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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

CHURCH WORLD SERVICE INC

Doing business as

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

Room/suite

P O BOX 968

City or town, state or province, country, and ZIP or foreign postal code

ELKHART, IN 46515

F Name and address of principal officer

JOANNE RENDALL

28606 PHILLIPS STREET

ELKHART, IN 46515

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

D Employer identification number

13-4080201

E Telephone number

(574) 264-3102

G Gross receipts \$ 76,140,186

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(Insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CWSGLOBAL ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000

M State of legal domicile IN

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

CHURCH WORLD SERVICE, INC IS A PRIVATE, VOLUNTARY FAITH-BASED ORGANIZATION WITH 37 MEMBER COMMUNITONS THAT TRANSFORMS COMMUNITONS AROUND THE GLOBE THROUGH JUST AND SUSTAINABLE RESPONSES TO HUNGER, POVERTY, DISPLACEMENT AND DISASTER

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶5,215,465

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II

Signature Block

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

Sign Here

Signature of officer

JOANNE RENDALL CFO

Type or print name and title

2019-11-15

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00168898

Firm's name ▶ CROSSLIN PLLC

Firm's EIN ▶ 27-5360847

Firm's address ▶ 3803 BEDFORD AVENUE SUITE 103

Phone no (615) 320-5500

NASHVILLE, TN 37215

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

CHURCH WORLD SERVICE, INC IS A PRIVATE, VOLUNTARY FAITH-BASED ORGANIZATION WITH 37 MEMBER COMMUNIONS THAT TRANSFORMS COMMUNITIES AROUND THE GLOBE THROUGH JUST AND SUSTAINABLE RESPONSES TO HUNGER, POVERTY, DISPLACEMENT AND DISASTER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$	44,625,772	including grants of \$	30,384,259)	(Revenue \$	3,701,872)
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See Additional Data

4b	(Code)	(Expenses \$	7,367,060	including grants of \$	6,235,222)	(Revenue \$)
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See Additional Data

4c	(Code)	(Expenses \$	10,011,454	including grants of \$	7,960,556)	(Revenue \$)
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See Additional Data

(Code)	(Expenses \$	3,451,207	including grants of \$	789,395)	(Revenue \$)
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ADVOCACY - GROUNDED IN FAITH, CWS SEEKS TO BUILD AND STRENGTHEN RELATIONSHIPS, BUILD PARTNERSHIPS AND COALITIONS, AND ADVOCATE FOR A MORE JUST AND PEACEFUL WORLD AT THE CORE OF CWS' WORK IS TO HELP PEOPLE OF FAITH PUT FAITH INTO ACTION CWS LIVES OUT OUR CORE VALUES THROUGH WITNESS AND COOPERATION WITH COMMUNITIES OF FAITH, ECUMENICAL NETWORKS, CIVIL SOCIETY GROUPS, AND OTHER PARTNERS THE EMPHASIS ON RELATIONSHIPS ENABLES PARTNERSHIPS TO BE BUILT AROUND THE WORLD THAT INFORMS AND INSPIRES OUR WORK AND LEAD TO ADVOCACY FOR ISSUES THAT BUILD OR RESTORE PEACE AND JUSTICE ACTIVITIES INCLUDE JOINING WITH GOVERNMENTS, INTERNATIONAL AND NATIONAL ORGANIZATIONS, CHURCHES, AND OTHERS TO TAKE ACTION ON PUBLIC POLICY ISSUES, ADVOCACY ON ISSUES RELATED TO HUNGER AND MALNUTRITION, CLIMATE CHANGE, INTERNATIONAL DEVELOPMENT POLICY, REFUGEE AND IMMIGRATION POLICY, ETC , DEVELOPMENT OF CLEAR AND FOCUSED POLICY ANALYSES THAT SUPPORT THE ADVOCACY WORK OF CWS, PROMOTING GLOBAL ECUMENICAL MINISTRY AND WITNESS WITH REGIONAL AND NATIONAL COUNCILS OF CHURCHES, PARTICIPATING IN THE LOCAL, NATIONAL AND INTERNATIONAL DIALOGUE BETWEEN CHRISTIANS AND PERSONS OF OTHER FAITHS, COOPERATING WITH OTHER FAITH TRADITIONS AND BODIES IN ADDRESSING ISSUES OF COMMON CONCERN, SUPPORTING MISSIONS TO THE USA FROM OTHER PARTS OF THE WORLD, AND INCREASING UNDERSTANDING AND EFFECTIVENESS OF MEMBER COMMUNIONS, CHURCHES, AND OTHER ORGANIZATIONS IN THEIR MISSION AND WITNESS

4d Other program services (Describe in Schedule O)

(Expenses \$	3,451,207	including grants of \$	789,395)	(Revenue \$)
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4e	Total program service expenses ▶	65,455,493
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
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 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b 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 and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 105	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	400			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	Yes	
b If "Yes," enter the name of the foreign country ► KE , VM , HA , TZ , JA , ID , RI , CB , AR , TH , TT , SF See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b 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).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
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		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶JOANNE RENDALL 28606 PHILLIPS STREET ELKHART, IN 46515 (574) 264-3102

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

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

1

● 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,086,161	0	322,624

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 7

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
DISCIPLEDATA INC 12821 E NEW MARKET ST SUITE 250 CARMEL, IN 46032	INFORMATION TECHNOLOGY	386,991
PURSUANT GROUP 5151 BELT LINE ROAD SUITE 900 DALLAS, TX 75254	DIRECT RESPONSE	172,129
ACT FOR PEACE LEVEL 7 379 KENT ST SYDNEY NSW AS	DIGITAL MARKETING	170,790
JOHN GORMAN, 8 NORTHFIELD LANE WEST BAY SHORE, NY 11706	COUNSEL	150,000
LUTHERAN IMMIGRATION & REFUGEE SERVICE 700 LIGHT STREET BALTIMORE, MD 21230	INFORMATION TECHNOLOGY	131,279

