASNA BASARIC-KEYS, CHIEF, PROGRAM OPERATIONS

(D) DESCRIPTION OF TRANSACTION: SALARY AND STANDARD ORGANIZATIONAL

BENEFITS PAID TO MLADEN BASARIC FOR FULL-TIME EMPLOYMENT WITH IRD.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **INTERNATIONAL RELIEF AND DEVELOPMENT, INC.**

Employer identification number  
**54-1889077**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		15,608,276.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	33	64,197,849.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

**Part II**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization INTERNATIONAL RELIEF AND DEVELOPMENT,  
INC.

Employer identification number  
54-1889077

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

TO TRAVEL IN AND THROUGH THESE PREDOMINANTLY IMPOVERISHED, AND IN MANY

CASES DANGEROUS, LOCATIONS. AS PART OF PROGRAM DEVELOPMENT, WE

COLLABORATE WITH A VAST RANGE OF INTERNATIONAL AND INDIGENOUS

ORGANIZATIONS TO DESIGN AND IMPLEMENT HUMANITARIAN RELIEF AND

DEVELOPMENT AID PROGRAMS.

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

IN DEVELOPING MARKETS.

ETHIOPIA'S 74 MILLION PEOPLE HAVE AMONG THE LOWEST PER CAPITA ACCESS TO

HEALTHCARE FACILITIES IN THE WORLD. MANY HEALTH CENTERS ARE IN A POOR

STATE OF REPAIR AND DO NOT ADEQUATELY SUPPORT EXISTING SERVICES, MUCH

LESS TAKE ON MANAGEMENT SERVICES FOR HIV AND OTHER CHRONIC DISEASES.

THE GOVERNMENT OF ETHIOPIA HAS EMBARKED ON A HEALTH SYSTEM EXPANSION

PROGRAM WITH THE GOAL OF INCREASING THE NUMBER OF GOVERNMENT STANDARD

HEALTH CENTERS. IN OCTOBER 2013, IRD'S ETHIOPIA HEALTH INFRASTRUCTURE

PROGRAM CONTRACT WAS AWARDED ADDITIONAL MONEY TO SUPPORT THE

CONSTRUCTION OF ADDITIONAL CLINICS. THIS MEANT THAT IRD COULD CONTINUE

TO CREATE HIGHLY VISIBLE IMPROVEMENTS TO THE ETHIOPIAN HEALTH SECTOR IN

FIVE REGIONS THAT EXPERIENCE HIGH HIV PREVALENCE, AND WHERE USAID AND

THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR) HAVE

CONTRIBUTED TO THE PROVISION OF HEALTHCARE SERVICES.

IN 2013, IRD CONTINUED ITS WORK UNDER THE WORLD BANK'S AFGHANISTAN

RECONSTRUCTION TRUST FUND (ARTF), IN HELPING TO TRACK AND MONITOR

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization INTERNATIONAL RELIEF AND DEVELOPMENT, INC.

Employer identification number 54-1889077

PROJECT EXECUTION. WORKING CLOSELY WITH AFGHAN MINISTRIES OF EDUCATION, PUBLIC WORKS, RURAL REHABILITATION AND DEVELOPMENT, AND OTHERS, IRD IS BUILDING NATIONAL CAPACITY TO MANAGE DEVELOPMENT AID. IRD PROVIDES SIMILAR SUPPORT TO USAID UNDER THE ENGINEERING QUALITY ASSURANCE AND LOGISTICS SERVICES (EQUALS) PROGRAM, INCLUDING A RANGE OF ENGINEERING, LOGISTICAL, AND TECHNICAL SERVICES FOR TRANSPORTATION, ENERGY, AND WATER AND SANITATION INFRASTRUCTURE PROJECTS. IRD HAS ENABLED HUNDREDS OF INTERNATIONAL AND AFGHAN STAFF TO ASSIST USAID WITH SITE INSPECTIONS, QUALITY ASSURANCE AND QUALITY CONTROL, PROJECT EVALUATIONS, TECHNICAL REVIEWS, AND TECHNICAL CAPACITY BUILDING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DEPARTMENT OF STATE, IRD HAS DELIVERED OVER \$200 MILLION OF IN-KIND DONATIONS OF MEDICAL AND NON-MEDICAL COMMODITIES SINCE 1999, REACHING OVER 3.5 MILLION PEOPLE. THE IN-KIND ASSISTANCE CAME FROM IRD PARTNER MEDICAL INSTITUTIONS, GOVERNMENT INSTITUTIONS, AND LOCAL NGOS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: INEFFECTIVE OR NONEXISTENT LOCAL GOVERNANCE. IN 2013, USAID-FUNDED STABILITY IN KEY AREAS (SIKA)-SOUTH PROGRAM BEGAN TO ADDRESS THIS ISSUE BY PROMOTING STABILIZATION THROUGH INCREASED COORDINATION AMONG DIFFERENT LEVELS OF THE AFGHAN GOVERNMENT AND ITS CONSTITUENTS. THE PROGRAM WORKS CLOSELY WITH THE MINISTRY OF RURAL REHABILITATION AND DEVELOPMENT TO STRENGTHEN THE CAPACITY OF GOVERNMENT ENTITIES TO IDENTIFY AND ADDRESS SOURCES OF INSTABILITY, STRENGTHEN COMMUNICATION BETWEEN PROVINCES AND DISTRICTS FOR MORE EFFECTIVE SUB-NATIONAL GOVERNANCE, ENHANCE CITIZENS' KNOWLEDGE OF AVAILABLE GOVERNMENT AND

