<b>5</b>	99	n	Retu	rn of Org	ganization	Exem	pt From I	ncome	Tax	OMB No. 1545-0047	_	
ron To-	n •••	2000)	Under section 5	i01(c), 527, or	4947(a)(1) of the	internal R	evenue Code (e	xcept private	e foundation	2019		
	v. January	•			I security numb		•	• •		Open to Public	ı	
		the Treasury			ov/Form990 for					Inspection	1	
Ā	For the	2019 calend	dar year, or tax y		<del></del>		, 2019, and end			, 20		
В	Check if	applicable	C Name of organiz	ation Church i	n Action - Germa	any			D Emp	oloyer identification number	-	
	Address	1	Doing business							81-3650252		
	Name ch	ange	Number and stre	eet (or P.O. box r	f mail is not delivere	ed to street	address)	Room/suite	E Tele	E Telephone number		
	Initial retu	,m	120 9th Ave. So	uth		Ste 110		208.880.1514	_			
	Final retur	rn/terminated	City or town, sta	ite or province, c	al code		- 1					
	Amended	f return		ss receipts \$ 666.890	-							
	Application	on pending	F Name and addre	ss of principal of	licer Nathan Ros	kam - 217	'S Powerline R	d H(a) is ti	his a group return	for subordinates? Ves Vo	•	
_			Nampa, 1D 8365					9		ates included? 🗌 Yes 🔲 No	•	
<u></u>		npt status:	√ 501(c)(3)	∐ 501(c) (	) ◀ (insert no )	494	7(a)(1) or 527			list. (see instructions)		
<u></u>			naction.com				<del>                                     </del>		oup exemptio		-	
_	art I		Corporation T	rust Associa	ation		L Year of for	nation: 20	16 M Stat	e of legal domicile. ID	-	
-		Summai	<del></del>	lantina la missa			atuutussa. Tha f			ad to assess missions	-	
0	ı	•	-		•					ed to support missions	-	
Ĕ			lerly, and those						isters to re	lugees, homeless	-	
Ĕ			<u></u>						han 25% o	of its net assets.	•	
Š	1		voting member	-		•		or more t	3	l lis her assers.	,	
Activities & Governance	1		independent vo	_	• , ,	•	•	b)	. 4	<u> </u>	3	
193			er of individual	_	_				. 5	T*	2	
Ž			er of volunteers		•	•			. 6	1	-	
Act	ľ		ated business re	•	• • • • • • • • • • • • • • • • • • • •				7a		=	
			ed business tax						7b	<u> </u>	-	
						OLI V		Prio	r Year	Current Year	•	
•	8 (	Contributio	ns and grants (	666,033	3							
Revenue	9 1	Program se	envice revenue (Part VIII line adm) MAV 9 A 2020 O								5	
ě			income (Part V				70.50 		17	857	,	
•			nue (Part VIII, co	0	)							
	12	Total revenu	ue-add Imes 8	through 11 (n	nust equa (Part)	VII).colu	ກຸກໄ(A), line 12)		80,984	666,890	)	
	13 (	Grants and	similar amount	s paid (Part I	X, <del>column (A), l</del> i	mes 1-3)	<del></del>	<u> </u>		100,000	)	
	14 8	Benefits pa	d to or for men	nbers (Part D	(, column (A), lir	те 4) .				<u> </u>	<u>)</u>	
8			ner compensation		•				- (		<u>)</u>	
Expenses	16a F	Professiona	al fundraising fe	es (Part IX, c	olumn (A), line	11e) .		<u> </u>	0	0 0	<u>)</u>	
ğ			aising expenses	•				ļ		<u> </u>		
-		•	nses (Part IX, c		-	-			2,627	5,950	<u>!</u>	
			ises. Add lines		•			<b></b>	2,627	105,950	1	
	19 F	Revenue le	ss expenses. S	ubtract line 1	8 from line 12	<u> </u>	<del></del>	<del> </del>	78,357		<u>)</u>	
ts or	00 -	Fadal accord	(Dad V # = 44	<b>-</b>				Beginning of	Current Year	<u> </u>	-	
Bala			s (Part X, line 16	-				ļ	129,759			
Net Asset Fund Balar			ies (Part X, line	•				<u> </u>		) 0		
	72   	Signatur	or fund balance	s Subtract i	ne 21 from line	20 .		ــــــــــــــــــــــــــــــــــــــ	129,759	690,699	-	
		es of penury,	<del> </del>	avannad ila	atum includes one		sebed dec and et	tomonto and	te the best of	my knowledge and belief, it is	-	
			Detare that I have	parer (other than	officer) is based on	ali mlama ali mlama	tion of which prepa	sternems, and t ster has any kn	to the best of owledge	my knowledge and belief, it is	,	
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Sig	n	Signatu	e of offices						Date	· roy co		
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•	-	Type or	print name and title			<u> </u>	· · · · · · · · · · · · · · · · · · ·				-	
		<del>,</del>	preparer/s name		Preparer's signatu	re	ſ	Date	Check	☐ d PTIN	-	
Pai		"	•				ļ		self-em	₩ " }		
	parer	Firm's name	e <b>&gt;</b>		<del> </del>			1	Firm's EIN ▶		,	
US	Only	Firm's addr							Phone no.		,	
May	the IRS		ns return with t	he preparer s	hown above? (	see instr	uctions)	· · ·		Yes No		
Ear I			na Act Nation o					No. 11000V		F 000 mars		

