2009 Exempt Org. Return prepared for:

DEVELOPMENT AND RELIEF FOUNDATION7940 NORTH BACKER AVENUE
FRESNO, CA 93720

M. Kathleen Klein, CPA 6061 N Fresno St STE 106 Fresno, CA 93710

Form **990-EZ**

2009

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning	, 2009, and end		D Employer ider	tification number
В	Check if applicable: C				
	Address change Please use IRS DEVELOPMENT AND RELIEF FOUNDATI	ON		20-0860	0523
	Name change label or 79/0 NORTH BACKER AVENUE			E Telephone nur	nber
	Initial return type. FRESNO, CA 93720			559-29	7-9535
	Termination See Specific				13
	Amended return Instructions.			F Group Exer Number	
	Application pending		G Accounting	**************************************	
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charita		Other (spec		Dasii Accidai
	must attach a completed Schedule A (Form 990 or 990-EZ)				nization is not
			H Check ►	attach Schedu	le B (Form 990,
1	Website: ► N/A	(a)(1) or 527	990-EZ, or	990-PF).	10 15 (1 01111 1 2 2 1
J	Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no.) 4947	(a)(1) or 527	ross roseints a	re normally no	t more than
	Tax-exempt status (check only one) — A out(c) (3) * (liset inc.) 14357 Check ► if the organization is not a section 509(a)(3) supporting org \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization	ation chooses to me	a return, be sure	e to file a comp	lete return.
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,0	00 or more, file Fo	rm 990	▶\$	378,596.
		r Fund Balanc	es (See the	instructions	for Part I.)
Pa	Revenue, Expenses, and Changes in Net Assets C	i i una paiane	22 (222 11.0	1	373,693.
	1 Contributions, gifts, grants, and similar amounts received			2	2.0,000
	Program service revenue including government fees and contracts				
	3 Membership dues and assessments			4	4,903.
	4 Investment income				2/300.
	5a Gross amount from sale of assets other than inventory	5a			
	b Less: cost or other basis and sales expenses.			5 c	
R	Cain or (loss) from sale of assets other than inventory (SUDTract in 30 Iron in 3d)		li bara		
REVEN	6 Special events and activities (complete applicable parts of Schedule G). If any amount	it is from gaming, chec	K Hele		
N	a Gross revenue (not including \$ of contribu	tions		1	
U	reported on line 1)	ба			
	b Lagge direct expenses other than fundraising expenses	6b			
	Net income or (loss) from special events and activities (Subtract line 6b from line 6a	i) _. _.		6c	
	7a Gross sales of inventory, less returns and allowances	/a			
	b loss; cost of goods sold	/b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from	1 line /a)	· · · · · · · · · · · · · · · · · · ·	7c	
	O Other revenue (describe >			_) 8	
	2 7 11 Add lines 1 2 3 4 5c 6c 7c and 8			> 9	378,596.
S -111	10 Grants and similar amounts paid (attach schedule)		AICMENI		262,600.
	11 Deposits paid to or for members				
E	as a live of the company and employee benefits			12	
ê	13 Professional fees and other navments to independent contractors.		,	15	557.
EXPENSE	14 Occupancy rent utilities and maintenance				
E	15 Printing, publications, postage, and shipping			10	
S	16 Other expenses (describe ► SEE STATEMENT 2) 10	1,209.
	17 Total expenses Add lines 10 through 16			► 17	264,366.
-	- (Subtract line 17 from line 9)			18	114,230.
		lumn (A)) (must a	aree with end-o	f-year	
N					659,608.
N E T)		20	
	5 at Nut and as find bolonges at end of year Combine lines 18 thro	ugh 20		21	773,838.
	: or 1 (D)	\$1.250.000 or mo	re, file Form 99	0 instead of F	orm 990-EZ.
L	art II Balance Sheets. If Total assets on line 25, column (B) are (See the instructions for Part II.)		(A) Beginning	g of year	(B) Lift of year
_				,608. 22	773,838.
2		シションは	17	23	
2			/	24	
876	4 Other assets (describe	クレノー	659	,608. 25	773,838.
2				0. 26	0.
2	(line 27 of column (R) must agree with	ine 21)	659	,608. 27	773,838.
_2	7 Net assets or fund balances (life 27 of column (b) must agree men.	nstructions.			Form 990-EZ (2009)