COMMUNITY SERVICES, AND PROVIDE GRANTS AND OTHER RESOURCES TO ADDRESS

Name of the organization INTERNATIONAL RELIEF AND DEVELOPMENT,  
INC.

Employer identification number  
54-1889077

CRITICAL NEEDS AND GENERATE LOCAL EMPLOYMENT.

THE SAHEL REGION OF WEST AFRICA IS INCREASINGLY THREATENED BY VIOLENT

EXTREMIST GROUPS, RECRUITMENT BY RADICAL INSTITUTIONS, AND ILLICIT

ACTIVITIES. THESE THREATS ARE EXACERBATED BY POOR ECONOMIC CONDITIONS,

CORRUPTION, WANING PASTORAL LIVELIHOODS, AND A GROWING SENTIMENT THAT

ISLAM IS THREATENED. WITH FUNDING FROM USAID, IRD AND ITS PARTNERS ARE

IMPLEMENTING A HOLISTIC, COMMUNITY-LED INITIATIVE TO STRENGTHEN

RESILIENCE TO VIOLENT EXTREMISM. THE PEACE THROUGH DEVELOPMENT II (PDEV

II) PROGRAM WORKS DIRECTLY WITH VULNERABLE YOUNG MEN AND WOMEN TO

EMPOWER YOUTH, PROMOTE MODERATE VOICES, AND STRENGTHEN CIVIL SOCIETY

AND LOCAL GOVERNMENT. THE PROGRAM WILL DIRECTLY BENEFIT 500,000 PEOPLE

IN TARGETED COMMUNITIES IN NIGER, CHAD, AND BURKINA FASO. COMMUNITIES

WERE CAREFULLY SELECTED USING RISK ASSESSMENTS, COMMUNITY-LEVEL

INTERVIEWS, AND INSIGHTS GAINED FROM OTHER SUCCESSFUL COMMUNITY

STABILIZATION PROGRAMS.

VICTIMS OF CONFLICT IN THE PAKISTANI KHYBER PAKHTUNKHWA (KPK) PROVINCE

AND THE FEDERALLY ADMINISTERED TRIBAL AREAS (FATA) HAVE POOR ACCESS TO

MEDICAL SERVICES - OR ARE UNAWARE OF AVAILABLE ASSISTANCE - AND HAVE

FEW OPPORTUNITIES TO REBUILD THEIR LIVELIHOODS. UNDER THE USAID-FUNDED

CONFLICT VICTIMS SUPPORT PROGRAM IRD CONTINUES TO CONTRIBUTE TO

STABILITY BY STRENGTHENING THE GOVERNMENT'S CAPACITY TO PROVIDE

MEDICAL, PSYCHOSOCIAL, LIVELIHOOD, AND LONG-TERM ASSISTANCE. THE

CONFLICT VICTIMS SUPPORT PROGRAM IS MEANT TO FILL CRITICAL GAPS IN

CURRENT SERVICE PROVISION WHILE SIMULTANEOUSLY STRENGTHENING THE

GOVERNMENT'S CAPACITY TO ASSIST VICTIMS.