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	46,286,783				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,952,466				
	g Noncash contributions included in lines 1a - 1f \$ <u>2,086,510</u>						
	h Total. Add lines 1a-1f		72,239,249				
Program Service Revenue	2a REFUGEE SERVICES PROGRAM	Business Code					
		900099	2,204,738	2,204,738			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,204,738				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		199,065			199,065	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses	b				
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold	b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a DEVELOP, EMERG, REFUGEE	900099	1,497,134	1,497,134				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		1,497,134					
12 Total revenue. See Instructions		76,140,186	3,701,872	0	199,065		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	20,774,598	20,774,598		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	24,594,834	24,594,834		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	535,815		535,815	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	14,750,849	11,964,368	1,053,028	1,733,453
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	736,601	596,876	53,247	86,478
9 Other employee benefits.	2,886,098	2,350,503	195,044	340,551
10 Payroll taxes.	1,048,822	827,091	101,898	119,833
11 Fees for services (non-employees):				
a Management.				
b Legal.	252,816	119,090	59,658	74,068
c Accounting.	231,375	108,990	54,598	67,787
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	172,129			172,129
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,939,042	1,465,534	734,147	739,361
12 Advertising and promotion.	124,631	25,700	46,587	52,344
13 Office expenses.	350,021	195,280	71,835	82,906
14 Information technology.	247,963	138,341	50,890	58,732
15 Royalties.				
16 Occupancy.	1,374,036	1,044,737	242,849	86,450
17 Travel.	1,121,340	551,733	32,925	536,682
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	358,272	176,281	10,519	171,472
20 Interest.	86,948		86,948	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	77,887		77,887	
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a COMMUNICATION	1,378,159	493,475	48,617	836,067
b MISCELLANEOUS	124,128	25,597	46,398	52,133
c STORAGE	11,951	2,465	4,467	5,019
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	74,178,315	65,455,493	3,507,357	5,215,465
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		2,912,330	1	4,221,516	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		6,183,443	3	5,446,553	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		4,481,292	8	3,435,194	
	9	Prepaid expenses and deferred charges		2,524,738	9	2,535,177	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	6,532,730			
	b	Less: accumulated depreciation	10b	6,513,836	96,781	10c	18,894
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		12,769,962	12	13,499,383	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,112,479	15	1,123,187	
16	Total assets. Add lines 1 through 15 (must equal line 34)		30,081,025	16	30,279,904		
Liabilities	17	Accounts payable and accrued expenses		5,892,342	17	5,113,648	
	18	Grants payable		793,531	18	442,706	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		1,901,649	23	1,284,041	
	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		4,050,258	25	3,374,710	
	26	Total liabilities. Add lines 17 through 25		12,637,780	26	10,215,105	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		5,750,378	27	8,099,738	
	28	Temporarily restricted net assets		8,177,411	28	8,463,481	
	29	Permanently restricted net assets		3,515,456	29	3,501,580	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		17,443,245	33	20,064,799		
34	Total liabilities and net assets/fund balances		30,081,025	34	30,279,904		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	76,140,186
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,178,315
3	Revenue less expenses Subtract line 2 from line 1	3	1,961,871
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,443,245
5	Net unrealized gains (losses) on investments	5	659,683
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,064,799

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 13-4080201
Name: CHURCH WORLD SERVICE INC

Form 990 (2018)

Form 990, Part III, Line 4a:

SERVICES TO DISPLACED PERSONS - THE CWS COMMITMENT TO REFUGEES AND OTHER DISPLACED PERSONS IS A PROPHETIC EXPRESSION OF OUR CALLING IN FAITH TO WELCOME STRANGERS, TO GIVE VOICE TO THE UPROOTED, TO PROVIDE DURABLE SOLUTIONS, AND TO CHALLENGE THOSE RESPONSIBLE FOR SUFFERING AND DISPLACEMENT CWS WORKS WITH A NETWORK OF CHURCHES, ORGANIZATIONS, AND INDIVIDUALS THAT ASSIST UPROOTED PERSONS THAT HAVE HAD TO FLEE THEIR COUNTRIES DUE TO PERSECUTION, ARMED CONFLICT, ETC TOGETHER, WE SEEK TO PROVIDE FORCIBLY DISPLACED POPULATIONS SUPPORT TO ADDRESS CRITICAL UNMET NEEDS AS DURABLE SOLUTIONS ARE SOUGHT ACTIVITIES INCLUDE SHELTERING PEOPLE TEMPORARILY DISPLACED BY CIVIL STRIFE AND OTHER FACTORS BEYOND THEIR CONTROL, PROVIDING SHELTER, FOOD, MEDICAL ASSISTANCE, LEGAL AID, ETC TO REFUGEES, REFUGEE RESETTLEMENT IN THE US THROUGH CONGREGATIONS, PROTECTING THE UPROOTED PERSONS IN THE MOST VULNERABLE SITUATIONS, RESPONDING TO NEW AND EMERGING REFUGEE SITUATIONS, ADVOCATING INITIATIVES THAT INFLUENCE US GOVERNMENT AND OTHER POLICIES AND LAWS AFFECTING THE PROTECTION OF UPROOTED PERSONS, AND PROVIDING IMMIGRATION SERVICES AND SUPPORT

Form 990, Part III, Line 4b:

EMERGENCY RESPONSE - CWS JOINS TOGETHER WITH OTHERS TO SUPPORT PEOPLE AND COMMUNITIES IN HUMANITARIAN CRISES AROUND THE WORLD CWS HELPS THE FAITH COMMUNITY PLAY ITS SPECIAL ROLE IN DISASTER MITIGATION, PREPAREDNESS, AND RESPONSE IN RESPONDING TO EMERGENCIES AND WORKING DURING PROLONGED PERIODS OF NEED, CWS WORKS TO ENSURE THE WORLD'S MOST VULNERABLE PEOPLE BECOME SELF-SUFFICIENT THE GOAL IS TO ACHIEVE DURABLE SOLUTIONS THAT BUILD OR RESTORE PEACE, JUSTICE AND DIGNITY ACTIVITIES INCLUDE EMERGENCY ASSISTANCE TO ADDRESS THE IMMEDIATE NEEDS OF THE MOST VULNERABLE SURVIVORS OF NATURAL AND HUMAN CAUSED DISASTERS, MATERIAL ASSISTANCE RELATED TO NATURAL AND HUMAN CAUSED DISASTERS, MITIGATION, PREPAREDNESS, PLANNING, AND SUSTAINABLE ASSISTANCE TO MINIMIZE THE IMPACT OF DISASTERS, DISASTER PREPAREDNESS AND IMMEDIATE AND LONG-TERM RESPONSE ACTIVITIES OF PEOPLE AND COMMUNITIES PREPARING FOR AND AFFECTED BY NATURAL AND HUMAN CAUSED DISASTERS, AND PROVISION OF PASTORAL, SPIRITUAL, AND PSYCHOLOGICAL CARE THAT HELPS DISASTER SURVIVORS COPE WITH THE CRISIS SITUATION AND RECOVER THEIR CAPACITY TO MOVE FORWARD POSITIVELY

Form 990, Part III, Line 4c:

