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Form **990**

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning JAN 1. 2011 and ending SEP Check if applicable C Name of organization D Employer identification number Address change THE SALVATION ARMY WORLD SERVICE OFFICE Name change 13-2923701 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/surte E Telephone number Termin-615 SLATERS LANE (703)684 - 5528Amended return 39,120,206. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-ALEXANDRIA, VA 22314-1112 H(a) Is this a group return pending Yes X No F Name and address of principal officer JOAN CANNING for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes No 4947(a)(1) or L Tax-exempt status X 501(c)(3) 501(c)() ◀ (insert no.) 527 If "No," attach a list (see instructions) J Website: ► WWW.SAWSO.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1977 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities. TO PROMOTE COMMUNITY-BASED Governance SUSTAINABLE DEVELOPMENT EFFORTS THROUGH THE INTL. SALVATION ARMY. \square if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 125000 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (c), line 12 a Total unrelated business revenue from Form 990-T, interaction by Net unrelated business taxable income from Form 990-T, interactions and the second 7a 0. 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 50,973,913 23,693,359. Revenue 0. Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,063,756. 10 959,151 0 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A) line 1 51,933,064 24,757,115. 12 17,002,429 12,475,194. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0 1,892,258 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,580,756. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 13,621,127. 2,534,209. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 16,590,159. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 32,515,814 19,417,250 Revenue less expenses Subtract line 18 from line 12 8,166,956. **Beginning of Current Year** End of Year 44,988,577 49,330,236. Total assets (Part X, line 16) 1,478,905 Total liabilities (Part X, line 26) 633,907. 43,509,672. 22 Net assets or fund balances. Subtract line 21 from line 20 48,696,329 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JOAN CANNING, EXECUTIVE DIRECTOR Type or print name and title PTIN Print/Type preparer's name Preparer's signature P01249346 Paid DANIEL L. WEAVER sett-employed Firm's name COUNCILOR, BUCHANAN & Preparer MITCHELL Firm's EIN 52-1711839 Firm's address > 7910 WOODMONT AVENUE, Use Only SUITE 500 Phone no. (301) 986-0600BETHESDA, MD 20814 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes _ No

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

Form **990** (2011)

Form	990 (2011) THE SALVATION ARMY WORLD SERVICE OFFICE 13-2923701 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Bnefly describe the organization's mission
•	TO SUPPORT AND STRENGTHEN THE SALVATION ARMY'S EFFORTS TO WORK HAND IN
	HAND WITH COMMUNITIES TO IMPROVE THE HEALTH, EDUCATION, LIVING,
	ECONOMIC AND SPIRITUAL CONDITIONS OF THE POOR THROUGHOUT THE WORLD.
	ECONOMIC AND SPIRITUAL CONDITIONS OF THE POOR THROUGHOUT THE WORLD.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
_	others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$13,927,777. including grants of \$12,075,528.) (Revenue \$)
	RELIEF AND RECONSTRUCTION: PROVIDING MATERIAL ASSISTANCE (FOOD,
	CLOTHING AND MEDICAL CARE) IN THE IMMEDIATE AFTERMATH OF A DISASTER.
	PROGRAM ALSO PROMOTES AND SUPPORTS LONGER-TERM ASSISTANCE SUCH AS
	HOUSING RECONSTRUCTION AND INCOME GENERATION PROJECTS FOR THOSE
	AFFECTED BY DISASTERS.
4b	(Code) (Expenses \$ 1,543,972. Including grants of \$ 247,058.) (Revenue \$)
	HEALTH SERVICES: SUPPORTING PRIMARY HEALTH CARE PROGRAMS DESIGNED TO
	TREAT AND PREVENT DISEASE. EDUCATION AND IMMUNIZATIONS ARE VITAL LINKS
	TO IMPROVED HEALTH CONDITIONS.
4c	(Code) (Expenses \$ 543,509. including grants of \$ 152,408.) (Revenue \$)
	COMMUNITY DEVELOPMENT: COOPERATION HAS ALWAYS BEEN THE BUILDING BLOCKS
	OF COMMUNITY. CORPS COMMUNITY CENTERS OFFER SUCH SERVICES AS
	COUNSELING, LITERARY EDUCATION, AND WOMEN'S SUPPORT GROUPS.
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ 18,218 · including grants of \$ 200 ·) (Revenue \$
4e	Total program service expenses ► 16,033,476.
	Form 990 (2011)
	, + + (== : ·)

Form 990 (2011)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-	-	
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	"		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	-		- 23
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
40		9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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	l		
_	as applicable			•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		х
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		Λ
b	-	446		X
_	· · · · · · · · · · · · · · · · · · ·	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		Х
	,	11c		
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			X
	, , , , , , , , , , , , , , , , , , ,	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	^	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	400	х	
_	Schedule D, Parts XI, XII, and XIII Was the ergopistory relying to expect dated, independent audited financial statements for the tax year?	12a	^	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	40h		Х
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	עדו		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	₁₇		Х
10		17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19		40		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	202		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		1

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			17
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7
_	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds? Pid the organization set as an "on behalf of" include for bonds outstanding at any time during the year?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
234	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Zua		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	i	х
27	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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		i	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		v	
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	7
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35a		X
b	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	 ~		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (2011)

	Check if Schedule O contains a response to any question in this Part V			\Box						
	•		Yes	No						
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0									
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
C	(gambling) winnings to prize winners?	1c								
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10								
Za	filed for the calendar year ending with or within the year covered by this return 2a 19									
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-25							
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х						
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b								
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Ì	X						
h	If "Yes," enter the name of the foreign country	70								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	i	X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	~								
ou	any contributions that were not tax deductible?	6a		Х						
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
-	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	and the second s									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting									
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?	9a								
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter									
а	Initiation fees and capital contributions included on Part VIII, line 12									
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter.		i							
а	Gross income from members or shareholders 11a									
ь	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)		-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	45								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
140	Enter the amount of reserves on hand	40-		v						
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No." provide an evolution in Schodulo O.	14a		X						
<u>D</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990 (20111						
		I VI III	(~VII)						