ADFRD

Part	V 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	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
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		,
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		,
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_		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
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		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
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		~
С	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		~
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		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	
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	,	
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	,	
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		~
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		~
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		~
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		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
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		<u>, , , , , , , , , , , , , , , , , , , </u>

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	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	<u> </u>	<u> </u>
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? If "Yes," complete Schedule L, Part I	25a		~
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? If "Yes," complete Schedule L, Part I	25b		\ \
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
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? If "Yes," complete Schedule R, Part I.	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	,	
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? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	v	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
4	Enter the number reported in Pay 2 of Ferra 1000 Finter 10 March and Pay 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	,	ı

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
)			Yes	No
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,			<del>                                     </del>
Ta	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		·
ь	If "Yes," enter the name of the foreign country ▶			Ť
-	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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
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	-		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
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		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			Ì
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		,	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		1
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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?	15		~
	If "Yes," see instructions and file Form 4720, Schedule N.			I
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			

Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.								
	Check if Schedule O contains a response or note to any line in this Part VI								
Secti	on A. Governing Body and Management			<u> </u>					
	,		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	š							
	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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent .    1b	4							
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?	2	~						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		~					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~					
6	Did the organization have members or stockholders?	6		>					
7a	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?								
b									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			***************************************					
а	The governing body?	8a	1						
b	Each committee with authority to act on behalf of the governing body?	8b	~						
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		>					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)						
	•		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		~					
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?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~						
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	12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c							
13	Did the organization have a written whistleblower policy?	13		~					
14	Did the organization have a written document retention and destruction policy?	14		~					
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?								
а	The organization's CEO, Executive Director, or top management official	15a		~					
b	Other officers or key employees of the organization	15b							
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?	16a		<b>丿</b>					
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?	16b							
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ Idaho								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(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 on Schedule O)			i01(c)					
10		- حدسر کی	.aat :-	alıe::					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year		•	olicy,					
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	-						
	orannan Bossam 717 3 Fowenine Bo Ivanida III 83531								

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

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

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

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

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

Check this box if fieldler the organization no	Tarry relate	T Cigi	21 112			ompe	1134	T		l lastee.
		(C)								
(A)	(B)	(do n	Position (do not check more than one			ne	(D)	(E)	(F)	
Name and title	Average					is both		Reportable	Reportable	Estimated amount
	hours	office	rano	dad	lirect	or/trust	ee)	compensation	compensation	of other
	per week				$\overline{}$		_	from the	from related	compensation
	(list any	2 0	ıstı	Officer	ę	불	Former	organization	organizations	from the
	hours for	وَ قِ	t t	Įğ	e e	S S	ॡ	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	호호	9		序	88				related organizations
	below	1 2	<u>al</u>		Key employee	∄				
	dotted line)	Individual trustee or director	Institutional trustee		"	§	ľ			
	,		tee			Highest compensated employee	İ			
(4)				-	-					
(1) Cris Zimmermann	5									
Director	<u> </u>	~						0	0	0
(2) Philip Zimmermann	5									
		~			_	<b> </b>		0	0	0
(3) Nathan Roskam	2	ļ								
	1	~				ļ		0	0	0
(4)	ļ							l		
							L			
(5)						1				
(6)	T -									
	T	1								
(7)										
	† <del>-</del>	١_								
(8)										
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(0)										-
(9)	<del> </del>	}								
(40)					$\vdash$					<del></del>
(10)	<del> </del>									
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(11)	ļ									
				L.						<u> </u>
(12)	<u> </u>			l						
(13)				i						
(14)										
(14)	†									

