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

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022

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

D Employer identification number
13-4080201

E Telephone number
(574) 264-3102

G Gross receipts $ 152,129,784

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 ▶

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 COMMUNIONS THAT TRANSFORMS COMMUNITIES 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)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	493
6	Total number of volunteers (estimate if necessary)	**6**	3,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	64,361,484	149,191,777
	9	Program service revenue (Part VIII, line 2g)	1,869,343	1,734,603
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	216,359	272,096
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,853,765	931,308
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,300,951	152,129,784
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	37,921,696	100,878,884
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,094,524	36,257,417
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,221,668		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,135,513	11,866,858
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	67,151,733	149,003,159
	19	Revenue less expenses. Subtract line 18 from line 12	1,149,218	3,126,625
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	34,753,968	51,124,354
	21	Total liabilities (Part X, line 26)	9,920,722	25,108,203
	22	Net assets or fund balances. Subtract line 21 from line 20	24,833,246	26,016,151

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 — Date 2022-11-15

▶ JOANNE RENDALL CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-11-15		P01066069

Firm's name ▶ CROSSLIN PLLC — Firm's EIN ▶ 27-5360847

Firm's address ▶ 3803 BEDFORD AVE SUITE 103
NASHVILLE, TN 37215 — Phone no. (859) 254-4428

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

Check 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 $ 113,732,353 including grants of $ 87,569,782) (Revenue $ 2,665,911)

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.

4b (Code:) (Expenses $ 7,790,587 including grants of $ 6,660,026) (Revenue $)

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.

4c (Code:) (Expenses $ 8,458,343 including grants of $ 6,586,905) (Revenue $)

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.

(Code:) (Expenses $ 3,777,384 including grants of $ 62,171) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ 3,777,384 including grants of $ 62,171) (Revenue $)

4e **Total program service expenses** ▶ 133,758,667

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 Rev. Proc. 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		No
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	

Part IV 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		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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L,* Part 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? *If "Yes," complete Schedule L,* Part I	25b		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		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? *If "Yes," complete Schedule R, Part I*	33		No
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		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on 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 Compliance

Check 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	147		
b	Enter the number of Forms W-2G included on 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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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** 493			
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**		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		No
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**		No
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**		No
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?		**15**		No
16	Is the organization subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule N.		**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		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.	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
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			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?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a		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?	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	Yes	
b	Describe on 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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on 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?	16a		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?	16b		

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ 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,IN46515(574) 264-3102

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the 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.

(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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DE JONG REV PATRICIA E BOARD CHAIR	5.00	X		X				0	0	0
(2) KECK KATY FIRST VICE CHAIR	5.00	X		X				0	0	0
(3) THOMPSON REV DR KAREN GEORGIA SECOND VICE CHAIR	3.00	X		X				0	0	0
(4) ROBERTS LAURA SECRETARY	3.00	X		X				0	0	0
(5) CHAN MD PAUL S TREASURER	3.00	X		X				0	0	0
(6) KANEKO NOBUYOSHI BOARD MEMBER	2.00	X						0	0	0
(7) NICHOLOVOS ZACHARIAH MAR BOARD MEMBER	2.00	X						0	0	0
(8) FERRIS DR ELIZABETH BOARD MEMBER	2.00	X						0	0	0
(9) FERENCZI MARTIN BOARD MEMBER	2.00	X						0	0	0
(10) DORSEY REV CHRIS BOARD MEMBER	2.00	X						0	0	0
(11) ATKINS-PATTENSON PHIL BOARD MEMBER	2.00	X						0	0	0
(12) NGUYEN REV VY BOARD MEMBER	2.00	X						0	0	0
(13) OLSON HARRIETT JANE BOARD MEMBER	2.00	X						0	0	0
(14) VASQUEZ-LEVY REV DR DAVID BOARD MEMBER	2.00	X						0	0	0
(15) SANTOS RICHARD L CEO & PRESIDENT	40.00	X		X				327,000	0	54,569
(16) RENDALL JOANNE CFO	40.00			X				149,634	0	33,069
(17) KEKIC EROL SVP OF PROGRAM	40.00					X		173,934	0	38,439

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) TAURAS THOMAS AFRICA REGIONAL RESPRESENTATIVE	40.00					X		168,989	0	40,726
(19) MCCULLOUGH REV JOHN L CEO EMERITUS	40.00					X		165,128	0	48,051
(20) BLOEM MAURICE A CHIEF SUSTAINABILITY & IMPACT OFFICER	40.00					X		159,621	0	35,276
(21) MUTTERBAUGH SCOTT RSC AFRICA	40.00					X		145,862	0	32,236
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,290,168	0	282,366