Form 990 (2011) THE SALVATION ARMY WORLD SERVICE OFFICE 13-2923701 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

<u> </u>	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 to any question in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1									
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	з		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X								
-	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?	<u>5</u>		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- <u>-</u> -									
, u	more members of the governing body?	7a		х							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
~	persons other than the governing body?	7b		x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<u> </u>									
_	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>									
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			<u> </u>							
000	tion 5:1 Onoice (mis dection b requests information about policies not required by the internal neterial decide)		Yes	No							
100	Did the organization have local chapters, branches, or affiliates?	10a	103	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100									
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	the state of the s	11a	X								
b	D. J. O. J. O. J. O. J.										
12a		12a	X								
b	M. M. A.	12b	X								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0									
С	in Schedule O how this was done	12c	Х								
42	·	13	X	-							
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	_							
14	Did the process for determining compensation of the following persons include a review and approval by independent	1-4	Λ								
15											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	v								
a		15a	X	\vdash							
D	Other officers or key employees of the organization	15b	_^_	 							
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
103	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-		х							
	taxable entity during the year?	<u>16a</u>									
b	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	466									
<u></u>	exempt status with respect to such arrangements?	16b	1	Щ							
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE										
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)	avallaD	ie								
	for public inspection. Indicate how you made these available. Check all that apply										
	X Own website										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finar	ncial								
	statements available to the public during the tax year.										
20											
	THE SALVATION ARMY WORLD SERVICE OF - (703)684-5528										
13200	615 SLATERS LANE, ALEXANDRIA, VA 22314-1112	r	000	(0044)							
01-23	-12	rorm	フプリ	(2011)							

Check if Schedule O contains a response to any question 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

	noon this box is notified the organization i	Tor arry related	orga	rganization compensate					sated any current officer, director, or trustee				
	(A)	(B)			_ ((C)	_		(D)	(E)	(F)		
	Name and Title Average			Position (do not check more than one					Reportable	Reportable	Estimated		
		hours per	box	box, unless person is both an officer and a director/trustee)				han	compensation	compensation	amount of		
		week	 			1 00.10	17443	100,	from	from related	other		
		(describe hours for	trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the		
		related	9	a			뙲		(W-2/1099-MISC)	(VV-2/1099-IVIIGO)	organization		
		organizations	truste	ž		2	E E		(** 22 1033 141100)		and related		
		ın Schedule	qual	lg i		뭍	Sag	25			organizations		
		O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	F					
(1) WI	LLIAM A. ROBERTS												
PRESID	ENT	2.00	X	<u> </u>	X		<u> </u>						
(2) WI	LLIAM A. HARFOOT												
	RESIDENT	4.00	X	ļ	X		ļ		<u> </u>				
(3) SA	NDRA L. DEFIBAUGH												
TREASU		4.00	X		X	<u> </u>	-		<u> </u>				
	UL R. SEILER	1 00											
TRUSTE		1.00	X	<u> </u>	—	-	├	-		_			
	STEVEN HEDGREN	1 00	,,										
TRUSTE		1.00	A	 -		_	 	-					
	VID JEFFREY	1 00	٠,						•				
TRUSTE		1.00	A	<u> </u>	-		├						
	MES M. KNAGGS	1 00	J.						•				
TRUSTE		1.00	^	 	_		\vdash						
	AN CANNING	35.00			x								
EXEC.	DIR,	33.00	 		<u> </u>		┼─	-					
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		<u> </u>		1				<u> </u>			5 000 (0044)		

	, VIII	Statement of Reve	ilue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gransimilar amounts not included about the contributions included in lines	1b 1c 1d 1 1 1e 1, nts, and ove 1f 5,	6010749. 372,622. 921,533.				
<u>2 g</u>	<u>h</u>	Total. Add lines 1a-1f	·	<u> </u>	23693359.			
Program Service Revenue	2 a b c			Business Code				
P	f	All other program service reve	enue					
İ	g g	Total. Add lines 2a-2f						
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties		•	464,136.			464,136.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(i) Real	(ii) Personal				
	6 a b c	Less. rental expenses						
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 14962711					
	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisir	14363091 599,620.		599,620.			599,620.
Other Revenue		oncluding \$	of					
٦		Net income or (loss) from fun	-					
		Gross income from gaming a Part IV, line 19 Less: direct expenses	ctivities See a					
l		Net income or (loss) from gar	•	. •				_
		Gross sales of inventory, less and allowances	_					
		Less. cost of goods sold Net income or (loss) from sale						
ŀ	11 -	Miscellaneous Reven		Business Code				
	11 a b						·	
	C							
	d	All other revenue						
1	е	Total. Add lines 11a-11d		>				
13200 01-23	12 19 - 12	Total revenue. See instructions.	•	. •	24757115.	0.1	0.	1063756. Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do no	Check if Schedule O contains a resport include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
7b, 8b	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	trants and other assistance to governments and				
	rganizations in the United States. See Part IV, line 21				
	Grants and other assistance to individuals in				
	ne United States. See Part IV, line 22				<u>-</u> -
	Grants and other assistance to governments,				
	rganizations, and individuals outside the Inited States. See Part IV, lines 15 and 16	12 475 104	12,475,194.		
_	denefits paid to or for members	14/4/3/1340	12,4/3,194.	 	
	Compensation of current officers, directors,				
	rustees, and key employees				
	ompensation not included above, to disqualified	-			
	ersons (as defined under section 4958(f)(1)) and				
-	ersons described in section 4958(c)(3)(B)	37,159.	15,635.	21,524.	
	Other salaries and wages	1,223,317.		171,080.	*
	ension plan accruals and contributions (include			•	
	ection 401(k) and section 403(b) employer contributions)	29,503.	20,714.	8,789.	
9 0	Other employee benefits	233,635.	164,035.	69,600.	
	ayroll taxes	57,142.	40,119.	17,023.	
11 F	ees for services (non-employees)·				
a M	flanagement .				
b L	egal	29,000.	25,000.	4,000.	
	ccounting	87,001.	38,000.	49,001.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
_	nvestment management fees	111 014	50.004	50.000	
•	Other	111,914.	52,084.	59,830.	
	dvertising and promotion	532,238.	499,496.	22 742	
	Office expenses	334,436.	433,430.	32,742.	
	nformation technology toyalties				
	Occupancy	243,395.	143,552.	99,843.	
	ravel	243,523.	232,511.	11,012.	
	ayments of travel or entertainment expenses	210,020	232/3224	12/0120	-
	or any federal, state, or local public officials				
	conferences, conventions, and meetings	490,579.	483,115.	7,464.	
	nterest				
21 P	Payments to affiliates				
22 D	Depreciation, depletion, and amortization				
23 In	nsurance				
al 2	other expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule O.)				
	CONSTRUCTION SUPPLIES	555,728.	555,728.		
_	EQUIPMENT	256,407.		4,448.	
c E	EXCHANGE LOSS (GAIN)	<15,576.	> <15,903.	> 327.	
d _					
e A	dl other expenses				
	otal functional expenses. Add lines 1 through 24e	16,590,159.	16,033,476.	556,683.	0
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
c	heck here if following SOP 98-2 (ASC 958-720)				Form 990 (2011