Name of the organization INTERNATIONAL RELIEF AND DEVELOPMENT, INC.	Employer identification number 54-1889077
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RELIEF

EXPENSES \$ 32,902,766. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SUSTAINABLE FOOD AND AGRICULTURE SYSTEMS

EXPENSES \$ 9,096,673. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

DEMOCRACY, GOVERNANCE AND COMMUNITY DEVELOPMENT

EXPENSES \$ 6,809,205. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SPECIAL PROJECTS

EXPENSES \$ 457,470. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

AFGHANISTAN, BURKINA FASO, CAMBODIA, CAMEROON,

CHAD, COLOMBIA, ETHIOPIA, GAMBIA,

GEORGIA, IRAQ, JORDAN, KENYA,

KOSOVO, LEBANON, LIBERIA, MALI,

MOZAMBIQUE, NIGER, PAKISTAN, OTHER COUNTRY,

SENEGAL, SLOVENIA, SUDAN, SWAZILAND,

UKRAINE, YEMEN (ADEN), ZIMBABWE

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: ARTHUR B. KEYS, PH.D., PRESIDENT/CEO IS THE SPOUSE OF THE

CHIEF, PROGRAM OPERATIONS, JASNA BASARIC-KEYS.

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

EXPLANATION: IRD HIRES A CPA FIRM TO PREPARE THE FEDERAL FORM 990. AFTER

332212  
09-04-13

Name of the organization INTERNATIONAL RELIEF AND DEVELOPMENT,  
INC.

Employer identification number  
54-1889077

THE DRAFT 990 IS DELIVERED, THE CFO AND PRESIDENT/CEO PERFORM THE FIRST  
LEVEL OF REVIEWS. NEXT, IT IS SENT TO THE AUDIT COMMITTEE FOR APPROVAL AND  
THEN THE FULL BOARD FOR THEIR REVIEW. ONCE APPROVED, THE 990 IS SIGNED BY  
THE CFO AND DELIVERED TO THE IRS.

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

EXPLANATION: IRD HAS A WRITTEN CONFLICT OF INTEREST POLICY, PART OF IRD'S  
CODE OF BUSINESS ETHICS AND CONDUCT, PROVIDED TO EMPLOYEES AND CONSULTANTS  
AT THE ONSET - AND ANNUALLY- OF HIS/HER EMPLOYMENT OR CONSULTANCY WITH  
IRD. EMPLOYEES AND CONSULTANTS ARE REQUIRED TO SIGN A STATEMENT SIGNIFYING  
THAT THEY HAVE READ AND UNDERSTAND THE CODE. A COPY OF THE SIGNED STATEMENT  
IS MAINTAINED WITHIN THE EMPLOYMENT/CONSULTANCY RECORDS.

IRD'S CHIEF OF COMPLIANCE AND HER REPRESENTATIVES REGULARLY EDUCATE STAFF  
AT HEADQUARTERS AND IN THE FIELD OFFICES ABOUT THE IMPORTANCE OF COMPLYING  
WITH THE CODE OF BUSINESS ETHICS AND CONDUCT. HEADQUARTERS AND FIELD STAFF  
ARE ENCOURAGED TO COMMUNICATE INSTANCES OF PERCEIVED POTENTIAL CONFLICTS OF  
INTEREST AND SEEK GUIDANCE FROM HER OR OTHER SENIOR MANAGEMENT. A CORPORATE  
HOTLINE PROVIDES FOR ANONYMOUS REPORTING OF CONFLICT OF INTEREST ISSUES AND  
OTHER IMPROPER BUSINESS PRACTICES.

PERSONNEL ACTIONS, INCLUDING WARNINGS AND TERMINATIONS, HAVE BEEN TAKEN  
AGAINST EMPLOYEES WHO HAVE VIOLATED THE CONFLICT OF INTEREST POLICY.

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

EXPLANATION: IRD'S COMPENSATION COMMITTEE IS MADE UP OF BOARD MEMBERS WHO  
ARE INDEPENDENT WITH REGARDS TO EXECUTIVE COMPENSATION, ARE NOT EMPLOYEES

OF IRD, AND RECEIVE NO COMPENSATION FROM THE ORGANIZATION. THE COMPENSATION

332212  
09-04-13

Name of the organization INTERNATIONAL RELIEF AND DEVELOPMENT, INC.

Employer identification number 54-1889077

COMMITTEE RELIES ON INDUSTRY SALARY SURVEYS, EXECUTIVE COMPENSATION REVIEW

BY PROFESSIONAL MANAGERIAL FIRM, AND OTHER COMPARABLE INFORMATION TO REVIEW

THE COMPENSATION OF PRESIDENT/CEO. THE PRESIDENT/CEO IN CONSULTATION WITH

THE HR DEPARTMENT DETERMINES COMPENSATION OF OTHER KEY PERSONNEL.