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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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) Name and business address	(B) Description of services	(C) Compensation
DISCIPLEDATA INC 12821 E NEW MARKET ST SUITE 250 CARMEL, IN 46032	INFORMATION TECHNOLOGY	419,181
PSC GROUP LLC 1501 E WOODFIELD RD STE 250W SCHAUMBURG, IL 60173	INFORMATION TECHNOLOGY	277,838
PURSUANT GROUP DEPT 0519 P O BOX 120519 DALLAS, TX 75254	DIRECT RESPONSE	219,100
OPEN TENT LLC 1029 E 25TH AVENUE DENVER, CO 80205	CRM	180,000
DIGIGEEKS COLLECTIVE LLC 5814 WASHINGTON BLVD ARLINGTON, VA 22205	DIGITAL COMMUNICATIONS	164,600

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 Revenue

Check 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 OtherAmt Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	114,606,867		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	34,584,910		
	g Noncash contributions included in lines 1a - 1f:$	1g	1,564,686		
	h **Total.** Add lines 1a-1f . . . . . ▶		149,191,777		

Program Service Revenue	Business Code				
2a REFUGEE SERVICES PROGRAM	812900	1,734,603	1,734,603		
b					
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . . ▶	1,734,603				

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		272,096			272,096
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					

		(i) Real	(ii) Personal
6a Gross rents	6a		
b Less: rental expenses	6b		
c Rental income or (loss)	6c		
d Net rental income or (loss) . . . . . ▶			

		(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	7a		
b Less: cost or other basis and sales expenses	7b		
c Gain or (loss)	7c		
d Net gain or (loss) . . . . . ▶			

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . .	10a				
b Less: cost of goods sold . .	10b				
c Net income or (loss) from sales of inventory . . ▶					

Miscellaneous Revenue	Business Code				
11a DEVELOP, EMERG, REFUGEE	812900	931,308	931,308		
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		931,308			
12 **Total revenue.** See instructions . . . . . ▶		152,129,784	2,665,911	0	272,096

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	62,535,639	62,535,639		
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.	38,343,245	38,343,245		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	819,556		819,556	
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	27,046,695	20,248,394	3,952,856	2,845,445
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,153,722	838,327	197,588	117,807
9 Other employee benefits	5,425,726	3,942,484	929,217	554,025
10 Payroll taxes	1,811,718	1,316,445	310,277	184,996
11 Fees for services (non-employees):				
a Management				
b Legal	248,053	111,920	74,692	61,441
c Accounting	172,299	77,740	51,881	42,678
d Lobbying				
e 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)	1,285,075	565,428	402,795	316,852
12 Advertising and promotion	88,075	17,164	51,375	19,536
13 Office expenses	1,885,172	1,050,365	138,589	696,218
14 Information technology	1,006,999	651,879	276,743	78,377
15 Royalties				
16 Occupancy	1,645,468	1,367,176	168,253	110,039
17 Travel	882,137	595,242	86,094	200,801
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	225,063	151,866	21,966	51,231
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,153		35,153	
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 MISCELLANEOUS	4,393,364	1,945,353	1,505,789	942,222
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	149,003,159	133,758,667	9,022,824	6,221,668
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).				

Part X Balance Sheet

Check 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			3,999,353	1	3,404,884
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			6,020,921	3	21,059,976
	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	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			3,147,252	8	3,023,249
	9	Prepaid expenses and deferred charges			2,398,960	9	5,350,066
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	7,359,207			
	b	Less: accumulated depreciation	10b	6,557,259	29,823	10c	801,948
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			17,822,218	12	16,609,730
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,335,441	15	874,501
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			34,753,968	16	51,124,354
Liabilities	17	Accounts payable and accrued expenses			6,560,025	17	21,827,102
	18	Grants payable			233,850	18	259,673
	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 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				22	
	23	Secured mortgages and notes payable to unrelated third parties			365,229	23	0
	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			2,761,618	25	3,021,428
	26	**Total liabilities.** Add lines 17 through 25			9,920,722	26	25,108,203
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			11,614,284	27	11,998,305
	28	Net assets with donor restrictions			13,218,962	28	14,017,846
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building or equipment fund				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			24,833,246	32	26,016,151
	33	Total liabilities and net assets/fund balances			34,753,968	33	51,124,354

Part XI Reconcilliation 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	152,129,784
2	Total expenses (must equal Part IX, column (A), line 25)	2	149,003,159
3	Revenue less expenses. Subtract line 2 from line 1	3	3,126,625
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,833,246
5	Net unrealized gains (losses) on investments	5	-1,943,720
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 32, column	10	26,016,151

Part XII Financial Statements and Reporting

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

			Yes	No
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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a	Yes	
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.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CHURCH WORLD SERVICE INC

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).)