Part	VII Section A. Officers, Directors,	rustees,	Key I	m	ploy	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (d	contir	nued)
		,			•	C)								•
	(A)	(B)	/do n	at at		ition	than a		_ (D) (E		E) (F)			
	Name and title	Average	(do not check more than or box, unless person is both a						n Reportable Repo		ortable Estimated			ount
		hours per week					or/trus	tee)	compensation from the	compens from rel			f other pensati	ion
		(list any	유표	'ns	읔	ē	en ig	Former	organization	organiza			om the	
		hours for	d vid	릁	Officer	en	Highest co	me	(W-2/1099-MISC)	(W-2/1099	-MISC)		zation	
		related organizations	or La	ō Sa		Key employee	8 C	ļ `				related o	organiz	ations
		below	Individual trustee or director	쿹		yee	mpe			1				
		dotted line)	8	Institutional trustee			Highest compensated employee							
				Ψ.		<u> </u>	<u>e</u>							
(15)		ļ 												
(16)									_					
1.9/		<b>†</b>												
(17)														
74.0\					_	_		_	_					
(18)		<del> </del>												
(19)														
J			<u> </u>		L									
(20)														
(21)					-	_		-						
37.17														
(22)		 												
(23)	<del></del>	•				-		$\vdash$		-				
12-0/			1											
(24)												•		
(05)														<del></del>
(25)			}											
1b	Subtotal		<del>'                                    </del>	•	•	·		<b></b>	0		0			
С	Total from continuation sheets to Part	VII, Sectio	n A					▶	0		0			0
d	Total (add lines 1b and 1c)							<b></b>	0		0			0
2	Total number of individuals (including but		to th	ose	lıst	ed	above	e) w	ho received more	e than \$1	00,000	of	-	
	reportable compensation from the organi	zation 🕨							0					
2	Did the examination list any former	officer dire	ootor	+=	ot o	م ا	·014 0	mal	lovos or higher	t compo	nootod		Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i> 3							пірі 	oyee, or nignes	i compe	nsated	3		7
4	For any individual listed on line 1a, is the							n a	nd other compe	nsation fr	om the			1
•	organization and related organizations													
	individual											4		~
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or inc	lividual	5		
Secti	on B. Independent Contractors	. // /00, 0	ompi		00,	,cac		<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u>·</u>			
1	Complete this table for your five high	est compe	ensate	ed	inde	eper	ndent	CO	entractors that r	eceived	more t	han \$	00.00	00 of
	compensation from the organization Rep													
(A) (B) (C)														
Name and business address Description of services Compensation														
	Total number of independent contractor	rs (includir	na hu	ıt n	ot I	ımit	ed to	th	ose listed above	e) who				
	received more than \$100,000 of compens								0					

Form **990** (2019)