DUITE OF THE TAIL	DELTEE COUNDATION		20-	-086	0523 Page 2
Form 990-EZ (2009) DEVELOPMENT AND	HELLET FUUNDALION	(See the instruction	ne)		Expenses
Part III Statement of Program Serv	vice Accomplishments	(OCC LIC HISTIACIO		(Regu	uired for section)(3) and (4) iizations and section (a)(1) trusts; optional
What is the organization's primary exempt purpose? SEE	STATEMENT 3	assa In a clear and car	ncise manner	501 (c	(さ) and (4) pizations and section
What is the organization's primary exempt purpose? SEE Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purpo nersons benefited, or other re	elevant information for	each	4947	(a)(1) trusts; optional
describe the services provided, the number of program title.	porsons benefited, or other to			tor ot	hérs.)
			Maria San		
	s amount includes foreign gra	ants check here	► X	28 a	
(Grants \$ 28,925.) If this	s amount includes loreign gra	ants, check here			
29 MEALS AND OTHER AID FOR T	HE POOR				
23 500) If thi	s amount includes foreign gr	ants, check here	► X	29 a	
CONCEDED TON OF HEADT HOS	рттат.				
30 CONSTRUCTION OF HEART HOS					
	s amount includes foreign gr		× X	30 a	
(Grants \$ 87,555.) If thi	s amount includes foreign gr	ants, check here		554	
in a Cattach schodula	SEE STATEMENT 5		▶ ▽	31 a	
122 620 \ If thi	c amount includes foreign or	ants, check here		-	
	20- thurstan 21a)		the state of the s		atad (Saa tha instra)
Part IV List of Officers, Directors,	Trustees, and Key Em	ployees. List each on	e even il not con	ipens	ated. (See the mstrs.)
	(h) Title and average hours	(C) Compensation (ii	(d) Contributions employee benefit plan		
(a) Name and address	ner week devoted	not paid, enter -0)	deferred compensa	ns and	and other anowances
	to position	0.	20.0	0.	0.
ALI GHAZVINI	CEO	- 1		٠.	
7940 NORTH BACKER AVENUE	10.00				
FRESNO, CA 93720					
SAYED MOSTAFA ALQAZWINI		0.		0.	0.
SAYED MOSTAFA ALQAZWINI	2.00				
2645 PEPPERDALE DRIVE	2.00				
ROWLAND HEIGHTS, CA 91748		0.		0.	0.
SAYED HASSAN ALQAZWINI				٥.	0.
42336 WHITHART BLUE	2.00				
CANTON, MI 48188					
CIMION, III 10100	8				
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		~			
	7				
	50,000				

Form 990-EZ (2009) DEVELOPMENT AND RELIEF FOUNDATION	20-0860523	Page 3
Part V Other Information (Note the statement requirements in the instrs for Part V.)	SEE STATEME	NT 6
Part V Other miorination (Note the State of Stat		Yes No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed	description of	V
		X X
each activity	the changes 34	A
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported attach a statement explaining why the organization did not report the income on Form 990-T.		
the section of	n 6033(e) notice,	Х
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	1 1 1 1 1 1 1 1	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net asser year? If 'Yes,' complete applicable parts of Schedule N	ts during the	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37b	X
h Did the organization file Form 1120-POL for this year?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee of any such loans made in a prior year and still outstanding at the end of the period covered by this return	? 38a	X
	N/A	
amount involved		2 1 1
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	N/A	
a Initiation fees and capital contributions included on line 5. b Gross receipts, included on line 9, for public use of club facilities. 39b	N/A	
to 0 1 501(-)(2) organizations. Enter amount of tax imposed on the organization during the year under	:	
section 501(c)(5) organizations. Enter dinocities that the section 4911 ► 0.; section 4912 ► 0.; section 4955 ►	0.	
AOES avance	honefit	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqual prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 Yes, complete Schedule L, Part I.	or 990-F/? It	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e	X
shelter transaction? If 'Yes,' complete Form 8886-1		
41 List the states with which a copy of this return is filed ► NONE	× 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
42 a The organization's Teleph	one no. ► 559-297-9	1535
	$SIP + 4 \triangleright 93720$	/
books are in care of ► ALL GHAZVINI Located at ► 7940 NORTH BACKER AVENUE FRESNO CA		
b At any time during the calendar year, did the organization have an interest in or a signature or other at	uthority over a	Yes No
financial account in a foreign country (such as a bank account, social as	,	X
If 'Yes,' enter the name of the foreign country: ►		
ii res, sites are	3 (6)	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts	unts. 42 c	X
At any time during the calendar year, did the organization maintain an office outside of the o.s		- 1 21
If 'Yes,' enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.		. ► N/A
43 Section 4947(a)(1) nonexempt charitable trusts ming form 556 E2 in like 3 or 1947 and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43	N/1
and enter the amount of tax-exempt interest received of account of		Yes No
		162 140
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	44	X
of Form 990-F/	No.	A
1. Line within the meaning of section 512(h)	(13)? If 'Yes.'	X
Form 990 must be completed instead of Form 990-E2:	Form 9	90-EZ (2009
BAA TEEA0812L 01/30/10	4	