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 on 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) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	63,241,414	72,239,249	69,132,088	64,361,484	149,191,777	418,166,012
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	63,241,414	72,239,249	69,132,088	64,361,484	149,191,777	418,166,012
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.						418,166,012

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	63,241,414	72,239,249	69,132,088	64,361,484	149,191,777	418,166,012
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	159,133	199,065	208,903	216,359	272,096	1,055,556
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						419,221,568

12 Gross receipts from related activities, etc. (see instructions) **12** 17,439,858

13 **First 5 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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 99.750 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 99.750 %

16a **33 1/3% support test—2021.** 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 . . . . . ▶ ☑

b **33 1/3% support test—2020.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2021.** 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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** 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 . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2020 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2021.** 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—2020.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? *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.*	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)? *If "Yes," explain in **Part VI** 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 lines 3b and 3c below.*	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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** 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 box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	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? *If "Yes," provide detail in **Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 **Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined on 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 **Part VI.***	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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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.*	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? *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.*	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)? *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).*	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in line 2 above, 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* ***Part VI*** *the role the organization's supported organizations played in this regard.*	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 ☐ 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.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
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? *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.*	2a		
b	Did the activities described on line 2a, above 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* ***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.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No", provide details in* ***Part VI.***	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 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 0.015 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 0.035	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 ☐ 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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990)

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

2021

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	Employer identification number
CHURCH WORLD SERVICE INC	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.		
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-.		

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.

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)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(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) Yes	(a) No	(b) 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		119,892
f	Grants to other organizations for lobbying purposes?	Yes		33,332
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		353,711
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		153,666
i	Other activities?		No	
j	Total. Add lines 1c through 1i			660,601
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
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?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

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.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

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.

		(a) Donor advised funds	(b) Funds and other accounts
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		

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.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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 FASB 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.

b If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	8,088,010	6,080,105	5,791,784	5,579,972	5,192,342
b Contributions	424,234	569,088	440,443	32,293	31,193
c Net investment earnings, gains, and losses	-1,084,091	1,522,204	227,645	341,829	348,494
d Grants or scholarships					
e Other expenditures for facilities and programs	-30,546	83,387	379,767	162,310	71,147
f Administrative expenses					
g End of year balance	7,458,699	8,088,010	6,080,105	5,791,784	5,579,972

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

- **a** Board designated or quasi-endowment ▶ 25.700 %
- **b** Permanent endowment ▶ 74.300 %
- **c** Term 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:

	Yes	No
(i) Unrelated organizations		No
(ii) Related organizations		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

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		2,289,426	1,719,417	570,009
d Equipment		4,958,899	4,734,097	224,802
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				801,948

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	453,967	F
(B) U.S. GOVERNMENT OBLIGATION	817,633	F
(C) EQUITY SECURITIES	4,584,805	F
(D) OTHERS	309,966	F
(E) HELD BY OTHERS	10,443,359	F
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	16,609,730	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,021,428

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	150,186,064
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-1,943,721		
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	-1,943,721
3	Subtract line **2e** from line **1**			3	152,129,785
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	152,129,785

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	149,003,159
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	149,003,159
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	149,003,159

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
PART V, LINE 4:	CHURCH WORLD SERVICE INTENDS TO USE THE ENDOWMENT FUNDS TO CARRY OUT THEIR PROGRAM SERVICES, MISSION, AND PURPOSE.
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 PROBABLITY 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.

Additional Data

Return to Form

Software ID:

Software Version:

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

2021

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" on Form 990, Part IV, line 14b.