Pa	rt X	Balance Sheet			
	,		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	500.	1	<u>500.</u>
	2	Savings and temporary cash investments	3,556,513.	2	1,420,179.
	3	Pledges and grants receivable, net	668,783.	3	332,704.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instructions)		6	······································
	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges	6,270.	9	<u> </u>
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	39,187,065.	11	46,295,204.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,569,446.	15	1,281,649.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	44,988,577.	16	49,330,236.
	17	Accounts payable and accrued expenses	1,170,011.	17	403,475.
	18	Grants payable .	271,921.	18	221,509.
	19	Deferred revenue .	36,973.	19	8,923.
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
<u> </u>		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	1,478,905.	25 26	633,907.
	20	Organizations that follow SFAS 117, check here		20	033,307.
ιn.		lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	14,588,985.	27	12,286,334.
<u>a</u>	28	Temporarily restricted net assets	28,920,687.	28	36,409,995.
ä	29	Permanently restricted net assets	20, 520,007	29	30, 203, 333.
Š		Organizations that do not follow SFAS 117, check here		25	
F		complete lines 30 through 34.			
ts o	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	•	31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	43,509,672.	33	48,696,329.
	34	Total liabilities and net assets/fund balances	44,988,577.	34	49,330,236.
				<u> </u>	- 000

Form 990 (2011)

Form	990 (2011) THE SALVATION ARMY WORLD SERVICE OFFICE	13-	2923	701	Pag	ge 12
Pa	t XI Reconciliation of Net Assets	-				
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24	<u>,75</u>	7,1	<u> 15.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	,59	0,1	<u>59.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	8	,16	6,9	56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43	,50	9,6	72.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<2	,98	0,2	99.>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	48	,69	6,3	29.
Pai	rt XII Financial Statements and Reporting					
Check if Schedule O contains a response to any question in this Part XII						
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	

Form **990** (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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. ▶ See separate instructions.

Inspection **Employer identification number**

_				ATION AF							13	<u>-2923701</u>	<u> </u>
Part I	Reason	for Public (Charit	ty Status (All o	organiz	zations mu	st complet	te this par	t.) See ins	tructions			
he organ	ization is not a	a private found	dation b	ecause it is (For	lines	1 through	11, check	only one t	юx)				
1 🔲	A church, co	nvention of ch	urches,	or association of	of chur	ches desci	nbed in se	ction 170	(b)(1)(A)(i)).			
2 🔲	A school des	cribed in sect	ion 170	(b)(1)(A)(ii). (Atta	ach So	hedule E.)							
з 🔲	A hospital or	a cooperative	hospita	al service organiz	ation	described	n section	170(b)(1)	(A)(iii).				
4		•	•	perated in conjui						(b)(1)(A)(ii	i). Enter th	e hospital's nar	ne,
· —	city, and stat	-		•			•				•	•	
5 🔲	•		or the b	enefit of a colleg	e or u	niversity ov	wned or or	perated by	a governi	mental uni	t describe	d in	
• —	•	(b)(1)(A)(iv). (C		_					3				
6 🗆				nt or governmen	tal uni	t described	t in sectio	n 170/h\/	1)(Δ)(υ)				
7 🗔				ives a substantia						or from the	general n	ublic described	ın
'	•	b)(1)(A)(vi). (C	•		. puit	or no oupp	011 110111 4	govoniin	ornar arm c	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gonora p	20110 000011000	
8 🗔				ction 170(b)(1)(ΔVvi\	(Complete	Part II \						
9 🗔				ives. (1) more tha				rom contr	ibirtions m	nembershi	n fees and	d arass receints	from
• —	=			ctions - subject t							-		
				xable income (les								-	
		509(a)(2). (Co		· ·	33 300	lion o i i ta	,	311103303 1	acquired b	y the orga	i iization a	ter durie do, 13	7 5.
10			-	erated exclusivel	v to te	st for nubli	c safety S	See sectio	n 509(a)(4	1)			
11 🕱	-			erated exclusivel							v out the r	ournoses of one	or
11 LALL	•	-	•	ions described in	•		•				•	•	0.
				rganization and					-, 000 000	J.1.011 000(u /(0 /. 0	on the box that	
	a X Type			Type II		с 🔲 Тур			tegrated		٦	Type III · Other	
е 🔲				the organization		• •		-	-	r more disc			
• —			•	an one or more p			•	•	•		•		
f		•		en determination		• • •	•				-(-)(-)	, , , , , , , , , , , , , , , , , , ,	
•	•	rganization, ch						, . , . , p ·	,,,				
g		•		ganization accep	ted a	nv aift or co	ontribution	from anv	of the follo	owing per	sons?		
•	•			ectly controls, e				•		•		Yes	No
		-		ported organiza							,,	11g(i)	X
	_		-	described in (i) a		•						11g(II)	X
				person described			?					11g(iii)	X
h			-	bout the suppor									
		J		• •		•	•						
(i) Name	of supported	(ii) EiN		(iii) Type of		(iv) Is the o	rganization	(v) Did vo	u notify the	(vi) ls	the	(vii) Amount	nf .
	anization	(", -;"		organization (described on line		in col. (i) lis	sted in your	organizat	tion in col.	organizati (i) organiz	on in col. ed in the	support	VI
			ľ	above or IRC sec		governing	document?	(i) of you	r support?	('', ""Ü.S	.7		
				(see instruction	1s))	Yes	No	Yes	No	Yes	No		
THE												_	
INTER	NATIONA	13-2923	701	L,2,3		X							0.
			-										
						<u> </u>							
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<u> </u>			l			<u> </u>							0.