► X Yes No Form 990-EZ (2009)

Only

BAA

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. No Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I X 46 46 X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.... 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E......... X 48 49a Did the organization make any transfers to an exempt non-charitable related organization?.... X b If 'Yes,' was the related organization a section 527 organization?.... 49 b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (e) Expense account and other allowances (d) Contributions to employee (b) Title and average hours per week devoted to position (c) Compensation henefit plans and (a) Name and address of each employee paid more than \$100,000 deferred compensation NONE f Total number of other employees paid over \$100,000...... Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service NONE d Total number of other independent contractors each receiving over \$100,000..... Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date Signature of offit Here Type or print name and title Preparer's Identifying Number (See instructions) Check if self-Date N/A Preparer's signature employed Paid M. KATHLEEN KLEIN Pre-KATHLEEN KLEIN, CPA Firm's name (or yours if self-employed), address, and ZIP + 4 ► N/A parer's 6061 N FRESNO ST STE 106 FIN (559) 261-4080 Use Phone no. ► FRESNO, CA 93710

May the IRS discuss this return with the preparer shown above? See instructions.....

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

Name of the organization						1946	20-08	COE22	iii nambei		
DEVELOPMENT AND RE	LIEF FOUNDATION	ON							nnc .		
Part I Reason for Pub	lic Charity Status	(All organizations	must c	omplet	e this	part.)	See in	Structic	DIIS		
The organization is not a priva	ate foundation because	se it is: (For lines 1 thro	ugh 11, c	check or	ily one b	ox.)					
1 A church, convention	n of churches or asso	ciation of churches desc	cribed in	section	170(b)(1	I)(A)(i).					
2 A school described	in section 170(b)(1)(A	(Attach Schedule I	E.)								
A hamital or cooper	ative bosnital service	organization described	in section	n 170(b)(1)(A)(ii	i).					
4 A medical research	organization operated	d in conjunction with a h	nospital d	escribed	l in <mark>sect</mark>	ion 170	(b)(1)(A)	(iii). Ent	er the hospita	al's	
5 An organization ope	rated for the benefit omplete Part II.)	of a college or university					nmental	unit desc	cribed in sec l	tion	
7 X An organization that in section 170(b)(1)	t normally receives a (A)(vi). (Complete Pa	governmental unit descri substantial part of its su art II.)	upport fro	om a gov	vernmen	ital unit	or from	the gene	eral public de	scribed	
a a manufacturet o	locaribad in section 1	70(b)(1)(A)(vi), (Comple	te Part II	.)				AND ASSESSED BY			
from activities related investment income	and unrelated busine section 509(a)(2). (C	more than 33-1/3 % of its s – subject to certain exciss taxable income (less omplete Part III.)	section 5	511 tax)	from bu	sinesse	es acquir	es, and gr ts suppor ed by the	t from gross e organizatio	n after	
10 An organization org	anized and operated	exclusively to test for pu	ublic sate	ty. See	Section	Jub(a)(4). f or oor	ru out the	o nurnosas n	f one or	
	orted organizations of supporting organizations	exclusively for the bene escribed in section 509(s 11e thr	ough 11	h.	,	section !	, , , ,	Type III— Ot		
a Type I	b Type II	c Type II	II — Func	tionally	integrati	eu	ar mara				
than foundation ma	nagers and other tha	ganization is not control n one or more publicly s	supported	i oi gainz		.000.124				ion	
f If the organization		ermination from the IRS								Ц	
		tion accepted any gift							1.	es No	
(i) a person who below, the go	directly or indirectly verning body of the s	controls, either alone or upported organization?.	together	with pe	rsons de	escribed	d in (ii) a	ind (III)	11 g (i)		
(ii) a family mem	her of a person desc	cribed in (i) above?							119(11)		
(iii) a 35% contro	lled entity of a persor	described in (i) or (ii) a	above?						11 g (iii)		
b Provide the following	ng information about	the supported organizati	ions.								
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organizat	Is the ion in col. I in your erning ment?	(v) Did you no the organizatio col. (i) of your support		organizati (i) organiz	(vi) Is the anization in col. rganized in the U.S.?) Amount of Support	
			Yes	No	Yes	No	Yes	No			
						15					
										10.	
			_								
		1									
					-						
				清			S = 1-				
Total BAA For Privacy Act and Paper							Caba di I	A /Fam	n 990 or 990	-EZ) 2009	