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, ME, MD, MI, NJ, NH, MS, MN, NM, NY, NC

ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WI, WV

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

EXPLANATION: IRD'S MAIN WEBSITE, WWW.IRD-DC.ORG, IS UPDATED REGULARLY. THE

WEBSITE INCLUDES IRD'S FINANCIAL STATEMENTS WHICH CAN BE FOUND UNDER THE

"PUBLICATIONS" LINK AS CAN THE CODE OF BUSINESS ETHICS AND CONDUCT.

GOVERNING DOCUMENTS, INCLUDING THE FEDERAL FORM 990, ARE AVAILABLE UPON

REQUEST.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization **INTERNATIONAL RELIEF AND DEVELOPMENT, INC.** Employer identification number **54-1889077**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
IRD SOLUTIONS LLC - 46-2057940 1621 N. KENT STREET, 4TH FLOOR ARLINGTON, VA 22209	IMPROVE THE QUALITY OF LIFE FOR THE WORLD'S MOST VULNERABLE GROUPS	VIRGINIA	12,462,111.	2,882,478.	IRD HOLDINGS, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
INTERNATIONAL RELIEF AND DEVELOPMENT HOLDINGS, INC. - 80-0148653, 1621 NORTH KENT STREET, 4TH FLOOR, ARLINGTON, VA 22209	TO FORM, ACQUIRE, MANAGE AND/OR HOLD SUBSIDIARIES IN THE U.S.	VIRGINIA	501(C)(3)	509(A)(3)	N/A		X
INTERNATIONAL RELIEF AND DEVELOPMENT US, INC. - 20-5183267, 1621 NORTH KENT STREET, 4TH FLOOR, ARLINGTON, VA 22209	IMPROVE THE QUALITY OF LIFE FOR THE WORLD'S MOST VULNERABLE GROUPS.	VIRGINIA	501(C)(3)	170(B)(1)(A)	IRD HOLDINGS, INC.		X
INTERNATIONAL RELIEF AND DEVELOPMENT GLOBAL INSTITUTE, POVSETOVA ULICA 37, 1000 LJUBLJANA, BREZOVIA PRI LJUBLJANI, SLOVENIA	TO REDUCE SUFFERING AND PROVIDE RESOURCES.	SLOVENIA	N/A		IRD HOLDINGS, INC.		X

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

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
INTERNATIONAL RELIEF AND DEVELOPMENT GLOBAL SOLUTIONS, D.O.O., POSTNA ULICA 18, 1351, BREZOVIA PRI LJUBLJANI, SLOVENIA	IMPROVING THE QUALITY OF LIFE OF PEOPLE IN EUROPE AND REST OF	SLOVENIA	IRD HOLDINGS, INC.	C CORP	0.	0.			X
PROJECT ENGINEERING & CONSTRUCTION, INC. - 45-4843475, 1621 NORTH KENT STREET, 4TH FLOOR, ARLINGTON, VA 22209	FOR-PROFIT BUSINESS ACTIVITIES	VA	IRD HOLDINGS, INC.	C CORP	0.	0.			X

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) INTERNATIONAL RELIEF AND DEVELOPMENT HOLDINGS, INC.	R	14,255,000	CASH
(2) INTERNATIONAL RELIEF AND DEVELOPMENT GLOBAL INSTITUTE	Q	162,552	CASH
(3) INTERNATIONAL RELIEF AND DEVELOPMENT GLOBAL INSTITUTE	P	139,720	CASH
(4) INTERNATIONAL RELIEF AND DEVELOPMENT HOLDINGS, INC.	S	11,640,000	CASH
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

NAME OF RELATED ORGANIZATION:

INTERNATIONAL RELIEF AND DEVELOPMENT GLOBAL SOLUTIONS,

D.O.O.

PRIMARY ACTIVITY: IMPROVING THE QUALITY OF LIFE OF PEOPLE IN EUROPE AND

REST OF WORLD

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  X

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. International Relief and Development, Inc.	Employer identification number (EIN) or 54-1889077
	Number, street, and room or suite no. If a P.O. box, see instructions. 1621 N. Kent Street, No. 4th FL	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Arlington, VA 22209	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

Elsie M. Tama, CFO

- The books are in the care of  1621 N. Kent Street, 4th Fl. - Arlington, VA 22209  
Telephone No.  703-248-0161 Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until November 15, 2014.
- For calendar year 2013, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension  
Additional time is needed to gather information necessary to file a complete and accurate return.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature   Title  CPA Date  8-12-14

# International Boycott Report

OMB No. 1545-0216

Attachment  
Sequence No. 123

Paper filers must file in  
duplicate (see When and Where  
to File in the instructions)

For tax year beginning .....  
and ending .....  
▶ **Controlled groups, see instructions.**

Name  
**INTERNATIONAL RELIEF AND DEVELOPMENT, INC.**

Identifying number  
**54-1889077**

Number, street, and room or suite no. If a P.O. box, see instructions.