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011						Page 2
Part II Support Schedule for	•					-
(Complete only if you checked			-	n failed to qualify	under Part III. If the	e organization
fails to qualify under the tests	listed below, plea	ise complete Part	III.) 	=		
Section A. Public Support		r 		r 		
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf			_		1	
3 The value of services or facilities	i				1	
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a	!					
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support		r				
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carned on			<u> </u>			
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)	· 					
11 Total support. Add lines 7 through 10					ļ ,	
12 Gross receipts from related activities,	etc (see instructi	ons)	•		12	
13 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3)	_
organization, check this box and stop		<u>-</u>	-			
Section C. Computation of Publi	ic Support Pe	rcentage				
14 Public support percentage for 2011 (I	ine 6, column (f) d	ivided by line 11, o	∞lumn (f))		14	%
15 Public support percentage from 2010					15	
16a 33 1/3% support test - 2011. If the c	-			14 is 33 1/3% or	more, check this bo	ox and
stop here. The organization qualifies				•••	•	ightharpoons
b 33 1/3% support test - 2010. If the c				line 15 is 33 1/39	% or more, check the	nis box
and stop here. The organization qual						▶□
17a 10% -facts-and-circumstances test	t - 2011. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,

Schedule A (Form 990 or 990-EZ) 2011

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ...

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

Section A. Public Support	iow, piease com	piete Fait II.)					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010		(e) 2011	(f) Total
1 Gifts, grants, contributions, and		(-)	(9) ====			(-)	
membership fees received. (Do not include any "unusual grants")							
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						_	
3 Gross receipts from activities that are not an unrelated trade or business under section 513							
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5 The value of services or facilities furnished by a governmental unit to the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and		1					
3 received from disqualified persons							
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b			·				
8 Public support (Subtract line 7c from line 6)							
Section B. Total Support							
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2007	(b) 2008	(c) 2009	(d) 2010		(e) 2011	(f) Total
9 Amounts from line 6					ļ		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	<u></u>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12)		_					
14 First five years. If the Form 990 is for the	the organization	's first, second, thin	d. fourth, or fifth t	ax vear as a section	n 501	(c)(3) organiz	zation.
check this box and stop here						· //-/ -/ 3	▶□
Section C. Computation of Public		<u>-</u>			4-		
15 Public support percentage for 2011 (lif		•	wiumn (r))		15 16		<u>%</u>
16 Public support percentage from 2010 Section D. Computation of Investigation					16		%
17 Investment income percentage for 201			ne 13, column (fl)		17		<u></u> %
18 Investment income percentage from 2	•	*	.5 .5, 55.6 (,,,		18		
19a 33 1/3% support tests - 2011. If the c			on line 14, and line	e 15 is more than 3	-	%, and line	
more than 33 1/3%, check this box an	=						
b 33 1/3% support tests - 2010. If the c	•	•				an 33 1/3%,	and
line 18 is not more than 33 1/3%, chec							
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	struct	ions	
100000 04 04 40				Sch	adul	Δ (Form 99	n or 990-F7) 2011

Part IV	Supplement	al Information 12. Also complete	. Complete this pa	art to provide the	explanations red	quired by Part II, lin	e 10, Part II, line 17a	
IN 201	1, SALVAT	TION ARMY	WORLD SER	NVICE OFF	CE CHAN	GED ITS YE	EAR END TO	
SEPTEM	BER 30. A	AS A RESUL	T, THE 20	11 IS REI	PORTED O	N A SHORT	YEAR.	
					 .			-
<u> </u>								
								
		-						
					<u> </u>			
						 		
								
<u> </u>					· - · · ·		· - · -	
			· · ·					
								
		-					·	 -
								
					<u> </u>			

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. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

THE SALVATION ARMY WORLD SERVICE OFFICE 13-2923701 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2011

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

	dule D (Form 990) 2011 THE SAL t III Organizations Maintaining O	VATION ARM					2923701 sets (contr	
3	Using the organization's acquisition, access							
	(check all that apply)		•	•	•			
а	Public exhibition	c	l Dan or exc	change programs				
b	Scholarly research	6	Other					
C	Preservation for future generations							
4	Provide a description of the organization's continuous	ollections and explai	n how they further	the organization's e	xempt	purpose in f	Part XIV	
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or other simi	ılar ass	ets		
	to be sold to raise funds rather than to be m						Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes"	to Forr	n 990, Part I	V, line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributio	ns or other assets n	ot incli	uded		
_	on Form 990, Part X?						Yes	L No
þ	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:		Г			
	n. Latera				F		Amount	
	Beginning balance					1c		
	Additions during the year				-	1d		
e	Distributions during the year				-	1e		
1	Ending balance Did the organization include an amount on F	orm 900 Part V lina	. 212		L	1f	Vac	□ No
	If "Yes," explain the arrangement in Part XIV		1211				Yes	L NO
Par			swered "Yes" to Fo	orm 990. Part IV. line	10			
		(a) Current year	(b) Prior year	(c) Two years back		hree years ba	ck (e) Four	years back
1a	Beginning of year balance	28,920,687.	11,857,991	12,497,670		17,141,48		Jours Duck
b	Contributions	8,923,451.	17,735,087			752.18	1	
c	Net investment earnings, gains, and losses	<16,742.		·		<64.90		
d	Grants or scholarships	<u> </u>	42,505	40,440	1	204,50	2.	
_	Other expenditures for facilities				 			
•	and programs	1,417,401,	714,896	907,826		5,331,09	8	
f	Administrative expenses			300,020	1	<u> </u>	<u> </u>	
g	End of year balance	36,409,995.	28,920,687	11,857,991		12,497,67	0.	
2	Provide the estimated percentage of the cur-							
а	Board designated or quasi-endowment	•00	%					
b	Permanent endowment ► .00	%	_					
С	Temporarily restricted endowment ▶ 10	0.00 %						
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	and administered fo	r the o	rganization		
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?				3b	
4	Describe in Part XIV the intended uses of the							
Par	t VI Land, Buildings, and Equipm	1						
	Description of property	(a) Cost or o	, , ,	, , ,		nulated	(d) Book	value
	<u> </u>	basis (investr	nent) basis	(other) c	lepreci	ation		
1a								
	Buildings	<u> </u>						
	Leasehold improvements							
	Equipment	-						
	Other	aud Fa 000 D	V 20/100 /01 /01	10(a)				
<u>i otal</u>	. Add lines 1a through 1e (Column (d) must e	циангонні 990, гап	A, WIUITIN (B), IINE	10(C).)	···		de D (C	0.
						Schedi	ule D (Form	99U) 2U11