GLOBAL RELIEF AND DEVELOPMENT - CWS WORKS IN PARTNERSHIP WITH LOCAL ORGANIZATIONS, CHURCHES, INDIVIDUALS, ORGANIZATIONS, AND OTHERS AROUND THE WORLD TO BRING ABOUT SUSTAINABLE CHANGE BY WORKING TOGETHER TO SUPPORT DEVELOPMENT AND FOOD SECURITY, CWS SEEKS TO WORK WITH MARGINALIZED COMMUNITIES EXPERIENCING CHRONIC HUNGER AND POVERTY AND TO ACHIEVE DURABLE SOLUTIONS THAT BUILD PEACE AND JUSTICE THE FOCUS OF THE WORK IS ON THE MOST VULNERABLE PERSONS AND COMMUNITIES TO DEVELOP SOCIALLY, ECONOMICALLY AND ENVIRONMENTALLY SUSTAINABLE COMMUNITIES AND ACHIEVE A HIGHER QUALITY OF LIFE THE FOLLOWING PROGRAMS ARE PART OF THIS FUNCTIONAL CATEGORY HUNGER AND MALNUTRITION, CLIMATE CHANGE AND SUSTAINABILITY, EDUCATION, WATER, LIVELIHOODS, FOOD SECURITY AND RIGHTS, INDIGENOUS PEOPLES, PROTECTION OF VULNERABLE YOUTH AND CHILDREN, AND HEALTH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR PAUL S CHAN BOARD MEMBER	2 00	X						0	0	0
MR HAL CULBERTSON BOARD MEMBER	2 00	X						0	0	0
REV PATRICIA E DE JONG 1ST VICE CHAIR	5 00	X		X				0	0	0
MR ROLAND FERNANDES TREASURER	5 00	X		X				0	0	0
MS CAROLINE S GESAMI BOARD MEMBER	2 00	X						0	0	0
MR DANIEL HAZMAN 2ND VICE CHAIR	5 00	X		X				0	0	0
MS BETH HOULE BOARD MEMBER	2 00	X						0	0	0
MS KATY KECK BOARD MEMBER	2 00	X						0	0	0
REV JOHN L MCCULLOUGH PRESIDENT & CEO	40 00	X		X				289,156	0	97,071
MS LENANN MCGOOKEY GARDNER BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REV VY NGUYEN BOARD MEMBER	2 00	X						0	0	0
MR PETER M PERSELL BOARD MEMBER	2 00	X						0	0	0
DR SHIRLEY CASON REED BOARD MEMBER	2 00	X						0	0	0
MS LAURA ROBERTS SECRETARY	5 00	X		X				0	0	0
MR CARL THONG BOARD MEMBER	2 00	X						0	0	0
MR MARSHALL TOPLANSKY BOARD MEMBER	2 00	X						0	0	0
REV DR EARL D TRENT JR BOARD CHAIR	5 00	X		X				0	0	0
MS KIMBERLY MITCHEM RASMUSSEN BOARD MEMBER	2 00	X						0	0	0
HIS EMINENCE METROPOLITAN ZACHARISH BOARD MEMBER	2 00	X						0	0	0
DR ELIZABETH FERRIS BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAURICE A BLOEM EXECUTIVE VICE PRESIDENT	40 00			X				134,975	0	38,199
JOANNE RENDALL SVP CHIEF FINANCIAL OFFICE	40 00			X				116,592	0	32,996
EROL KEKIC SVP IMMIGRATION & REFUGEE	40 00					X		150,203	0	42,507
KEITH BRAUER VP CHIEF HUMAN RESOURCES O	40 00					X		132,686	0	37,550
THOMAS TAURAS AFRICA REPRESENTATIVE	40 00					X		140,522	0	39,768
CARLEEN MILLER DEPUTY VP, IMMIGRATION & REFUGEE PROGRAM	40 00					X		122,027	0	34,533

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

CHURCH WORLD SERVICE INC

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

13-4080201

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	75,241,102	85,945,787	93,044,199	63,241,414	72,239,249	389,711,751
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	75,241,102	85,945,787	93,044,199	63,241,414	72,239,249	389,711,751
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						389,711,751

Section B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total	
7	Amounts from line 4	75,241,102	85,945,787	93,044,199	63,241,414	72,239,249	389,711,751	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	161,521	144,029	139,814	159,133	199,065	803,562	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						390,515,313	
12	Gross receipts from related activities, etc. (see instructions)						12	13,739,207
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>							

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 99.790 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 99.810 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>	
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. <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 13-4080201
Name: CHURCH WORLD SERVICE INC

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CHURCH WORLD SERVICE INC	Employer identification number 13-4080201
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		106,200
f	Grants to other organizations for lobbying purposes?	Yes		52,853
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		355,637
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		533,456
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			1,048,146
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	EXPENSES ASSOCIATED WITH LOBBYING ACTIVITIES FOR PAID STAFF OR MANAGEMENT

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319048549

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CHURCH WORLD SERVICE INC

Employer identification number

13-4080201

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

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

☐ Preservation of land for public use (e g , recreation or 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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, 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" on 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 XIII, the text of the footnote to its financial statements that describes these items

1b

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) Revenue included on 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

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,579,972	5,192,342	4,526,337	4,186,254	4,333,354
b Contributions	32,293	31,193	61,330	477,720	33,530
c Net investment earnings, gains, and losses	341,829	348,494	470,806	289,785	-36,988
d Grants or scholarships					
e Other expenditures for facilities and programs	162,310	71,147	72,993	427,422	143,642
f Administrative expenses					
g End of year balance	5,791,784	5,579,972	5,192,342	4,526,337	4,186,254

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

39 540 %

b

Permanent endowment

60 460 %

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,137		7,137
b Buildings		103,745	103,745	0
c Leasehold improvements		1,698,153	1,686,396	11,757
d Equipment		4,045,577	4,045,577	0
e Other		678,118	678,118	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				18,894

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) CORPORATE BONDS	612,462	F
(B) U S GOVERNMENT OBLIGATION	496,554	F
(C) EQUITY SECURITIES	3,710,718	F
(D) OTHERS	194,915	F
(E) HELD BY OTHERS	8,484,734	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	13,499,383	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO OTHER U S VOLUNTARY AGENCIES	176,508
POSTRETIREMENT BENEFIT LIABILITY	3,198,202
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	3,374,710

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

☒

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	76,799,689
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	659,683
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	659,683
3	Subtract line 2e from line 1	3	76,140,186
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	76,140,186

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	74,178,315
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	74,178,315
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	74,178,315

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-4080201
Name: CHURCH WORLD SERVICE INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	CHURCH WORLD SERVICE INTENDS TO USE THE ENDOWMENT FUNDS TO CARRY OUT THEIR PROGRAM SERVICES, MISSION, AND PURPOSE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	CWS ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED UPON A MORE LIKELY THAN NOT THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED UPON A CUMULATIVE PROBABILITY ASSESSMENT THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS TAX POSITIONS FOR CWS INCLUDE, BUT ARE NOT LIMITED TO, THE TAX-EXEMPT STATUS AND DETERMINATION OF WHETHER INCOME IS SUBJECT TO UNRELATED BUSINESS INCOME TAX, HOWEVER, CWS HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CHURCH WORLD SERVICE INC

Employer identification number
13-4080201

Part I

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

1

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes
 ☐ No

2

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

3

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	13	565			24,594,834
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	13	565			24,594,834

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 Cat No 50082W
 Schedule F (Form 990) 2018