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

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

3 Activites 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) AFRICA	5	801	GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	30,571,679
(2) CENTRAL AMERICA AND CARRIBBEAN	2	4	GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	2,325,501
(3) EUROPE	3	13	GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	1,958,720
(4) MIDDLE EAST	0	0	GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	1,439,736
(5) SOUTH ASIA	7	97	GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	2,047,598
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	17	915			38,343,234
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	17	915			38,343,234

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EUROPE	EMERGENCY RESPONSE	14,236		0		
(2)		LATIN AMERICA & CARIBBEAN	SERVICES TO THE DISPLACED	35,084		0		
(3)		GUATEMALA	GLOBAL RELIEF AND DEVELOPMENT	15,000		0		
(4)		EL SALVADOR	GLOBAL RELIEF AND DEVELOPMENT	6,550		0		
(5)		ARGENTINA	GLOBAL RELIEF AND DEVELOPMENT	31,000		0		
(6)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF AND DEVELOPMENT	100,000		0		
(7)		EL SALVADOR	GLOBAL RELIEF AND DEVELOPMENT	9,200		0		
(8)		HONDURAS	GLOBAL RELIEF AND DEVELOPMENT	9,200		0		
(9)		GUATEMALA	GLOBAL RELIEF AND DEVELOPMENT	9,200		0		
(10)		EUROPE	EMERGENCY RESPONSE	144,013		0		
(11)		THE BAHAMAS	GLOBAL RELIEF AND DEVELOPMENT	69,709		0		
(12)		LATIN AMERICA & CARIBBEAN	SERVICES TO THE DISPLACED	73,000		0		
(13)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF AND DEVELOPMENT	19,500		0		
(14)		MEXICO	GLOBAL RELIEF AND DEVELOPMENT	9,200		0		
(15)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF AND DEVELOPMENT	67,980		0		
(16)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF AND DEVELOPMENT	194,729		0		
(17)		AFRICA	GLOBAL RELIEF AND DEVELOPMENT	1,049,330		0		
(18)		ASIA	GLOBAL RELIEF AND DEVELOPMENT	287,900		0		
(19)		ASIA	GLOBAL RELIEF AND DEVELOPMENT	222,900		0		
(20)		LATIN AMERICA & CARIBBEAN	SERVICES TO THE DISPLACED	336,022		0		
(21)		EUROPE	GLOBAL RELIEF AND DEVELOPMENT	352,932		0		
(22)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF AND DEVELOPMENT	523,557		0		
(23)		ASIA	GLOBAL RELIEF AND DEVELOPMENT	992,143		0		
(24)		ASIA	GLOBAL RELIEF AND DEVELOPMENT	546,277		0		
(25)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF AND DEVELOPMENT	57,493		0		
(26)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF AND DEVELOPMENT	114,168		0		
(27)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF AND DEVELOPMENT	77,121		0		
(28)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF AND DEVELOPMENT	73,435		0		
(29)		EUROPE		225,000		0	SCHOOL KITS	FMV
(30)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF AND DEVELOPMENT	59,467		0		
(31)		HAITI	EMERGENCY RESPONSE	7,782		0		
(32)		EUROPE	EMERGENCY RESPONSE	161,700		0		
(33)		EUROPE	EMERGENCY RESPONSE	35,989		0		
(34)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF AND DEVELOPMENT	204,958		0		
(35)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF AND DEVELOPMENT	155,282		0		
(36)		MEXICO	GLOBAL RELIEF AND DEVELOPMENT	49,983		0		
(37)		AFRICA	SERVICES TO THE DISPLACED	29,462,349		0		
(38)		AFRICA	GLOBAL RELIEF AND DEVELOPMENT	60,000		0		
(39)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF AND DEVELOPMENT	70,000		0		
(40)		MIDDLE EAST	SERVICES TO THE DISPLACED	1,439,736		0		
(41)		ASIA	SERVICES TO THE DISPLACED	50,000		0		
(42)		EUROPE		327,863		0	BLANKETS, SCHOOL KITS, HYGIENE KITS	FMV
(43)		GEORGIA	BLANKETS, HYGEINE AND SCHOOL KITS	355,966		0	BLANKETS, SCHOOL KITS, HYGIENE KITS	FMV
(44)		JAPAN	EMERGENCY RESPONSE	226,280		0		

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(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 noncash assistance	**(g)** Description of noncash 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.

ReturnReference	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.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