Part VII Investments - Other Securities. (a) Description of security or category			(c) Method of valua	ation .
(including name of security)	(b) Book value	Co	ost or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)	-			
(F)(G)				
(H)			-	
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	•			····
Part VIII Investments - Program Related.		line 13.		
(a) Description of investment type	(b) Book value	Co	(c) Method of valua	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, ii				
L	(a) Description			(b) Book value
(1)	(a) Doddingston			(b) Dook Yalao
(2)				
(3)				
(4)	<u> </u>			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, ∞l (B)	line 15.)	 		
Part X Other Liabilities. See Form 990, Part	X, line 25.	0 \ D = -1:1:	T	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			_	
(2)			1	
(3)				
(4)			-	
(6)			_	
(7)			1	
(8)			1	
(9)			1	
(10)			1	
(11)			1	
Total. (Column (b) must equal Form 990, Part X, col (B) i FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnot	line 25.) . >		1	
FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnot 2. FIN 48 (ASC 740).	te to the organization's financia	statements that reports the organ	nization's liability for uncerta	in tax positions under
132053		· · · · · · · · · · · · · · · · · · ·	0-1	edule D (Form 990) 201

	dule D (Form 990) 2011 THE SALVATION ARMY WOF				2923701 s	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		24,757	115.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		16,590	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		8,166	
4	Net unrealized gains (losses) on investments		4		<2,980	
5	Donated services and use of facilities	•	5		, , , , , ,	
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9		<2,980	299.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine t XII Reconciliation of Revenue per Audited Financial S		10	r Return	5,186	
		tatements with nev	ciide pei		21,776	016
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12.	•		1	21,770	010.
	Net unrealized gains on investments	2a <2,9	80,29	الم		
a b	Donated services and use of facilities	2b 2b	100,49			
C	Recoveries of prior year grants	2c 2c		-		
d	Other (Describe in Part XIV.)	2d		-		
e	Add lines 2a through 2d	20]			<2,980,	299
3	Subtract line 2e from line 1			3	24,757	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			-	24,131	113.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b	· ·			
c	Add lines 4a and 4b	1 10				0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12)		5	24,757	115.
	t XIII Reconciliation of Expenses per Audited Financial		penses p			
1	Total expenses and losses per audited financial statements		<u> </u>	1	16,590,	159.
2	Amounts included on line 1 but not on Form 990, Part IX, fine 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	16,590,	159.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)		5	16,590,	159.
Pa	t XIV Supplemental Information					
X, lin PAI	plete this part to provide the descriptions required for Part II, lines 3, 5, and e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. ART V, LINE 4: SAWSO'S ENDOWMENT FUNDS	Also complete this part to pARE TEMPORARI	LY RE	additional	Information.	
	E DONOR AND SAWSO WILL RELEASE FROM RE E DONORS PURPOSE TAKES PLACE.	STRICTION WHE	N THE	EXPE	NDITURE	FOR
	RT X, LINE 2: SAWSO FOLLOWS THE FINANC)N
	COUNTING FOR UNCERTAINTY IN INCOME TAX		-			
	NANCIAL STATEMENTS. AS OF SEPTEMBER 30			NO UNI		ZED

Schedule D (Form 990) 2011 THE SALVATION ARMY WORLD SERVICE OFFICE 13-2923701 Page 5 Part XIV Supplemental Information (continued)
TAX BENEFITS RELATED TO UNCERTAIN TAX POSITIONS IN ITS RETURN THAT QUALIFY
FOR EITHER RECOGNITION OR DISCLOSURE IN ITS FINANCIAL STATEMENTS.
SAWSO'S POLICY WOULD BE TO RECOGNIZE INTEREST AND PENALTIES ON TAX
POSITIONS RELATED TO ITS UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE
IN THE FINANCIAL STATEMENTS. THROUGH SEPTEMBER 30, 2011, THERE HAVE BEEN
NO MATTERS THAT WOULD HAVE RESULTED IN AN ACCRUAL FOR INTEREST AND/OR
PENALTIES.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

THE SALVATION A				13-29237	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comp	lete if the organization answered	"Yes"
to Form 990, Par	t IV, line 14b				
_	-		ds to substantiate the amount of its gr the selection criteria used to award th	· —	Yes X No
2 For grantmakers. Desc United States	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and other assistance or	utside the
3 Activities per Region (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed)	
(a) Region	(b) Number of offices in the 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
				RELIEF AND	
SUB-SAHARAN AFRICA			PROGRAM SERVICES	RECONSTRUCTION	2,890,834.
				RELIEF AND	
SOUTH AMERICA			PROGRAM SERVICES	RECONSTRUCTION	1,426,730,
SOUTH ASIA			PROGRAM SERVICES	RELIEF AND RECONSTRUCTION	3,083,229.
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	RELIEF AND RECONSTRUCTION	1,201,894,
				RELIEF AND	
EUROPE			PROGRAM SERVICES	RECONSTRUCTION	1,669,034.
EAST ASIA AND THE				RELIEF AND	
PACIFIC			 PROGRAM SERVICES	RECONSTRUCTION	648,657.
NORTH AMERICA			PROGRAM SERVICES	RELIEF AND RECONSTRUCTION	642,577.
RUSSIA AND THE NEWLY INDEPENDENT STATES 3 a Sub-total	0	0	PROGRAM SERVICES	RELIEF AND RECONSTRUCTION	596,518.
b Total from continuation	<u>-</u>	,			12,159,473.
sheets to Part I	٥ ا		1		73 340.
c Totals (add lines 3a and 3b)	,				12 232 813.
LHA For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.	Schedule F	(Form 990) 2011

132071 01-23-12

Totals

73 340.