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. 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)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)								Schedule F (Form 990) 2018	
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ► _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	CWS PROVIDES GRANT GUIDELINES AND ELIGIBILITY CRITERIA TO THOSE INTERESTED IN SUBMITTING PROPOSALS THE ELIGIBILITY INCLUDES BEING A NON-PROFIT REGISTERED ORGANIZATION, SERVING POPULATIONS WITHOUT DISCRIMINATION, CREDIBILITY IN THE COMMUNITIES THEY OPERATE, AND PROGRAMS IN-LINE WITH THE MISSION OF CWS THE PROGRAMS AND PROJECTS MUST GIVE SUFFICIENT ATTENTION TO SUSTAINABILITY AND LOCAL PARTICIPATION AS WELL THE PROPOSAL MUST CONTAIN A PROGRAM NARRATIVE, MONITORING AND EVALUATION PLAN, AND BUDGET THE MONITORING AND EVALUATION IS BASED UPON AGREED-UPON COMMON INDICATORS AND COMPETENCIES THE GUIDELINES FOR PROPOSAL CONSIDERATION AND SELECTION INCLUDE SUCH THINGS AS RESPONSE DETERMINED, CLEAR AND MEASURABLE GOALS AND OBJECTIVES, UTILIZATION OF LOCAL RESOURCES, ASSISTING THE MOST VULNERABLE, AND ORGANIZATIONAL CAPACITY

Additional Data

Software ID:

Software Version:

EIN: 13-4080201

Name: CHURCH WORLD SERVICE INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
AFRICA	3	440	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	18,268,488
CENTRAL AMERICA AND CARRIBBEAN	1	3	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	1,526,315

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	1	3	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	364,835
MIDDLE EAST	0	0	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	1,257,163

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	1	3	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	743,993
SOUTH ASIA	7	116	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	2,434,040

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		AFRICA	SERVICE TO THE DISPLACED	17,456,502				
		AFRICA	GLOBAL HUNGER AND DEVELOPMENT	781,986				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		AFRICA	GLOBAL HUNGER AND DEVELOPMENT	30,000				
		CENTRAL AMERICA & CARIBBEAN	EMERGENCY RESPONSE	607,737				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		CENTRAL AMERICA & CARIBBEAN	GLOBAL HUNGER AND DEVELOPMENT	165,286				
		CENTRAL AMERICA & CARIBBEAN	GLOBAL HUNGER AND DEVELOPMENT	115,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		CENTRAL AMERICA & CARIBBEAN	SERVICE TO THE DISPLACED	100,000				
		CENTRAL AMERICA & CARIBBEAN	GLOBAL HUNGER AND DEVELOPMENT	97,242				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		CENTRAL AMERICA & CARIBBEAN	GLOBAL HUNGER AND DEVELOPMENT	85,000				
		CENTRAL AMERICA & CARIBBEAN	EMERGENCY RESPONSE	60,050				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		CENTRAL AMERICA & CARIBBEAN	SERVICE TO THE DISPLACED	35,000				
		CENTRAL AMERICA & CARIBBEAN	GLOBAL HUNGER AND DEVELOPMENT	19,500				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		CENTRAL AMERICA & CARIBBEAN	GLOBAL HUNGER AND DEVELOPMENT	11,500				
		CENTRAL AMERICA & CARIBBEAN	GLOBAL HUNGER AND DEVELOPMENT	5,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		EUROPE	GLOBAL HUNGER AND DEVELOPMENT	343,275				
		EUROPE	EMERGENCY RESPONSE	21,560				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		MIDDLE EAST	SERVICE TO THE DISPLACED	816,790				
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	243,677				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	124,376				
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	72,500				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	63,751				
		SOUTH AMERICA	SERVICE TO THE DISPLACED	57,251				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	49,000				
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	43,379				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	39,484				
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	25,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	8,041				
		SOUTH ASIA	EMERGENCY RESPONSE	1,163,681				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SOUTH ASIA	GLOBAL HUNGER AND DEVELOPMENT	453,213				
		SOUTH ASIA	GLOBAL HUNGER AND DEVELOPMENT	275,325				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SOUTH ASIA	GLOBAL HUNGER AND DEVELOPMENT	189,661				
		SOUTH ASIA	EMERGENCY RESPONSE	185,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SOUTH ASIA	GLOBAL HUNGER AND DEVELOPMENT	167,160				
		HONDURAS				225,000	HYGIENE KITS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SYRIA				360,000	SCHOOL KITS, HYGIENE KITS	FMV
		SERBIA				80,373	BLANKETS, SCHOOL KITS, HYGIENE KITS	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		ECUADOR				17,534	BLANKETS, SCHOOL KITS, HYGIENE KITS	FMV

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CHURCH WORLD SERVICE INC

Employer identification number
13-4080201

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

b ☒ Internet and email solicitations

c ☐ Phone solicitations

d ☒ In-person solicitations

e ☒ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☒ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 PURSUANT PO BOX 203421 DALLAS, TX 75320	DIRECT RESPONSE		No	621,652	172,129	449,523
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				621,652	172,129	449,523

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization
CHURCH WORLD SERVICE INC

Employer identification number
13-4080201

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	CWS REGIONAL REPRESENTATIVES AND/OR OFFICES SERVE AS THE FIRST POINT OF CONTACT IN RECEIVING FUNDING REFERRALS/REQUESTS OF PROJECT AND PROGRAM PROPOSALS PROJECT/PROGRAM PROPOSAL OBJECTIVES MUST BE CLEAR AND MEET THE MISSION STATEMENT OF CWS AND IMPLEMENTING PARTNER, FOLLOWING THE CWS PROPOSAL SUBMISSION GUIDELINES CWS REGIONAL REPRESENTATIVES AND/OR OFFICES REVIEW PROJECT/PROGRAM FUNDING PROPOSALS AND MAKE RECOMMENDATIONS ON THE APPROVAL/DENIAL BASED ON THE CWS PROPOSAL SUBMISSION GUIDELINES IF THE PROPOSAL/REQUEST OBJECTIVES ARE NOT CLEAR OR CONSISTENT WITH CWS OBJECTIVES, THE REGIONAL OFFICE/REPRESENTATIVE SEND BACK THE PROPOSAL TO PARTNER AND REQUESTS A NEW PROPOSAL FINAL DECISIONS ARE MADE AFTER THE PROPOSAL HAS BEEN PROPERLY SCREENED, REVIEWED AND REASONS FOR APPROVAL/DENIAL ARE DOCUMENTED BY REGIONAL OFFICE/REPRESENTATIVE