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

2021

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) ANGRY TIAS AND ABUELAS 1124 INTERNATIONAL BLVD HIDALGO,TX 78557			0	134,472	FMV	BLANKETS, HYGIENE AND SCHOOL KITS	SERVICES TO THE DISPLACED
(2) ARLA ADVENTIST COMMUNITY SERVICES 44364 S COBURN ROAD HAMMOND,LA 70403			0	153,390	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, CLEAN-UP BUCKETS	SERVICES TO THE DISPLACED
(3) ARLINGTON FOOD ASSISTANCE CENTER 2708 S NELSON ST ARLINGTON,VA 22206			7,164	0			LOCAL HUNGER PROGRAM
(4) ASCENTRIA COMMUNITY SERVICES 14 EAST WORCESTER STREET SUITE 300 WORCESTER,MA 01604			862,278	0			SERVICES TO THE DISPLACED
(5) BEL AIR COMMUNITY GROUP 224 N MAIN ST BEL AIR,MD 21014			15,925	0			LOCAL HUNGER PROGRAM
(6) BETHANY CHRISTIAN SERVICE (PARA) 1050 36TH ST SE SUITE 40 GRAND RAPIDS,MI 49508			2,149,820	0			SERVICES TO THE DISPLACED
(7) BORDER SERVANT CORPS 1701 MISSOURI AVE LAS CRUCES,NM 88001			0	49,113	FMV	BLANKETS, HYGIENE AND SCHOOL KITS	SERVICES TO THE DISPLACED
(8) BRAZOS CHURCH PANTRY INC PO BOX 885 BRYAN,TX 778060885			5,081	0			ADVOCACY
(9) BROWARD COLLEGE 16957 SHERIDAN STREET PEMBROKE PINES,FL 33331			409,910	0			SERVICES TO THE DISPLACED
(10) BURNT FACTORY UMC 1943 JORDAN SPRINGS ROAD STEPHENSON,VA 22656			12,200	0			LOCAL HUNGER PROGRAM
(11) CACHE REFUGEE AND IMMIGRANT CONNECTION 1115 N 200 E STE 130 LOGAN,UT 84341			92,487	0			SERVICES TO THE DISPLACED
(12) CAMPAIGN FOR MIGRANT WORKER JUSTICE 4354 S US 117 ALT HWY 4354 DUDLEY,NC 28333			0	24,179	FMV	BLANKETS, CLEAN-UP BUCKETS, HYGIENE AND SCHOOL KITS	EMERGENCY RESPONSE
(13) CATHOLIC CHARITIES 25 SE 2ND AVENUE SUITE 220 MIAMI,FL 33131			447,685	0			SERVICES TO THE DISPLACED
(14) CATHOLIC CHARITIES OF RIO GRANDES VALLEY 111 S 15TH ST MCALLEN,TX 78501			0	254,467	FMV	BLANKETS	SERVICES TO THE DISPLACED
(15) CATHOLIC CHARITIES OF THE DIOCESE OF HARRISBURG PA INC 4800 UNION DEPOSIT ROAD HARRISBURG,PA 17111			177,423	0			SERVICES TO THE DISPLACED
(16) CATHOLIC COMMUNITY SERVICESCASA ALITAS 140 W SPEEDWAY STE 230 TUCSON,AZ 85705			0	52,991	FMV	HYGIENE KITS AND HYGIENE KITS	SERVICES TO THE DISPLACED
(17) CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DR AUSTIN,TX 78744			13,530	0			LOCAL HUNGER PROGRAM
(18) CHURCH WORLD SERVICE DURHAM 504 W CHAPEL HILL ST STE 106 DURHAM,NC 27701			31,294	0			SERVICES TO THE DISPLACED
(19) CHURCH WORLD SERVICE GREENSBORO 122 N ELM ST STE 607 GREENSBORO,NC 27401			24,446	0			SERVICES TO THE DISPLACED
(20) CHURCH WORLD SERVICE HARRISONBURG IMMIGRATION REFUGEE PROGRAM OFFICE HARRISONBRUG,VA 22802			50,933	8,578	FMV	BLANKETS AND WELCOME BACKPACKS	SERVICES TO THE DISPLACED
(21) CHURCH WORLD SERVICE JERSEY CITY 26 JOURNAL SQUARE STE 600 JERSEY CITY,NJ 07306			25,124	13,752	FMV	BLANKETS AND WELCOME BACKPACKS	SERVICES TO THE DISPLACED