Part	VIII	Statement of Rev Check if Schedule			esnor	ise or note to a	ny line in this Pa	nrt VIII		
		Officer if deficedure	0 00	mans a re	<u> </u>	isc of flote to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns <del>:</del>		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
عَ ق	С	Fundraising events			1c					
fts r A	d	Related organization	ns .		1d					
ନ୍ଦ୍ର ≅	е	Government grants	(cont	tributions)	1e					
Sin	f	All other contribution	ns, gif	fts, grants,						
e e		and similar amounts no	ot incl	uded above	1f	666,033	3			
들을	g	Noncash contribution	ons in	ncluded in						
id of		lines 1a–1f				\$	,			
<u>5</u> #	h	Total. Add lines 1a-	-1f .	<u> </u>		🕨	666,033			, .
						Business Code				
<u>:</u>	2a									
e Z	b					_				
S c	С									
Program Service Revenue	d					1815				
<u> </u>	е									
ج	f	All other program se	ervice	e revenue						
	g	Total. Add lines 2a-	_			<u></u> <b>&gt;</b>				-
	3	Investment income	•	ludıng dıvi	idend	s, interest, and				
		other similar amoun	-				. 857			857
	4	Income from investr	nent (	of tax-exer	npt bo	ond proceeds				<del> </del>
	5	Royalties			<u> </u>	<u> ▶</u>				1
		•		(ı) Rea	ll 	(II) Personal	_			
	6a	Gross rents .	6a	ļ			_			
	b	Less rental expenses	6b	-			_			
	C	Rental income or (loss)								<del> </del>
	d	Net rental income o	r (IOS:	S) (i) Securi		(ii) Other				-
	7a	Gross amount from		(i) Securi	ues	(ii) Other	-			•
		sales of assets	70							
41	L	other than inventory	7a				_			
/enne	D	Less cost or other basis and sales expenses	7b							
	С	Gain or (loss)		ļ		-	1			
æ	d	Net gain or (loss)				<u></u> ▶				-
Other Re		Gross income from			i i					-
ਰ	Oa	events (not including	<b>\$</b>	_						
		of contributions rej		d on line						
		1c) See Part IV, line			8a					
	b	Less. direct expens	es		8b					
	C	Net income or (loss)		n fundraisir	ng eve	ents ►				
	9a	Gross income f	•		Ĭ					
	•	activities. See Part I			9a					
	ь	Less: direct expens			9b	-				
	С	Net income or (loss)			ctivitie	es .				
	10a	Gross sales of in								
		returns and allowan			10a					
	b	Less. cost of goods	sold		10b				:	
	С	Net income or (loss)			rvento	ory ▶	Ü			
<u>s</u>		<u> </u>				Business Code				
e e	11a									
ane	b									
scellaneo Revenue	С									
Miscellaneous Revenue	d	All other revenue								
≥	е	Total. Add lines 11a	a–11d	<u> 1</u>		<b>&gt;</b>				
	12	Total revenue, See	ınstr	uctions		<b>▶</b>	666 890	n	0	666.890

01111 000 (201	<del></del>	 	 r aç
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 .					
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21							
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, lines 15 and 16	100,000	100,000					
4 5	Benefits paid to or for members							
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 8	Other salaries and wages							
9 10	Other employee benefits				<del></del>			
11	Fees for services (nonemployees)							
a b	Management	E 207		5 207				
C	Accounting	5,397 480		5,397 480				
d	Lobbying		<del></del>		<del></del> -			
е	Professional fundraising services See Part IV, line 17			-				
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.)							
12	Advertising and promotion							
13	Office expenses							
14	Information technology							
15 16	Royalties	·			<u> </u>			
16 17	Occupancy							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings			· · · · · ·				
20	Interest		<del></del>					
21 22	Payments to affiliates			·				
23	Insurance			<u> </u>				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
а	Rank fage	73		73				
b								
c								
d								
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	105,950	100,000	5,950				
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   ☐ if following SOP 98-2 (ASC 958-720)							

32 33

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Form	1 <b>9</b> 90 (20	019)			Page 1
P	art X				
<u> </u>		Check if Schedule O contains a response or note to any line in this Pa	rt X	<u>.</u>	
			Beginning of year		End of year
	1	Cash—non-interest-bearing	129,759	1	690,699
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ą	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation . 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	129,759	16	690,699
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	
ssets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ □			
anc		and complete lines 27, 28, 32, and 33.		<del></del>  -	
Заў	27	Net assets without donor restrictions	129,759	27	690,699
Ā	28	Net assets with donor restrictions		28	
Ë		Organizations that do not follow FASB ASC 958, check here ▶ □			
7	00	and complete lines 29 through 33.		29	<del></del>
ts	29	Capital stock or trust principal, or current funds		30	<u> </u>
se	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
2	31	netained earnings, endowment, accumulated income, or other funds .		91	