Additional Data

Software ID:
Software Version:
EIN: 13-4080201
Name: CHURCH WORLD SERVICE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY REFUGEE MINISTRIES 1710 ALEXANDRIA DRIVE SUITE 2 LEXINGTON, KY 40504			1,489,346				SERVICE TO DISPLACED PERSONS
EXODUS REFUGEE IMMIGRATION PROGRAM 1125 BROOKSIDE AVE SUITE C9 INDIANAPOLIS, IN 46202			1,372,560				SERVICE TO DISPLACED PERSONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHRISTIAN SERVICE (PARA) 1050 36TH ST SE SUITE 400 GRAND RAPIDS, MI 49508			1,235,840				SERVICE TO DISPLACED PERSONS
REFUGEE SERVICES OF TEXAS INC 9241 LBJ FRWY SUITE 210 DALLAS, TX 11272			1,167,260				SERVICE TO DISPLACED PERSONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPENING DOORS INC 2118 K STREET SACRAMENTO, CA 95816			1,078,210				SERVICE TO DISPLACED PERSONS
COMMUNITY REFUGEE IMMIGRATION SERVICES (CRIS) 1925 E DUBLIN-GRANVILLE RD SUITE 102 COLUMBUS, OH 43229			1,058,459				SERVICE TO DISPLACED PERSONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW AMERICAN PATHWAYS 2300 HENDERSON MILL ROAD NE SUITE 100 ATLANTA, GA 30345			865,326				SERVICE TO DISPLACED PERSONS
ST THOMAS UNIVERSITY 2650 SW 27TH AVENUE THIRD FLOOR SUITE 304 MIAMI, FL 33133			833,523				SERVICE TO DISPLACED PERSONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOURNEYS END RESETTLEMENT SERVICES ATTN HANA MIRACH 2495 MAIN ST SUITE 530 BUFFALO, NY 14214			600,277				SERVICE TO DISPLACED PERSONS
CATHOLIC CHARITIES 25 SE 2ND AVENUE SUITE 220 MIAMI, FL 33131			536,784				SERVICE TO DISPLACED PERSONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN FAMILY SERVICE OF NEBRASKA 124 SOUTH 24TH ST SUITE 230 OMAHA, NE 68102			377,318				SERVICE TO DISPLACED PERSONS
REFUGEEONE 4753 N BROADWAY STE 104 CHICAGO, IL 60640			360,529				SERVICE TO DISPLACED PERSONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF SW 2020 W INDIAN SCHOOL RD SUITE E26 PHOENIX, AZ 85015			278,607				SERVICE TO DISPLACED PERSONS
ASCENTRIA COMMUNITY SERVICES 14 EAST WORCESTER STREET SUITE 300 WORCESTER, MA 01604			276,525				SERVICE TO DISPLACED PERSONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECUMENICAL MINISTRIES OF OREGON 0245 SW BANCROFT ST SUITE B PORTLAND, OR 97201			228,099				SERVICE TO DISPLACED PERSONS
NATIONAL PARTNERSHIP FOR NEW AMERICANS 1805 S ASHLAND ST CHICAGO, IL 60608			81,000				SERVICE TO DISPLACED PERSONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY LITERACY COUNCIL 200 N GREENSBORO ST C2 CARRBORO, NC 27510			78,303				EMERGENCY RESPONSE
IMMOKALEE UNMET NEEDS COALITION ATTN ELLIE RAMIREZ 2050 COMMERCE AVE UNIT 9 IMMOKALEE, FL 341423820			75,500				EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRANCHES INC 11500 NW 12TH AVE MIAMI, FL 33168			74,334				EMERGENCY RESPONSE
FLORIDA IMMIGRANT COALITION 2800 BISCAYNE BLVD SUITE 200 MIAMI, FL 33137			51,200				SERVICE TO DISPLACED PERSONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDLANDS CHRISTIAN MIGRANT ASSOCIATION 402 W MAIN STREET IMMOKALEE, FL 34142			50,400				EMERGENCY RESPONSE
TIRRC TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION 2195 NOLENSVILLE P NASHVILLE, TN 37211			50,000				SERVICE TO DISPLACED PERSONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBESON COUNTY DISASTER RECOVERY COMMITTEE (RCDRC) ATTN CASSANDRA CAMPBELL 802 N CEDAR ST LUMBERTON, NC 283584948			38,959				EMERGENCY RESPONSE
MENNONITE CENTRAL COMMITTEE 21 S 12TH STREET PO BOX 500 AKRON, PA 175010500			38,051				GLOBAL HUNGER AND DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON OFFICE ON LATIN AMERICA 1666 CONNECTICUT AVENUE NW SUITE 400 WASHINGTON, DC 20009			35,000				ADVOCACY
GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO, NC 274061240			32,984				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVANGELICAL SEMINARY OF PUERTO RICO (ESPR) DR DORIS GARCIA-RIVERA PRESIDENT ESPR 776 AVE PONCE DE LEON SAN JUAN, PR 00927			25,000				EMERGENCY RESPONSE
FIRST UNITED CHURCH OF OAK PARK 848 LAKE ST OAK PARK, IL 603011397			19,925				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH WORLD SERVICE 308 EAST KING ST LANCASTER, PA 17602			16,976				SERVICE TO DISPLACED PERSONS
LIVING HOPE WHEELCHAIR ASSOCIATION PO BOX 55907 HOUSTON, TX 772555907			15,000				EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LAMB OF GOD LUTHERAN CHURCH 606 E 38TH ST ERIE, PA 165041762			14,973				LOCAL HUNGER PROGRAM
INTER-FAITH COUNCIL FOR SOCIAL SERVICE 110 W MAIN ST STE D CARRBORO, NC 275102026			14,132				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHURCH WORLD SERVICE IRP DURHAM 112 S DUKE ST SUITE 4B DURHAM, NC 27701			13,736				SERVICE TO DISPLACED PERSONS
RELIGIOUS COMMUNITY SERVICES PO BOX 704 NEW BERN, NC 285630704			13,529				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FLORIDALEARNS FOUNDATION P O BOX 243 CHIPLEY, FL 324280243			13,300				EMERGENCY RESPONSE
ECHO 65 S HIGH ST JANESVILLE, WI 535483842			13,282				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CRISIS ASSISTANCE MINISTRY 500A SPRATT STREET CHARLOTTE, NC 28206			12,610				LOCAL HUNGER PROGRAM
SECOND HARVEST FOOD BANK OF METROLINA 500-B SPRATT ST CHARLOTTE, NC 28206			12,610				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES AND FISHES 648-B GRIFFITH ROAD CHARLOTTE, NC 28217			12,610				LOCAL HUNGER PROGRAM
THE GARDEN PROJECT PO BOX 16224 LANSING, MI 489016224			12,554				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT GENEVA, IL 601343587			11,989				LOCAL HUNGER PROGRAM