(22) CHURCH WORLD SERVICE LANCASTER 308 EAST KING ST LANCASTER,PA 17602			34,763	0			SERVICES TO THE DISPLACED
(23) CHURCH WORLD SERVICE MIAMI 1924 NW 84TH AVE BLDG 10 BEACON CENTRE MIAMI,FL 331263422			45,085	0			SERVICES TO THE DISPLACED
(24) CITY OF NEW ORLEANS 1960 LAFAYETTE ST NEW ORLEANS,LA 70113			0	81,000	FMV	CLEAN-UP BUCKETS	SERVICES TO THE DISPLACED
(25) COMMUNITY ACTION AGENCY OF SIOUXLAND 2700 LEECH AVE SIOUX CITY,IA 511061100			7,254	0			LOCAL HUNGER PROGRAM
(26) COMMUNITY ACTION HOUSE 739 PAW PAW DR HOLLAND,MI 494233029			5,288	0			LOCAL HUNGER PROGRAM
(27) COMMUNITY FOOD SHARE 650 S TAYLOR AVE LOUISVILLE,CO 80027			11,055	0			LOCAL HUNGER PROGRAM
(28) COMMUNITY REFUGEE IMMIGRATION SERVICES(CRIS) 1925 E DUBLIN GRANVILLE RD COLUMBUS,OH 43229			2,653,568	0			SERVICES TO THE DISPLACED
(29) COMPANEROS IMMIGRANTES DE LAS MONTANAS EN ACCION 528 EMMA RD ASHEVILLE,NC 13751			15,000	0			SERVICES TO THE DISPLACED
(30) CONGREGATIONAL CHURCH OF MIDDLEBURY 30 N PLEASANT ST MIDDLEBURY,VT 057531222			6,112	0			SERVICES TO THE DISPLACED
(31) COOPERATIVE CHRISTIAN MINISTRY 246 COUNTRY CLUB DR NE CONCORD,NC 28025			8,389	0			LOCAL HUNGER PROGRAM
(32) CRISIS ASSISTANCE MINISTRY 500A SPRATT STREET CHARLOTTE,NC 28206			18,694	0			LOCAL HUNGER PROGRAM
(33) CRISIS CONTROL MINISTRY 200 E 10TH ST WINSTONSALEM,NC 27101			10,029	0			LOCAL HUNGER PROGRAM
(34) DISASTER RECOVERY GROUP OF DUPLIN COUNTY PO BOX 355 TEACHEY,NC 286464035			10,250	0			SERVICES TO THE DISPLACED
(35) DUTCHESS OUTREACH INC 29 N HAMILTON STREET POUGHKEEPSIE,NY 12601			10,943	0			LOCAL HUNGER PROGRAM
(36) ECHO 65 S HIGH ST JANESVILLE,WI 53548			12,996	0			LOCAL HUNGER PROGRAM
(37) ECUMENICAL COMMUNITY HELPING OTHERS 7205 OLD KEENE MILL ROAD SPRINGFIELD,VA 22150			5,130	0			LOCAL HUNGER PROGRAM
(38) ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVE E PALO ALTO,CA 94303			8,998	0	FMV	BLANKETS	SERVICES TO THE DISPLACED
(39) ECUMENICAL MINISTRIES OF OREGON 0245 SW BANCROFT ST SUITE B PORTLAND,OR 97201			573,407	0			SERVICES TO THE DISPLACED
(40) EL CAVARIO UNITED METHODIST CHURCH 316 N CAMPO STREET LAS CRUCES,NM 88001			345,610	0			SERVICES TO THE DISPLACED
(41) EPISCOPAL FARMWORKER MINISTRY 2989 EASTY ST DUNN,NC 28334			0	39,706	FMV	BLANKETS, CLEAN-UP BUCKETS, HYGIENE AND SCHOOL KITS	SERVICES TO THE DISPLACED
(42) EXODUS REFUGEE IMMIGRATION PROGRAM 1125 BROOKSIDE AVE SUITE C9 INDIANAPOLIS,IN 46202			3,377,571	0			SERVICES TO THE DISPLACED
(43) FAIR STREET REFORMED CHURCH 209 FAIR STREET KINGSTON,NY 12401			6,375	0			LOCAL HUNGER PROGRAM
(44) FAITH IN ACTION 603 S MAIN ST CHELSEA,MI 48118			9,512	0			LOCAL HUNGER PROGRAM
(45) FERNCLIFF CAMP 27411 KANIS RD PARAN,AR 72122			0	26,639	FMV	BLANKETS, HYGIENE AND SCHOOL KITS	SERVICES TO THE DISPLACED
(46) FIRST CHRISTIAN CHURCH 531 5TH STREET COLUMBUS,IN 47201			6,125	0	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS	SERVICES TO THE DISPLACED