13-2923701 THE SALVATION ARMY WORLD SERVICE OFFICE Schedule F (Form 990) 2011

Part II Grants and Other

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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)
		30 CM1	SENERAL SHEPDORT	2 P	AGG MTDE MEANCERD	c		
		EUROPE	GENERAL SUPPORT	75,065,	75.065, WIRE TRANSFER	0		
		васовля	GENERAL SUPPORT	166,500	WIRE TRANSFER	o		
		заоила	GENERAL SUPPORT		WIRE TRANSFER	0		
		EUROPE	GENERAL SUPPORT	248,300,	WIRE TRANSFER	0		
		EUROPE	GENERAL SUPPORT	. 000 57	75,000, WIRE TRANSFER			
		викоре	GENERAL SUPPORT	127,141,	127,141, WIRE TRANSFER	0		
		EUROPE	GENERAL SUPPORT	.000 67	79,000,WIRE TRANSFER	0		5 5
2 Enter total number of	recipient organization	ns listed above that are	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 crantes or counsel has provided a section 5016/93 countries to the which the crantes or country.	foreign country,	recognized as tax-ex	empt by		

Schedule F (Form 990) 2011

45

Enter total number of other organizations or entities

က

Page 2		(i) Method of valuation (book, FMV, appraisal, other)									
		(h) Description of non-cash assistance									
23701	90), Part II, line 1	(g) Amount of non-cash assistance	0	ó	o	0	0	0	0	0	0
13-2923701	Schedule F (Form 9	(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	68,065, WIRE TRANSFER	487,105, WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	233, 332, WIRE TRANSFER
OFFICE	United States.	(e) Amount of cash grant	228 728	700.	4,775,	500.	68,065,	487,105,	44,544,	89,776,8	233,332.6
THE SALVATION ARMY WORLD SERVICE OFFICE	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT
ALVATION ARM	Assistance to Organiza	(c) Region	EUROPE	EUROPE	MIDDLE EAST	MIDDLE EAST	MIDDLE EAST	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA
THES	Grants and Other	(b) IRS code section and EIN (if applicable)									
监	Part II Continuation of	1 (a) Name of organization									

Page 2		(i) Method of valuation (book, FMV, appraisal, other)												
)	(h) Description of non-cash assistance												
23701	90), Part II, line 1	(g) Amount of non-cash assistance		0.	0	c	,	0	0	0	c		0	0
13-2923701	Schedule F (Form 9	(f) Manner of cash disbursement		739,359, WIRE TRANSFER	13,338, WIRE TRANSFER	477 WIRE TRANSPER		25,443, WIRE TRANSFER	WIRE TRANSFER	226 155 WIRE TRANSFER	WIRE TRANSFER		WIRE TRANSFER	WIRE TRANSFER
OFFICE	United States. ((e) Amount of cash grant		739,359.	13,338			25,443,	122,179,	226,155.	200 250	4	112,678,	24,058,
SALVATION ARMY WORLD SERVICE OFFICE	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant		GENERAL SUPPORT	GENERAL SUPPORT	TROUGHTS TARBUST		GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GEWERAL, SUPPORT		GENERAL SUPPORT	GENERAL SUPPORT
ALVATION ARM	Assistance to Organiza	(c) Region	SUB-SAHARAN	AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN	AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN APRICA	OITH - CAMABAN	AFRICA	SUB-SAHARAN AFRICA
THES	Grants and Other	(b) IRS code section and EIN (if applicable)												
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization												

Schedule F (Form 990) Part II Continuation	THE S	SALVATION ARMY er Assistance to Organization	(Form 990) THE SALVATION ARMY WORLD SERVICE OFFICE Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	3 OFFICE e United States.	13-2923701 (Schedule F (Form 990), Part II, line 1)	23701 90), Part II, line 1		Page 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL, SUPPORT	161 219	219 WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	716.	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	205.	WIRE TRANSFER	o		
		SOUTH AMERICA	GENERAL SUPPORT	741.501.	WIRE TRANSFER	0		
		SOUTH AMERICA			WIRE TRANSFER	o		
		SOUTH AMERICA		603,		0		
		SOUTH AMERICA	GENERAL SUPPORT	290,411,	WIRE TRANSFER	0		
		SOUTH AMERICA	GENERAL SUPPORT	30,000	WIRE TRANSFER	0		
		SOUTH AMERICA	GENERAL SUPPORT	11,000.	11,000.WIRE TRANSFER	0		

Page 2	ription (i) Method of cash valuation (book, FMV, ance appraisal, other)									
Je 1)	of (h) Description of non-cash assistance	0	0	0	.0	0	0	0	0	0
13-2923701 F (Form 990), Part II, Irr	(g) Amount of non-cash assistance									
13-29 (Schedule F (Form	(f) Manner of cash disbursement	15,000, WIRE TRANSFER	10,500, MIRE TRANSFER	1620750, WIRE TRANSFER	WIRE TRANSFER	280,000,WIRE TRANSFER	WIRE TRANSFER	363,002, WIRE TRANSFER	WIRE TRANSFER	207 472 WIRE TRANSFER
SERVICE OFFICE Solution States.	(e) Amount of cash grant	15,000.	10,500.	1620750	177,619.	280,000.	50,419	363,002,	198,568,	207,472,
(Form 990) THE SALVATION ARMY WORLD SERVICE OFFICE 13-2923701 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT
SALVATION ARM	(c) Region	SOUTH AMERICA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA
THE S.	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990) Part II Continuation of	ا وَ									