EAST COAST MIGRANT HEAD START PROJ NO CAROLINA DIRECT SVCS 798 NC HIGHWAY 42 WEST CLAYTON, NC 275207432			11,100				EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MORAVIAN CHURCH IN AMERICA 459 S CHURCH ST WINSTON SALEM, NC 271015314			10,886				LOCAL HUNGER PROGRAM
CRISIS CONTROL MINISTRY 200 E 10TH ST WINSTONSALEM, NC 271011500			10,886				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUTCHESS OUTREACH INC 29 N HAMILTON STREET POUGHKEEPSIE, NY 126012541			10,235				LOCAL HUNGER PROGRAM
HELP BY PHONE PO BOX 324 RIVERDALE, MD 207380324			10,199				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-OHIO FOOD BANK 3960 BROOKHAM DR GROVE CITY, OH 431239741			10,147				LOCAL HUNGER PROGRAM
LATIN AMERICA WORKING GROUP 2029 P ST NW SUITE 301 WASHINGTON, DC 20036			10,000				ADVOCACY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF RANSOM CATHOLIC CHURCH 8624 W NORMAL NILES, IL 607142361			9,239				LOCAL HUNGER PROGRAM
LANCASTER CO COUNCIL OF CHS 812 NORTH QUEEN STREET LANCASTER, PA 176032740			9,197				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH WORLD SERVICE GREENSBORO 122 N ELM ST STE 607 GREENSBORO, NC 274012818			9,191				SERVICE TO DISPLACED PERSONS
TRINITARIAN CONGREGATIONAL CHURCH 54 WALDEN ST CONCORD, MA 017422509			8,647				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOPERATIVE CHRISTIAN MINISTRY 246 COUNTRY CLUB DR NE CONCORD, NC 280252929			8,640				LOCAL HUNGER PROGRAM
DURHAM CONGREGATIONS IN ACTION 504 W CHAPEL HILL STREET DURHAM, NC 27701			8,187				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION HOUSE 345 W 14TH ST HOLLAND, MI 494233461			8,163				LOCAL HUNGER PROGRAM
SUGAR CREEK MENNONITE CHURCH 1209 FRANKLIN AVE WAYLAND, IA 526547641			8,139				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CONGREGATIONAL CHURCH OF MIDDLEBURY 27 NORTH PLEASANT STREET MIDDLEBURY, VT 057531204			8,094				LOCAL HUNGER PROGRAM
EPIPHANY COMMUNITY HEALTH OUTREACH SERVICES 9600 S GESSNER BLDG E HOUSTON, TX 77071			8,000				EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARLINGTON FOOD ASSISTANCE CENTER 2708 S NELSON ST PO BOX 6261 ARLINGTON, VA 222066261			7,980				LOCAL HUNGER PROGRAM
HELPLINE HOUSE 292 KNECHTEL WAY BAINBRIDGE, WA 98110			7,860				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNRIDGE FISH ORGANIZATION INC PO BOX 9 PERKASIE, PA 189440009			7,752				LOCAL HUNGER PROGRAM
SECOND HARVEST FOOD BANK INC 2802 DAIRY DR MADISON, WI 537186751			7,695				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST PETER'S EPISCOPAL CH 33 THROCKMORTON ST FREEHOLD, NJ 077281990			7,514				LOCAL HUNGER PROGRAM
FALLS VILLAGE CONG CH PO BOX 72 FALLS VILLAGE, CT 060310072			7,380				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PATHWAYS OF HOPE 514 W AMERIGE AVE FULLERTON, CA 928321703			7,279				LOCAL HUNGER PROGRAM
FAITH IN ACTION 603 S MAIN ST CHELSEA, MI 481181273			7,190				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CRISIS CENTER FOOD BANK 1121 GILBERT COURT IOWA CITY, IA 522404528			7,166				LOCAL HUNGER PROGRAM
COMMUNITY FOOD SHARE 650 S TAYLOR AVE LOUISVILLE, CO 800273067			7,087				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PUBLIC SCHOOLS OF ROBESON COUNTY - MIGRANT EDUCATION PROGRAM PO DRAWER 2909 LUMBERTON, NC 28359			7,000				EMERGENCY RESPONSE
SOCIETY OF ST VINCENT DE PAUL EXETER 24 WINDING BROOK DRIVE STRATHAM, NH 038852329			6,841				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RELIGIOUS COMMUNITY SERVICES P O BOX 704 NEW BERN, NC 285630704			6,764				EMERGENCY RESPONSE
GOOD SAMARITAN NETWORK PO BOX 339 NOBLESVILLE, IN 460610339			6,728				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OPEN DOOR MINISTRY 400 N CENTENNIAL ST HIGH POINT, NC 272624120			6,620				LOCAL HUNGER PROGRAM
GREATER BERKS FOOD BANK 117 MORGAN DRIVE READING, PA 196081755			6,522				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE MANNA FOOD PROJECT 8791 MCBRIDE PARK DR HARBOR SPRINGS, MI 497409697			6,455				LOCAL HUNGER PROGRAM
GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 405111084			6,250				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ECHO 7205 OLD KEENE MILL ROAD SPRINGFIELD, VA 22150			6,244				LOCAL HUNGER PROGRAM
NORTHFIELD TWP PANTRY FUND 2550 WAUKEGAN RD STE 100 GLENVIEW, IL 600251777			6,233				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROCKFORD URBAN MINISTRIES 201 7TH ST ROCKFORD, IL 611041208			6,156				LOCAL HUNGER PROGRAM
MARTHA'S VINEYARD UNITED METHODIST CHURCH 89 WILLIAM ST PO BOX 2580 OAK BLUFFS, MA 025572580			6,130				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SECOND HELPINGS INC 1121 SOUTHEASTERN INDIANAPOLIS, IN 462023946			6,098				LOCAL HUNGER PROGRAM
CATHOLIC RELIEF SERVICES 228 W LEXINGTON STREET BALTIMORE, MD 212013443			6,058				GLOBAL HUNGER AND DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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METROCREST SERVICE CENTER 13801 HUTTON DR STE 150 DALLAS, TX 752349040			5,851				LOCAL HUNGER PROGRAM
FIRST UNITED METHODIST CHURCH 128 N MARTIN LUTHER KING JR AVE WAUKEGAN, IL 600854328			5,782				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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IDAHO FOODBANK WAREHOUSE 3562 S TK AVE PO BOX 5601 BOISE, ID 837050601			5,683				LOCAL HUNGER PROGRAM
LAZARUS MINISTRIES 3151 OLIVE PO BOX 22450 KANSAS CITY, MO 641130450			5,565				LOCAL HUNGER PROGRAM