(47) FIRST CONGREGATIONAL CHURCH 444 E BROAD ST COLUMBUS,OH 43215			0	6,812	FMV	BLANKETS AND WELCOME BACKPACKS	LOCAL HUNGER PROGRAM
(48) FIRST PRESBYTERIAN UNION CHURCH 111 TEMPLE STREET OWEGO,NY 138270355			7,350	0			LOCAL HUNGER PROGRAM
(49) FIRST UNITED CHURCH OF OAK PARK 848 OAKE ST OAK PARK,IL 60301			32,370	0			LOCAL HUNGER PROGRAM
(50) FOOD AND SHELTER INC 201 REED AVE NORMAN,OK 73071			7,745	0			LOCAL HUNGER PROGRAM
(51) GALILEE CENTER 66101 HAMMOND RD MECCA,CA 92254			0	16,141	FMV	BLANKETS, CLEAN-UP BUCKETS, HYGIENE AND SCHOOL KITS	LOCAL HUNGER PROGRAM
(52) GIVE AN HOUR NONPROFIT ORGANIZATION PO BOX 5918 BETHESDA,MD 208245918			7,920	0			LOCAL HUNGER PROGRAM
(53) GOD IS GOOD FOUNDATION INC PO BOX 47 NEWBURGH,IN 476290047			14,500	0			LOCAL HUNGER PROGRAM
(54) GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGON,KY 40511			6,468	0			LOCAL HUNGER PROGRAM
(55) GOD'S STOREHOUSE 750 MEMORIAL DR DANVILLE,VA 24543			5,426	0			LOCAL HUNGER PROGRAM
(56) GOOD NEIGHBOR SETTLEMENT HOUSE 1254 E TYLER ST BROWNSVILLE,TX 78520			62,965	0			SERVICES TO THE DISPLACED
(57) GREATER BETHEL AME CHURCH 1300 SOUTH STREET NASHVILLE,TN 37212			0	33,070	FMV	BLANKETS, HYGIENE AND SCHOOL KITS	SERVICES TO THE DISPLACED
(58) GREATER LANSING FOOD BANK 919 FILLEY ST LANSING,MI 489016224			11,236	0			LOCAL HUNGER PROGRAM
(59) GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO,NC 27406			31,881	0			LOCAL HUNGER PROGRAM
(60) HAPPY CAMP COMMUNITY ACTION INC 38 PARK WAY HAPPY CAMP,CA 96039			10,000	0			SERVICES TO THE DISPLACED
(61) HEAVENS CARE 13342 CRAWFORD RD GAONZALES,LA 70737			0	31,686	FMV	BLANKETS	SERVICES TO THE DISPLACED
(62) HELPING HARVEST 117 MORGAN DRIVE READING,PA 19608			7,509	0			LOCAL HUNGER PROGRAM
(63) HELPLINE HOUSE 292 KNECHTEL WAY BAINBRIDGE,WA 98110			7,336	0			LOCAL HUNGER PROGRAM
(64) HOLDING INSTITUTE 1102 SANTA MARIA AVE LAREDO,TX 78040			39,707	21,512			SERVICES TO THE DISPLACED
(65) HOUSE OF BREAD DELIVERANCE CHURCH 500 S MAIN ST PINE BLUFF,AR 71601			0	16,650	FMV	SCHOOL KITS	LOCAL HUNGER PROGRAM
(66) IATIA CHERISH MISSION INC 1801 S GRAND AVE LOS ANGELES,CA 90015			0	5,074	FMV	BLANKETS AND WELCOME BACKPACKS	LOCAL HUNGER PROGRAM
(67) IDAHO FOODBANK WAREHOUSE 3630 E COMMERCIAL CT MERIDIAN,ID 83643			5,810	0	FMV	BLANKETS, HYGIENE KITS	SERVICES TO THE DISPLACED
(68) INTEGRATED REFUGEE & IMMIGRANT SERVICES (IRIS) 235 NICOLL ST 2NF FLOOR NEW HAVEN,CT 06511			1,412,474	0			SERVICES TO THE DISPLACED
(69) INTERFAITH MINISTRIES FOR GREATER HOUSTON 3217 MONTROSE BLVD HOUSTON,TX 77006			46,788	0			SERVICES TO THE DISPLACED
(70) INTERFAITH WELCOME COALITION 5200 ENRIQUE M BARRERA PKWY SAN ANTONIO,TX 79227			0	17,910	FMV	BLANKETS	SERVICES TO THE DISPLACED
(71) INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES 313 PETERSON DRIVE ELIZABETHTOWN,KY 42701			0	46,860	FMV	HYGIENE KITS	LOCAL HUNGER PROGRAM