Form **990** (2019)

690,699

690,699

129,759 32

129,759 33

_ ^	4	^
Page	1	7

						J ,			
Part	XI Reconciliation of Net Assets								
	Check 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			66	6,890			
2	Total expenses (must equal Part IX, column (A), line 25)	2			10	5,950			
3	Revenue less expenses Subtract line 2 from line 1	3			56	0,940			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			12	9,759			
5	Net unrealized gains (losses) on investments	5				0			
6	Donated services and use of facilities	6				0			
7	Investment expenses	7				0			
8	Prior period adjustments	8				0			
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10			69	0,699			
Part	XII Financial Statements and Reporting					_			
	Check if Schedule O contains a response or note to any line in this Part XII		• •	• •	• •	لــاـــ			
4	Account was weather discould be accounted that Forms 2000 TO call. TO Account. TO U.S.		г		Yes	No			
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		<u> </u>						
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xpiain	ן חויו						
20	Were the organization's financial statements compiled or reviewed by an independent accountant?								
24	- · · · · · · · · · · · · · · · · · · ·		-	2a		V			
	If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both:	npiiea	or						
	Separate basis Consolidated basis Both consolidated and separate basis			ŀ					
b	Were the organization's financial statements audited by an independent accountant?		-	2b					
~	If "Yes," check a box below to indicate whether the financial statements for the year were audi	tod o	<u>.</u> .	20					
	separate basis, consolidated basis, or both:	teu o	'' a						
	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 over	ersiahi	t of	•					
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c					
	If the organization changed either its oversight process or selection process during the tax year, e								
	Schedule O.					1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the						
	Single Audit Act and OMB Circular A-133?		.	3a		~			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		3b					
				Form	1 <b>990</b>	(2019)			

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the organization					Employer identification	number				
Churc	ch in Action - Germany						50252				
Par		rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.				
The c	organization is not a private founda										
1 2	☐ A church, convention of churc ☐ A school described in section	hes, or association	on of churches descri	bed in <b>se</b>	ction 17	0(b)(1)(A)(i).	Dit				
3 4	☐ A hospital or a cooperative hos ☐ A medical research organization hospital's name, city, and state	on operated in co	ganization described in pnjunction with a hosp	n <b>sectior</b> oital desc	170(b)(1 ribed in s	I)(A)(iii). section 170(b)(1)(A)	(iii). Enter the				
5	An organization operated for section 170(b)(1)(A)(iv). (Com	in operated for the benefit of a college or university owned or operated by a governmental unit described in (1)(A)(iv). (Complete Part II)									
6 7	<ul> <li>□ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>☑ 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.)</li> </ul>										
8	A community trust described i	n <b>section 170(b)</b>	(1)(A)(vi). (Complete I	Part II)							
9	An agricultural research organ or university or a non-land-grauniversity:	zation described nt college of agr	d in <b>section 170(b)(1)</b> iculture (see instruction	(A)(ix) op ons). Ente	r the nan	ne, city, and state of	the college or				
10	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt ful tincome and uni	nctions—subject to co related business taxal	ertain exc ole incom	ceptions, ie (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its				
11	An organization organized and	operated exclus	sively to test for public	safety.	See <b>sect</b> i	ion 509(a)(4).					
12	☐ An organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	unctions of, or to cal	rry out the purposes				
	of one or more publicly support Check the box in lines 12a thro	orted organization	ns described in <b>secti</b>	on 509(a	)(1) or se	ection 509(a)(2). Se	e <b>section 509(a)(3)</b> .				
а	☐ Type I. A supporting organithe supported organization supporting organization Y	(s) the power to	regularly appoint or e	lect a ma	jority of t						
b	control or management of organization(s) You must	the supporting o complete Part I	rganization vested in V, Sections A and C.	the same	persons	that control or man	age the supported				
С	Type III functionally integ its supported organization(	rated. A supports) (see instructio	ting organization oper ns). <b>You must comp</b> l	ated in c lete Part	onnectioi <b>IV, Secti</b>	n with, and functiona i <mark>ons A, D, and E.</mark>	ally integrated with,				
d	Type III non-functionally integrated that is not functionally integrequirement (see instruction	grated The orga	nization generally mus	st satisfy	a distribi	ution requirement an					
е	☐ Check this box if the organ functionally integrated, or ∃	ization received Type III non-func	a written determination	on from tl oporting (	ne IRS the organizati	at it is a Type I, Type ion.	e II, Type III				
f	Enter the number of supported of	organizations									
9	Provide the following information	n about the supp	orted organization(s)								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
			Α	Yes	No						
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 828.038 29,809 51,382 80.813 666,033 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 . . . . Total. Add lines 1 through 3. . . . 4 29,809 51,382 80,813 666,033 828,038 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) . . . . Public support. Subtract line 5 from line 4 828,038 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (c) 2017 **(b)** 2016 (d) 2018 (e) 2019 (f) Total Amounts from line 4 . . . . . . . 7 29,809 51,382 80,813 666,033 828,038 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 32 171 857 1,060 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.) . Total support. Add lines 7 through 10 11 829,098 Gross receipts from related activities, etc. (see instructions) 12 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . % 14 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 15 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2019. 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 . . . ightharpoonup