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OUR DAILY BREAD PO BOX 9544 BRADENTON, FL 342069544			5,542				LOCAL HUNGER PROGRAM
NEIGHBORHOOD HOUSE 31455 W 11 MILE RD FARMINGTON HILLS, MI 48336			5,512				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DES MOINES AREA FOOD BANK PO BOX 98788 DES MOINES, WA 981980788			5,464				LOCAL HUNGER PROGRAM
FOOD AND SHELTER INC 201 REED AVE NORMAN, OK 730715226			5,461				LOCAL HUNGER PROGRAM

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CENTER FOR FOOD ACTION 90 RIDGE RD MAHWAH, NJ 07430			5,450				LOCAL HUNGER PROGRAM
ANNANDALE CHRISTIAN COMMUNITY FOR ACTION 7200 COLUMBIA PIKE ANNANDALE, VA 220033166			5,299				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BROADWAY CHRISTIAN CHURCH 2601 W BROADWAY COLUMBIA, MO 652031295			5,124				LOCAL HUNGER PROGRAM
WESTERN MASS FOOD BANK 97 NORTH HATFIELD ROAD PO BOX 160 HATFIELD, MA 010380160			5,011				LOCAL HUNGER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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STORM SEARCH AND RESCUE 600 WEST 5TH ST LUMBERTON, NC 28358				452,085	FMV	BLANKETS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
CATHOLIC CHARITIES OF RALEIGH 530 HINTON OAKS BLVD SUITE 400 KINGHTDALE, NC 27545				284,935	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HEROES NFP 4773 US-70 NEW BERN, NC 28560				242,160	FMV	BLANKETS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
HOPE HEROES NFP 17822 CENTER DR FOUNTAIN, FL 32438				127,333	FMV	BLANKET, HYGIENE KITS, SCHOOL KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN OUTREACH CENTER 651 CHIPPEWA ST LUMBERTON, NC 28358				115,426	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
SETX CIVILIAN TASKFORCE 223 S 17TH ST NEDERLAND, TX 77627				104,885	FMV	BLANKETS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STORM SEARCH AND RESCUE 1535 MLK BLVD MIDWAY, FL 32343				104,845	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
THE POINTSOUTHPORT 1730 US 117 BURGAW, NC 28425				98,282	FMV	BLANKETS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRACLE RELIEF COLLABORATION LEAGUE 3207 US HWY 84 DONALSONVILLE, GA 39845				95,569	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES 3010 NE 24TH ST OCALA, FL 34470				77,177	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF RALEIGH 2612 DISCOVERY DR RALEIGH, NC 27612				75,600	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE
CATHOLIC CHARITIES OF RALEIGH 4655 B SOCASTEE BLVD MYRTLE BEACH, NC 29588				75,600	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NACC DISASTER SERVICES 3243 CAMDEN RD FAYETTEVILLE, NC 28306				75,000	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE
CATHOLIC CHARITIES 1821 S BICENTENNIAL BLVD MCALLEN, TX 78504				58,723	FMV	BLANKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA VOAD 7001 E 38TH ST TULSA, OK 74145				54,000	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE
IMMOKALEE UNMET NEEDS COALITION 815 EAST MAIN ST IMMOKALEE, FL 34142				52,318	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANN ST UNITED METHODIST CHURCH 500 ANN ST BEAUFORT, NC 28156				48,235	FMV	BLANKETS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
INTERFAITH WELCOME CENTER 1600 HUEBNER ROAD SAN ANTONIO, TX 78248				47,548	FMV	BLANKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SBIC BRUNSWICK BEACH 208 SMITH ROAD SHALLOTTE, NC 28470				46,560	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
UNITY IN DISASTERS 411 MARTIN LUTHER KING JR ST ROWLAND, NC 28383				44,810	FMV	CLEAN-UP BUCKETS, HYGIENE KITS AND SCHOOL KITS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NACC DISASTER SERVICES 24 GATEWAY COMMERCE CENTER DR EDWARDSVILLE, IL 62025				44,399	FMV	BLANKETS AND HYGIENE KITS	EMERGENCY RESPONSE
PRESBYTERIAN MO RIVER VALLEY 2530 S 165TH ST OMAHA, NE 68130				40,781	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SHEPHERD PRESBYTERIAN CHURCH 8300 EAST POINT RD LINCOLN, NE 68506				40,308	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
FIRST PRESBYTERIAN CHURCH 301 SONOCO ROAD LOUISIANA, OH 63353				38,437	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT HOPE 170-20 140TH AVE JAMAICA, NY 11434				37,800	FMV	SCHOOL KITS AND HYGIENE KITS	EMERGENCY RESPONSE
FEED THE CHILDREN 333 N MERIDIAN AVE OKLAHOMA CITY, OK 73107				37,500	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES 4601 BLUE CLAY ROAD CASTLE HAYNE, NC 28429				36,560	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
WILMINGTON RESPONSE 921 PRINCESS ST WILMINGTON, NC 28403				36,537	FMV	BLANKETS, HYGIENE KITS, SCHOOL KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HEROES NFP 212 NORTH MAIN ST PEMBROKE, NC 28372				36,230	FMV	BLANKETS, SCHOOL KITS AND HYGIENE KITS	EMERGENCY RESPONSE
ALERT 708 SOUTH MAIN CARROLTON, MO 64633				33,921	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OROVILLE HOPE CENTER 1427 MYERS ST OROVILLE, CA 95965				33,672	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
NEBRASKA BAPTIST STATE CONVENTION 11244 BLONDO ST OMAHA, NE 68164				32,623	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SETX CIVILIAN TASKFORCE 1700 N CROCKET AVE SONORA, TX 76950				32,173	FMV	BLANKETS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
GOSPEL TABERNTCALE 2105 W CUMBERLAND ST DUNN, NC 28334				30,749	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SBIC 12489 NEW BRITTON HWY EAST WHITEVILLE, NC 28472				28,906	FMV	BLANKETS, HYGIENE KITS, SCHOOL KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
SISTERS OF HOPE COMMUNITY DISASTER AND OUTREACH PO BOX 525 GARRETT, KY 41630				28,118	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLDING INSTITUTE 1102 SANTA MARIA LAREDO, TX 78040				27,754	FMV	BLANKETS, SCHOOL KITS AND HYGIENE KITS	EMERGENCY RESPONSE
SAINT DOMINIC CHURCH 3308 E 15TH ST PANAMA CITY, FL 32401				27,485	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FEEDING AMERICA 846 W RIVER CENTER DR COMSTOCK PARK, MI 49321				27,000	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
WILMINGTON RESPONSE 601 WAKEFIELD AVE HENDERSON, NC 27636				26,234	FMV	BLANKETS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORD OF FAITH MINISTRIES 1288 N NC 11-903 KENANSVILLE, NC 28349				25,419	FMV	BLANKETS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
SETX CIVILIAN TASKFORCE 1701 WESTCHESTER DR HIGHPOINT, NC 27262				24,163	FMV	BLANKETS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENE LAMP COMMUNITY ACTION 2909 GRAINER STATION RD KINSTON, NC 28501				24,080	FMV	BLANKETS, HYGIENE KITS, SCHOOL KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
PROMISE OF HOPE 6568 ELIZABETHTOWN RD HWY 41 LUMBERTON, NC 28358				23,638	FMV	BLANKETS, HYGIENE KITS, SCHOOL KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISERVE365 1807 FM 2097 CHESTER, TX 75936				21,749	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
VICTORY APOSTOLIC CHURCH 19740 GOVERNORS HWY FLOSSMOOR, FL 60422				21,038	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITY IN DISASTERS 901 W EXPRESSWAY 83 SAN BENITO, TX 78586				18,000	FMV	SCHOOL KITS	EMERGENCY RESPONSE
UNITED CAJUN NAVY 4503 TURNBERRY HARBOUR DESTIN, FL 32540				17,600	FMV	BLANKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHURCH OF CHRIST 211 W HOOKS RIVER RD GOLDSBORO, NC 27530				17,459	FMV	BLANKETS, HYGIENE KITS, SCHOOL KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
BRUNSWICK HOUSING OPPORTUNITEIS INC 3470 OLD OCEAN HWY BOLIVIA, NC 28422				16,200	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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IMPACT LIFE CHANGING MINISTRIES 900 CAROLINA AVE KINSTON, NC 28501				15,901	FMV	BLANKETS, HYGIENE KITS, SCHOOL KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
MISSION PRESBYTERY 104 S 12TH ST MCALLEN, TX 78501				14,820	FMV	BLANKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PRESBYTERY OF THE MIAMI VALLEY 1541 S SMITHVILLE RD DAYTON, OH 45410				14,765	FMV	BLANKETS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
CHRISTIAN CHURCH 207 TARBORO STREET NE WILSON, NC 27894				14,549	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE SALVATION ARMY 1120 6TH ST GREELEY, CO 80631				13,752	FMV	BLANKETS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
WEST NEW BERN PRESBYTERIAN CHURCH 1701 LUCERNE WAY NEW BERN, NC 28560				13,500	FMV	SCHOOL KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CORNERSTONE CDC 103 S FRONT ST WARSAW, NC 28398				12,934	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
CHRIST TEMPLE CHURCH 13-17 WEST 128 ST NEW YORK, NY 10027				12,483	FMV	BLANKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HIS GLORY SRAT 1873 GREASY CREEK RD LENOIR, NC 28645				12,304	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
CHRISTAL HILL BAPTIST CHURCH 18824 CRYSTAL VALLEY RD LITTLE ROCK, AR 72210				11,447	FMV	BLANKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MUTUAL AID DISASTER RELIEF 102 N CEDAR ST LUMBERTON, NC 28358				11,381	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
GOOD NEIGHBOR 43434 SETTLEMENT MCALLEN, TX 78504				10,912	FMV	BLANKETS	EMERGENCY RESPONSE