Part II Continuati	THE S	SALVATION AKMY er Assistance to Organization	(Form 990) THE SALIVATION ARMY WORLD SERVICE OFFICE Continuation of Grants and Other Assistance to Organizations or Entitles Outside the United States.	Urrick United States.	L 3 - Z 9 Z 3 / U L (Schedule F (Form 990), Part II, line 1)	2 3 / U L 90), Part II, line 1		Page 2
<u> </u>	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of 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)
		SOUTH ASIA	GENERAL SUPPORT	174,899.	WIRE TRANSFER	o		
		CENTRAL AMERICA &	терения ставова	0 0 7 0	000000000000000000000000000000000000000	c		
		ine cantiboean	SENERGI SOFFORT	, 67.	TOTAL TIMES			
		CENTRAL AMERICA & THE CARIBBEAN	GENERAL SUPPORT	30,000	WIRE TRANSFER	0		
						•		
		THE CARIBBEAN	GENERAL SUPPORT	18,500.	WIRE TRANSFER	0		
		CENTRAL AMERICA & THE CARIBBEAN	GENERAL SUPPORT	30,000	30,000, WIRE TRANSFER	0		
		CENTRAL AMERICA &	BICCIONE AS OFFICE	000	dodow and provide	c		
		THE CHAIDBEAN	SENERAL SOLFONI		THE TOWNS OF			
		CENTRAL AMERICA &	entedat citobope	237 000	HOP TORNEGED	c		
		CENTRAL AMERICA &						
		THE CARIBBEAN	GENERAL SUPPORT	4,283,	WIRE TRANSFER	0		
		RUSSIA & THE NEWLY INDEPENDENT STATES	GENERAL SUPPORT	250.	WIRE TRANSFER	0		

Page 2	(i) Method of valuation (book, FMV, appraisal, other)			 			
	(h) Description of non-cash assistance	;					
13-2923701 F (Form 990), Part II, line 1	(g) Amount of non-cash assistance	0	0				
13-2923701 (Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER				
OFFICE United States. (300,010,	194,050,4				
(Form 990) THE SALVATION ARMY WORLD SERVICE OFFICE Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant	GENERAL SUPPORT	GENERAL SUPPORT				
	(c) Region	EAST ASIA & THE PACIFIC	IA & THE				
THE S.	(b) IRS code section and EIN (ff applicable)						
Schedule F (Form 990) Part II Continuation of	ĐĘ.						

THE SALVATION ARMY WORLD SERVICE OFFICE

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. 13-2923701 Schedule F (Form 990) 2011

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SUPPORT LIVELIHOOD OF TRAFFICKING VICTIMS AND THEIR FAMILIES	NORTH AMERICA	09	4,987,	WIRE TRANSFER	0		
Z DEVELOPMENT	SUB-SAHARAN AFRICA	5,000	212,802,	212,802, WIRE TRANSFER	0		
	SOUTH ASIA	005'9	24,588,	24,588, WIRE TRANSFER	0		

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Yes

for Form 5713)

SCHEDULE 0

(Form 990 or,990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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.

THE SALVATION ARMY WORLD SERVICE OFFICE

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number 13-2923701

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
MICRO ENTERPRISE: PROVIDES VITAL SERVICES TO THEIR NEIGHBORS,
SUSTAINING AND SHAPING THEIR COMMUNITIES. MICRO ENTERPRISES ARE
SUPPORTED TO DEVELOP PROGRAMS WHICH OFFER CREDIT AND TECHNICAL
ASSISTANCE ON REASONABLE TERMS, WHICH IN TURN, CONTRIBUTE TO A BETTER
QUALITY OF FAMILY LIFE AND HEALTHIER COMMUNITIES.
EXPENSES \$ 18,218. INCLUDING GRANTS OF \$ 200. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION REVISED ITS BYLAWS FOR FISCAL YEAR END SEPTEMBER 30, 2011 TO REFLECT THE FOLLOWING:
THE NATIONAL BUSINESS COUNCIL, AS SUCH COUNCIL IS CONSTITUTED PURSUANT TO
THE APPLICABLE POLICIES OF THE SALVATION ARMY NATIONAL HEADQUARTERS AND THE
AUTHORITY, DUTIES, AND RESPONSIBILITIES WITH RESPECT TO THE CORPORATION AS
SHALL BE SET FORTH IN THE APPLICABLE POLICIES OF THE SALVATION ARMY
NATIONAL HEADQUARTERS.
FORM 990, PART VI, SECTION B, LINE 11: THE FEDERAL FORM 990 IS REVIEWED
AND APPROVED BY THE SAWSO EXECUTIVE COMMITTEE, THEN RATIFIED BY THE BOARD
OF TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS
REVIEWED BY DELEGATION OF AUTHORITIES; INTERNAL CONTROLS; EXTERNAL AND
A-133 AUDITS.

Name of the organization THE SALVATION ARMY WORLD SERVICE OFFICE 13-2923701
FORM 990, PART VI, SECTION B, LINE 15: ALL COMPENSATION FOR SAWSO
EXECUTIVES IS DETERMINED BY A SEPARATE NATIONAL BOARD OF DIRECTORS AND NO
COMPENSATION IS DETERMINED BY SAWSO LEADERSHIP.
ALL KEY EMPLOYEE COMPENSATION IS DETERMINED BY SALARY STUDIES AND ANNUALLY
REVIEWED BY A SEPARATE EXECUTIVE COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19: VIA INTERNET AND DISTRIBUTIONS.
EODY 000 DADE VI LIVE E GUANGEG IN NEW AGGERG.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -2,980,299
FORM 990, PART XII, LINE 2C
THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR
SELECTION PROCESS DURING THE TAX YEAR.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number

13-2923701

▶ See separate instructions. THE SALVATION ARMY WORLD SERVICE OFFICE ▶ Attach to Form 990. Name of the organization