b 10%-facts-and-circumstances test - 2018. 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

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

Part	Support Schedule for Organiza (Complete only if you checked the				nization failed	d to qualify u	nder Part/II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	mplete Part	II.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
0	received (Do not include any "unusual grants")  Gross receipts from admissions, merchandise						,
2	sold or services performed, or facilities			!			
	furnished in any activity that is related to the	İ				/	
	organization's tax-exempt purpose			_		<del>                                     </del>	
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			ļ	/		
_	•						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
•	•				/		
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3				/		<del> </del>
/a	received from disqualified persons .			1			
_				/		-	
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			/			<del>                                     </del>
·	line 6)		_	/			
Secti	on B. Total Support		/		l	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 201,6	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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		7				
	section 511 taxes) from businesses	/					
	acquired after June 30, 1975						
С	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	1					
	loss from the sale of capital assets						
	(Explain in Part VI)					ļ	<del>                                     </del>
13	Total support. (Add lines 9, 10c, 11,					•	
	and 12.)				6:645- 4		F01(a)(2)
14	First five years. If the Form 990 is for the organization, check this box and stop he						
Cook	on C. Computation of Public Suppo			<del>· · · · · · · · · · · · · · · · · · · </del>	<del></del>	· ·	<b>▶</b> □
	Public support percentage for 2019 (line			13 column (f)		15	%
15 16	Public support percentage from 2018 Sc					16	<del></del>
	on D. Computation of Investment In			<u> </u>	· · · · ·	1.01	
17	Investment income percentage for 2019			ov line 13. colu	mn (fl)	17	<u>%</u>
18	Investment income percentage for 2019						<del></del>
19a	331/3% support tests – 2019. If the organ	ization did not	check the box	k on line 14. ai	nd line 15 is m	nore than 331/3	
190	17 is not more than 331/3%, check this box	and stop here.	The organizati	on qualifies as	a publicly supp	orted organizat	ion . ▶ □
b							
U	line 18 is not more than 331/3%, check this						
20/	Private foundation. If the organization d		_				

#### **Supporting Organizations** Part IV

(Complete only if you checked a box in line 12 on 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.)