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FLORIDALEARNS FOUNDATION 315 N KEY ST QUINCY, FL 32351				10,328	FMV	BLANKETS	EMERGENCY RESPONSE
COLUMBUS BAPTIST ASSOCIATION 28 WHITEVILLE PLACE WHITEVILLE, NC 28472				9,974	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FAYETTEVILLE CHURCH OF THE NAZARENE 1844 RAYCONDA RD FAYETTEVILLE, NC 28304				9,897	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
SONRISE CHRISTIAN FELLOWSHIP 463 S STAGE COACH LANE FALLBROOK, CA 92028				9,094	FMV	BLANKETS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

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SALEM ZION CHURCH 52 MAIN ST KINGERSTOWN, PA 17941				8,313	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
SOMEBODY LOVES ME 158 HERITAGE DR ROGERSVILLE, TN 37857				8,271	FMV	BLANKETS, SCHOOL KITS AND HYGIENE KITS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ENOCH CHAPEL MISSIONARY BAPTIST CHURCH 7011 MARKET ST WILMINGTON, NC 28411				8,100	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE
UPPER EAST 301 LOUIS ST KINGSPORT, TN 37660				8,005	FMV	BLANKETS, SCHOOLS KITS, AND HYGIENE KITS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CENTRO DE INFORMATION 1885 LIN LORE LANE ELGIN, IL 60123				7,650	FMV	SCHOOL KITS	EMERGENCY RESPONSE
DOWNEY FIRST MEMORIAL CHURCH 8441 FLORENCE AVE DOWNEY, CA 90240				6,891	FMV	BLANKETS AND HYGIENE KITS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DESIGNING STATION 201 MCDUFFLE ST FAYETTEVILLE, NC 28301				6,888	FMV	BLANKETS, HYGIENE KITS, SCHOOL KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
WALLACE PRESBYTERIAN 1504 N NORWOOD ST WALLACE, NC 28466				6,337	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VICTORY GUEST HOUSE 11165 ESMOND CHICAGO, IL 60643				6,037	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
MALLETTS BAY CONGREGATIONAL CHURCH 38 S WINOOSKI AVE BURLINGTON, VT 05401				5,835	FMV	BLANKETS AND HYGIENE KITS	EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOPE FOR ALL 122 ROESIER RD GLEEN BURNIE, MD 21060				5,739	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS AND CLEAN-UP BUCKETS	EMERGENCY RESPONSE
HECTOR PRESBYTERIAN CHURCH 511 NYS RTE 414 HECTOR, NY 14841				5,400	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE

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LODI PRESBYTERIAN CHURCH NY STATE RTE 414 LODI, NY 14860				5,400	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE
HUNGRY HEARTS FEEDING PO BOX 2751 LAWTON, OK 73502				5,219	FMV	BLANKETS AND HYGIENE KITS	EMERGENCY RESPONSE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
CHURCH WORLD SERVICE INC

Employer identification number

13-4080201

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b No

2 Yes

4a No

4b No

4c No

5a No

5b No

6a No

6b No

7 No

8 No

9

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

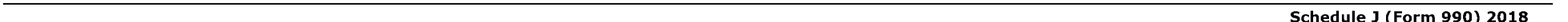
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	THOMAS TAURAS RECEIVED A HOUSING ALLOWANCE THAT WAS INCLUDED IN TAXABLE COMPENSATION



SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CHURCH WORLD SERVICE INC

Employer identification number
13-4080201

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► (HYGIENE KITS)	X	1,622	933,052	AVERAGE COST
26 Other ► (EMERGENCY CLEAN UP KIT)	X	9,002	631,066	AVERAGE COST
27 Other ► (SCHOOL KITS)	X	1,299	522,392	AVERAGE COST
28 Other ► ()				

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

29

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

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

30a

No

31

No

32a

No

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

Cat No 51227J

Schedule M (Form 990) (2018)

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
CHURCH WORLD SERVICE INC

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

13-4080201

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES (CONTINUED)	MYANMAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CHURCH WORLD SERVICE, INC SERVES THE COMMON INTERESTS OF THE THIRTY-SEVEN PROTESTANT, ANGLICAN AND EPISCOPAL MEMBER COMMUNITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CHURCH WORLD SERVICE INC HAS MEMBER CHURCHES THAT CAN ELECT MORE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CHURCH WORLD SERVICE INC HAS MEMBER CHURCHES THAT HAVE THE RIGHT TO APPROVE NEW MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DETAILED REVIEW OF THE RETURN WAS CONDUCTED BY THE ADMINISTRATION AND FINANCE COMMITTEE AND THE RETURN WAS DISTRIBUTED TO EACH BOARD MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS PRESENTED ANNUALLY TO THE BOARD MEMBERS FOR REVIEW, DISCLOSURE, AND SIGNATURE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION ESTABLISHES SALARY RANGES THAT ARE REFLECTIVE OF THE AVERAGE AND MEDIAN SALARIES PAID TO COMPARABLE POSITIONS IN COMPARABLE ORGANIZATIONS WITHIN THE COMPETITIVE LABOR MARKET. THE OFFICERS OF CHURCH WORLD SERVICE ESTABLISH THE PRESIDENT & CEO SALARY BASED UPON MARKET DATA, PERFORMANCE REVIEW, AND ORGANIZATION DIRECTIONS. PRESIDENT & CEO SALARY (AND RELATED COSTS) ARE REPORTED BY THE OFFICERS TO THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE U PON REQUEST, NOTED ON STATE REGISTRATIONS, PROVIDED TO STAFF FOR DISTRIBUTION, AND ARE ON THE WEBSITE