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2011 å × × × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity End-of-year assets 170(B)(1)(A) N/A **e** status (if section Public charity 170(B)(1)(A) 170(B)(1)(A) 170(B)(1)(A) 501(c)(3)) Total income Exempt Code section ਉ 501C3 501C3 **50103** 501C3 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ALIFORNIA ILLINOIS NEW YORK SEORGIA CHARITABLE ORGANIZATION CHARITABLE ORGANIZATION CHARITABLE ORGANIZATION CHARITABLE ORGANIZATION Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN Name, address, and EIN of related organization of disregarded entity THE SALVATION ARMY USA CENTRAL THE SALVATION ARMY USA SOUTH THE SALVATION ARMY USA EAST THE SALVATION ARMY USA WEST 1424 NORTHEAST EXPRESSWAY DES PLAINES IL 60016 180 E, OCEAN BOULEVARD LONG BEACH, CA 90802 WEST NYACK NY 10994 10 W, ALGONOUIN ROAD 440 WEST NYACK ROAD ATLANTA GA 30329 PartII Part

13-2923701

THE SALVATION ARMY WORLD SERVICE OFFICE

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(Q)	(2)	(p)	(e)		(g)) (20-24-2)
Name, address, and EIN	Primary activity	Legal domicile (state or	g	Public charity	Direct controlling	contro	lled bell
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organiza	tion?
THE SALVATION ARMY INC						Sa	2
101 OHERN VICTORIA SHERRA							
LONDON UNITED KINGDOM ECAV 4EH	CHARITABLE ORGANIZATION	UNITED KINGDOM			N/A		×
1 9							
615 SLATERS LANE							
ALEXANDRIA, VA 22314	CHARITABLE ORGANIZATION	VIRGINIA	501C3	170(B)(1)(A)	N/A		×
	· · · · · · · · · · · · · · · · · · ·						
	.						
	1						
				•			

13-2923701 THE SALVATION ARMY WORLD SERVICE OFFICE

Page 2

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

Schedule R (Form 990) 2011

	g G					l				1				ı			١
(k)	General or Percentage managing ownership partner?																
	<u>8 6</u> 8 €	Ó				1				4				-			4
9	eneral anagin artner	Yes No				╀				+				╀			 \dashv
	<u>ت = ۳</u> ع×	(S)				╁╴		_		†				╁	_		 \dashv
	E P	106								l							
€	ode /	Forn															ı
	Code V-UBI amount in box	žΞ															
_	ortion- tions?	No	_														
Ξ	Disproportion- ate allocations?	Yes				Ţ				1		-			-	-	
						H				+							 -
_	Share of end-of-year	3															
(g)	Share	433												Ì			
	Ď																
	ট্র								•								
ε	Share of total income									İ							
	share Inc																
	<i>o</i>					1				+				\perp			4
	sted,	<u>₹</u>				l											
(e)	ant in unrek	512-															
ت	lomin ated, led fro	tions															
	Predominant income (related, unrelated, excluded from tax under	Se															
	<u>g</u>									1							
_	ntroll rty																
Ð	Direct controlling entity																
	Dire									ĺ							
_	a e e	ity)				Ī				1							1
ပ	Legal domicile (state or	Soun S															
_	>					T				1				1			1
	Pnmary activity																
9	ary a																
	Priii																
				Т	ī	L	Т-		$\overline{}$	+	1	\top	\top	+	Т	T	 \dashv
	N O O																
	and																
(a)	ress. orga																
	Name, address, and EIN of related organization																
	Vame of re			l													
	_																
					1	}	1							1			

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

(a)		9	(p)	(e)	Œ	•	(F)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C corp., S corp., or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
					-		
							<u>.</u>

Schedule R (Form 990) 2011

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132162 01-23-12

Schedule R (Form 990) 2011 THE SALVATION ARMY WORLD SERVICE OFFICE

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	×
b Gift, grant, or capital contribution to related organization(s)	1p	×
c Gift, grant, or capital contribution from related organization(s)	1c	×
d Loans or loan guarantees to or for related organization(s)	1d	×
e Loans or loan guarantees by related organization(s)	1e	×
f Sale of assets to related organization(s)	14	×
g Purchase of assets from related organization(s)	1g	×
h Exchange of assets with related organization(s)	1h	×
i Lease of facilities, equipment, or other assets to related organization(s)	1i	×
i Tease of facilities equinment or other assets from related organization(s)	Ŧ	×
ated organization(s)	+	×
	=	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	×
n Sharing of paid employees with related organization(s)	1n	X
Reimbursement paid to related organization(s) for expenses	9	×
p Reimbursement paid by related organization(s) for expenses	10	×
q Other transfer of cash or property to related organization(s)	þ	×

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE SALVATION ARMY USA SOUTH	æ	4,050,472.	
(2) THE SALVATION ARMY USA WEST	Ж	4,782,991.	
(3) THE SALVATION ARMY USA CENTRAL	ĸ	3,829,621.	
(4) THE SALVATION ARMY USA EAST	Ж	3,057,805.	
(5)			
(6)			
132163 01-23-12	09		Schedule R (Form 990) 2011

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.

r Other transfer of cash or property from related organization(s)

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

(k) rcentage vnership					Schedule R (Form 990) 2011
8 % C 0	 		 		rm 9
(j) General or managing partner? Yes No					(Fo
8-				 	He H
(h) (i) (j) (k)					Schedu
S date					
(h) Disproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec 501(c)(3) 0165? 4) Yes No					
Yes Yes					
(d) (e) Are all Predominant income parties sec (related, unrelated, 50%) on section 512-514) Yes No					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R	(Form 990) 2011 Supplemental Infor	THE	SALVATION	ARMY	WORLD	SERVICE	OFFICE	13-2923701	Page 5
Part VII	Supplemental Infor	mation							
	O a salah di salah salah salah				4	C-b-ad-da	D (ann inntii)	*.a.a.\	
	Complete this part to pro	vide addit	ional information to	r response	es to questic	ons on Schedule	A (see instruc	tions)	
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