Schedule A (Form 990 or 990-EZ) 2009 DEVELOPMENT AND RELIEF FOUNDATION 20-0860523

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

		-1 H how on line !	7 or 8 of Part	1)			
Cact	(Complete only if you checke ion A. Public Support	a the box on line :	5, 7, 01 8 01 1 211	1.)			
	The state of the s			(-) 2007	(d) 2008	(e) 2009	(f) Total
oegin	dar year (or fiscal year ning in) ►	(a) 2005	(b) 2006	(c) 2007	(u) 2008	(0) 2003	(1)
353	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	351,000.	218,632.	504,064.	376,129.	373,693.	1,823,518.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge		210 520	504 064	376,129.	373,693.	0. 1,823,518.
4	Total. Add lines 1-through 3	351,000.	218,632.	504,064.	370,123.	37370331	
	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)						0.
	Public support. Subtract line 5 from line 4	College March Ro					1,823,518.
Sec	tion B. Total Support						(0 T-1-1
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009 373, 693.	(f) Total 1,823,518.
7	Amounts from line 4	351,000.	218,632.	504,064.	376,129.	373,033.	1/020/021
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				834.	4,903.	5,737.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12	1,829,255.
12	through 10 Gross receipts from related acti	vities, etc. (see in	structions)				(2)
	First five years. If the Form 990) is for the organized stop here	ation's first, seco	1 II . I formale	or fifth toy voor a	ac a section build:)(3)
Sei	ction C. Computation of Pu	ublic Support F	Percentage			14	99.7%
				ne 11, column (f))	15	99.9%
16	a 33-1/3 support test - 2009. If the	he organization die	d not check the b	ox on line 13, ar organization	nd the line 14 is 3	3-1/3 % or more,	check this box X
	b 33-1/3 support test — 2008. If the and stop here. The organization	he organization di n qualifies as a pu	d not check a boy blicly supported	on line 13, or 16 organization	ba, and line 15 is	33-1/3% of more,	CHECK this box
17	a 10%-facts-and-circumstances or more, and if the organization the organization meets the 'fac	ts-and-circumstan	ces' test. The or	ganization qualifi	es as a publicly si	upported organiza	1011
	b 10%-facts-and-circumstances or more, and if the organization organization meets the 'facts-a	IT THEE IS THE TUES	test The organ	nization qualifies	as a publicly supp	orted organization	1
18	m If the orga	nization did not ch	neck a box on line	e, 13, 16a, 16b, 1	/a. Ul I/D, Chicon	tino boil and	990 or 990-EZ) 2009
BA					S	scneaule A (Form	330 01 330-LZ) 200.