S	ection	A.	ΑII	Sup	porting	Org	anizations

ecu	on A. All Supporting Organizations		Voc	-No
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	1
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
2	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		<del></del>
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		<del></del> i
·	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a		40		i
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?			لــــا
С	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? If "Yes," provide detail in <b>Part VI</b> .	<u> </u>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		í
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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))? If "Yes," provide detail in <b>Part VI</b> .			
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? If "Yes," provide detail in <b>Part VI</b> .	9a 9b		
С	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? If "Yes," provide detail in <b>Part VI.</b>	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			
L	supporting organizations)? If "Yes," answer 10b below.  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
b	determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a 11b	<u> </u>	
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		<u> </u>
0000	on 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? 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.		<b> </b> -	
_	•	1		<del>                                     </del>
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? If "Yes," explain in Part	9		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization.	2		<b></b>
Secti	on 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)? 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).	<u> </u>	<del></del> -	
<u> </u>		1		
Secu	on 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		103	
•	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? If "No," explain in <b>Part VI</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's	}		
	supported organizations played in this regard.	3		
Secti	on 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 i	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations Complete line 3 below.		. 4 4	\
C	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (Activities Test. <b>Answer (a) and (b) below.</b>	see in	Yes	
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	1
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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.	2a		L.,
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? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			<b>_</b>
2	Parent of Supported Organizations. Answer (a) and (b) below.	ZU		<u> </u>
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	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? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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):			
a Average monthly value of securities	1a		
<b>b</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	<del></del>	
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 Check here if the current year is the organization's first as a non-functional instructions).	y int	egrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	
Sect	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	oses of supported orga		
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
6	Other distributions (describe in <b>Part VI</b> ) See instructions.			
7				
_	· <u></u>	h the eventual to you		
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	n the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6	<u> </u>		
10	Line 8 amount divided by line 9 amount			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			_
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
<del></del>	From 2016			
d	F 0017			
<u>u</u>	F 0040			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
_ <u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7. \$			
	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2019 distributable amount			
c_	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			ı
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7 <sup>-</sup>			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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.)
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## SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

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

► Attach to Form 990.

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

OMB No 1545-0047

20**19**Open to Public

Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Internal Revenue Service Go to www.irs.gov/rorms90 for instructions and the latest information.

81-3650252 Church in Action - Germany General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 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 ☐ Yes ☑ No award the grants or assistance? . . . . . . . . For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total (a) Region émployees, of offices in region (by type) (such as, a program service, expenditures for agents, and fundraising, program services, describe specific type of the region and investments service(s) in the region investments, grants to recipients in the region contractors located in the region) in the region (1) Germany Kirche in Aktion 100,000 0 0 Grants (2) (3) (4) (5) (6) (7) (8)(9)(10)(11)(12)(13)(14)(15)(16)(17)Subtotal Total from continuation sheets to Part I . . . .

Totals (add lines 3a and 3b)

Page 2

Schedule F (Form 990) 2019

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

(i) Method of valuation (book, FMV, appraisal, other)															-		Schedule F (Form 990) 2019
(h) Description of noncash assistance	Support programs																
(g) Amount of noncash assistance	S											•			,		y, recognized as tax
(f) Manner of cash disbursement	100,000 Wire transfer																by the foreign counti cy letter
(e) Amount of cash grant	100,000 W																are recognized as charities by the for section 501(c)(3) equivalency letter
(d) Purpose of grant	Kirche in Aktion																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  Enter total number of other organizations or entities
(c) Region	Germany													-			Enter total number of recipient organizations listed above that a by the IRS, or for which the grantee or counsel has provided a Enter total number of other organizations or entities
(b) IRS code section and EIN (if applicable)																-	nber of recipier for which the g nber of other or
(a) Name of organization																	Enter total nur by the IRS, or Enter total nur
-		(2)	(6)	(4)	(2)	(9)	(3)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	N 0

Schedule F (Form 990) 2019

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

	recipients	cash grant	cash	noncash	(g) Description of noncash assistance	(h) Method of valuation
			disbursement	assistance		(book, FMV, appraisal, other)
			-			
			-			
;						
		>				

Part IV	Foreian	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	<b>☑</b> 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
	)
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<b></b>	

## **SCHEDULE 0** (Form 990 or 990-EZ)

# 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 2019

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

Church in Action - Germany	81-3650252
Form 990, Part IV, Line 12a:	
As of this filing, we have not had 2019 financials audited but will hire a CPA firm to audit later in 2020.	
Form 990, Part VI, Section A, Line 2:	
Cris Zimmermann and Philip Zimmermann are brothers.	
Form 990, Part VI, Section B, Line 11b:	
Form 990, Part VI, Section B, Line 12a, 13, 14:	
We plan to have these policies in place in 2020.	
Form 990, Part VI, Section C, Line 19:	
Governing documents and financial statements can be made available upon reasonable request. Origina	l governing documents can also be
	<u>`</u>

chedule O (Form 990 or 990-EZ) (2019)	Pag	ġe <b>2</b>
ame of the organization	Employer identification number	<del></del>
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	<del></del>	
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