**1621 N. KENT STREET, 4TH FLOOR**

City or town, state, and ZIP code

**ARLINGTON**

**VA**

**22209**

Address of service center where your tax return is filed

**OGDEN, UT**

Type of filer (check one):

- Individual
- Partnership
- Corporation
- Trust
- Estate
- Other

**1 Individuals**—Enter adjusted gross income from your tax return (see instructions)

**2 Partnerships and corporations:**

- a Partnerships**—Enter each partner's name and identifying number.
- b Corporations**—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.

**If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.**

Name	Identifying number

If more space is needed, attach additional sheets and check this box

**c** Enter principal business activity code and description (see instructions)

Code	Description
813000	EXEMPT ORGANIZATION 501(C)(3)
N/A	N/A

**d IC-DISCs**—Enter principal product or service code and description (see instructions)

**3 Partnerships**—Each partnership filing Form 5713 must give the following information:

- a** Partnership's total assets (see instructions)
- b** Partnership's ordinary income (see instructions)

**4 Corporations**—Each corporation filing Form 5713 must give the following information:

- a** Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.) **FORM 990**
- b** Common tax year election (see instructions)
  - (1) Name of corporation ▶ **INTERNATIONAL RELIEF AND DEVELOPMENT, INC.**
  - (2) Employer identification number **54-1889077**
  - (3) Common tax year beginning **1/1/2013**, and ending **12/31/2013**

**c** Corporations filing this form enter:

- (1) Total assets (see instructions) **54,239,920**
- (2) Taxable income before net operating loss and special deductions (see instructions) **N/A**

**5 Estates or trusts**—Enter total income (Form 1041, page 1)

**6** Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

- a** Foreign tax credit
- b** Deferral of earnings of controlled foreign corporations
- c** Deferral of IC-DISC income
- d** FSC exempt foreign trade income
- e** Foreign trade income qualifying for the extraterritorial income exclusion

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature 

Date **11/11/2014**

Title **CHIEF FINANCIAL OFFICER**

<b>7a</b> Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)?	Yes	No
<b>b</b> If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?		X
<b>c</b> Do you own any stock of an IC-DISC?		X
<b>d</b> Do you claim any foreign tax credit?		X
<b>e</b> Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)?		X
If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		X
<b>f</b> Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?		X
If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		X
<b>g</b> Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?		X
<b>h</b> Are you a partner in a partnership that has reportable operations under section 999(a)?		X
<b>i</b> Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?		X
<b>j</b> Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income?		X

**Part I Operations in or Related to a Boycotting Country** (see instructions)

**8 Boycott of Israel**—Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See **Boycotting Countries** in the instructions.)

Yes	No
X	

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
<b>a</b> Lebanon	54-1889077	813000	EXEMPT ORGANIZATION 501(C)(3)	N/A
<b>b</b> Yemen (Aden)	54-1889077	813000	EXEMPT ORGANIZATION 501(C)(3)	N/A
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>h</b>				
<b>i</b>				
<b>j</b>				
<b>k</b>				
<b>l</b>				
<b>m</b>				
<b>n</b>				
<b>o</b>				



**9 Nonlisted countries boycotting Israel**—Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?

Yes	No
	X

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

**10 Boycotts other than the boycott of Israel**—Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?

Yes	No
	X

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

**11** Were you requested to participate in or cooperate with an international boycott? . . . . .  
If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

Yes	No
	X

**12** Did you participate in or cooperate with an international boycott? . . . . .  
If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

	X
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**Note:** If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

**Part II Requests for and Acts of Participation in or Cooperation With an International Boycott**

Requests		Agreements	
Yes	No	Yes	No
	X		X
	X		X
	X		X
	X		X
	X		X

**13a** Did you receive requests to enter into, or did you enter into, any agreement (see instructions):

- (1) As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—
  - (a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country? . . . . .
  - (b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country? . . . . .
  - (c) Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion? . . . . .
  - (d) Refrain from employing individuals of a particular nationality, race, or religion? . . . . .
- (2) As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott? . . . . .

**b Requests and agreements**—if the answer to any part of 13a is "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person receiving the request or having the agreement (2)	Principal business activity		IC-DISCs only— Enter product code (5)	Type of cooperation or participation			
		Code (3)	Description (4)		Number of requests		Number of agreements	
					Total (6)	Code (7)	Total (8)	Code (9)
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
m								
n								
o								
p								