Schedule A (Form 990 or 990-EZ) 2009 DEVELOPMENT AND RELIEF FOUNDATION

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

	(Complete only if you chec	110 - 1111 - 1					
	ion A. Public Support			4-> 0007	(4) 2000	(e) 2009	(f) Total
Calen	dar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(6) 2009	(i) Total
4	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
	Gross receipts from activities that are not an unrelated trade or business under section 513			6			1 _
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.				,		
-5	The value of services or facilities furnished by a governmental unit to the organization without charge	35					
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
	Add lines 7a and 7b						
					100 700 100		
8	Public support (Subtract line					The second second	
	7c from line 6.)						
Sec	tion B. Total Support				4 12 0000	(e) 2009	(f) Total
		1 2000	(h) 2006	(c) 2007	(d) 2008	(6) 2005	(1) TOTAL
Cale	ndar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(6) 2003	(I) Total
Cale 9	ndar year (or fiscal yr beginning in) > Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(a) 2008	(6) 2003	(i) Total
Cale 9	ndar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(6) 2003	(i) rotal
9 10a	Amounts from line 6		(b) 2006	(c) 2007	(d) 2008	(6) 2003	(i) rotal
Cale 9 10 2	Amounts from line 6		(b) 2006	(c) 2007	(d) 2008	(6) 2003	(i) rotal
Cale 9 10 2	Amounts from line 6		(b) 2006	(c) 2007	(d) 2008	(6) 2003	(i) rotal
Cale 9 10 2 11 11 12	Amounts from line 6						
Cale 9 102 111 12 12 13 14	Amounts from line 6) is for the organ	ization's first, seco				
11 12 13 14	Amounts from line 6) is for the organ d stop here	ization's first, seco	and, third, fourth,	or fifth tax year	as a section 501(c	D(3) ►
11 12 13 14 See	Amounts from line 6	is for the organd stop here	ization's first, secondary first, second	ond, third, fourth,	or fifth tax year	as a section 501(c	(a) (b) (3) > (b) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Cale 9 102 111 112 12 13 144 See 15 16	Amounts from line 6	is for the organd stop here ablic Support 2009 (line 8, column 2008 Schedule	ization's first, seconomics Percentage mn (f) divided by IA, Part III, line 15	and, third, fourth, ine 13, column (t	or fifth tax year	as a section 501(c	(a) (b) (3) > (b) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
11 12 13 14 Sec. 156	Amounts from line 6	D is for the organd stop here ublic Support 2009 (line 8, colunt 2008 Schedule	ization's first, secondary first percentage mn (f) divided by large percentage mn (F) and the pe	and, third, fourth, ine 13, column (i	or fifth tax year	as a section 501(c	\$\(\frac{\gamma_{\lambda}}{\gamma_{\lambda}}\)
11 12 13 14 See 15 Se	Amounts from line 6	D is for the organd stop here ablic Support 2009 (line 8, column 2008 Schedule vestment Inc.	Percentage mn (f) divided by A, Part III, line 15 ome Percentage	and, third, fourth, ine 13, column (formula 13	or fifth tax year	as a section 501(c 	\$\frac{\pi_{\text{3}}}{\pi_{\text{4}}}\$
11 12 13 14 See 17	Amounts from line 6	D is for the organd stop here ablic Support 2009 (line 8, column 2008 Schedule vestment Inc. for 2009 (line 10	Percentage mn (f) divided by IA, Part III, line 15 ome Percentage oc, column (f) divided by IA, Part III, line 15	ond, third, fourth, ine 13, column (formula 13	or fifth tax year	as a section 501(c 15 16 17 18	\$\frac{\%}{\%}\$
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Schedule A	(Form 990 c	or 990-EZ)	2009	DEVELO	PMENT	AND	RELI	EF FC)UNDAT	'ION		20-08	360523		Page 4
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Employer identification number

Name of the organization 20-0860523 DEVELOPMENT AND RELIEF FOUNDATION Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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. 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 -X 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)/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, aggregate 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 aggregate 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 their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

DEVELOPMENT AND RELIEF FOUNDATION

Employer identification number

20-0860523

(a) lo. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		\$	
70			
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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of 1

of Part III

Name of organization
DEVELOPMENT AND RELIEF FOUNDATION

Employer identification number

20-0860523

	organizations aggregating more than	1 \$1,000 for the year. Compile	o section 501(c)(7), (8), or (10) ete cols (a) through (e) and the following line ent
F	or organizations completing Part III, enter to ontributions of \$1,000 or less for the year. (E	inter this information once — see	instructions.)
(a) , from	(b) Purpose of gift	(c) Use of gift	Description of how gift is held
art I	1/A		
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) , from art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee
(a) . from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) o, from Part l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	