(72) ISLAND FOOD PANTRY PO BOX 1874 VINEYARD HAVEN,MA 02568			5,386	0			LOCAL HUNGER PROGRAM
(73) JEWISH FAMILY SERVICES OF SAN DIEGO 4902 PACIFIC HWY SAN DIEGO,CA 92110			0	34,616	FMV	SCHOOL KITS AND WELCOME BACKPACKS	SERVICES TO THE DISPLACED
(74) JEWISH FAMILY SERVICES OF SEATTLE 1601 16TH AVENUE SEATTLE,WA 98122			66,218	0			LOCAL HUNGER PROGRAM
(75) JOURNEYS END RESETTLEMENT SERVICES 2495 MAIN ST 530 BUFFALO,NY 14214			1,569,979	0			SERVICES TO THE DISPLACED
(76) KENTUCKY REFUGEE MINISTRIES 1710 ALEXANDRIA DRIVE SUITE 2 LEXINGTON,KY 40504			3,830,637	0			SERVICES TO THE DISPLACED
(77) LA POSADA PROVIDENCIA 30094 MARYDALE RD SAN BENITO,TX 78586			32,649	14,774	FMV	BLANKETS, CLEAN-UP BUCKETS, HYGIENE AND SCHOOL KITS	SERVICES TO THE DISPLACED
(78) LAMB OF GOD LUTHERAN CHURCH 606 E 38TH ST ERIE,PA 16504			15,331	0			LOCAL HUNGER PROGRAM
(79) LANCASTER COUNTY FOOD HUB 812 NORTH QUEEN STREET LANCASTER,PA 17603			8,529	0			LOCAL HUNGER PROGRAM
(80) LATIN AMERICA WORKING GROUP 2029 P ST NW SUITE 301 WASHINGTON,DC 20036			20,000	0			ADVOCACY
(81) LOAVES AND FISHES 648-B GRIFFITH ROAD CHARLOTTE,NC 28217			23,894	0			LOCAL HUNGER PROGRAM
(82) LUNCH BREAK 121 DRS JAMES PARKER BLVD RED BANK,NJ 077010902			5,244	0			LOCAL HUNGER PROGRAM
(83) LUTHERAN FAMILY SERVICE OF NEBRASKA 124 SOUTH 24TH ST SUITE 230 OMAHA,NE 68102			1,392,756	0			SERVICES TO THE DISPLACED
(84) LUTHERAN SOCIAL SERVICES OF SW 2020 W INDIAN SCHOOL RD STE E26 PHOENIX,AZ 85015			69,656	0			LOCAL HUNGER PROGRAM
(85) MENNONITE CENTRAL COMMITTEE 21 SOUTH 12TH STREET AKRON,PA 17501			20,601	0			GLOBAL HUNGER AND DEVELOPMENT
(86) MID-OHIO FOOD BANK 3960 BROOKHAM DR GROVE CITY,OH 431239741			7,302	0			LOCAL HUNGER PROGRAM
(87) MISSION BORDER HOPE 811 N BIBB AVE EAGLE PASS,TX 78852			45,788	13,571	FMV	BLANKETS AND WELCOME BACKPACKS	SERVICES TO THE DISPLACED
(88) MORAVIAN CHURCH IN AMERICA 459 S CHURCH ST WINSTON SALEM,NC 27101			10,029	0			LOCAL HUNGER PROGRAM
(89) NATIONAL IMMIGRATION LITIGATION ALLIANCE 10 GRIGGS TERRACE BROOKLINE,MA 02446			37,704	0			SERVICES TO THE DISPLACED
(90) NATIONAL PARTNERSHIP FOR NEW AMERICANS 1805 S ASHLAND AVE CHICAGO,IL 60608			10,000	0			SERVICES TO THE DISPLACED
(91) NC FARMWORKERS PROJECT 117 W MAIN ST WHITEVILLE,NC 28472			0	14,095	FMV	BLANKETS, HYGIENE AND SCHOOL KITS	LOCAL HUNGER PROGRAM
(92) NEW AMERICAN PATHWAYS 2300 HENDERSON MILL RD ATLANTA,GA 30345			2,867,586	0			SERVICES TO THE DISPLACED
(93) NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT GENEVA,IL 60134			14,544	0			LOCAL HUNGER PROGRAM
(94) OLIVET CHRISTIAN CHURCH 1991 S OLIVET RD COLUMBIA,MO 652019632			5,139	0			LOCAL HUNGER PROGRAM
(95) OPEN DOOR MINISTRIES 400 N CENTENNIAL ST HIGH POINT,NC 272611528			5,636	0			LOCAL HUNGER PROGRAM
(96) OPENING DOORS INC 2188 K STREET SACRAMENTO,CA 95816			4,023,110	0			SERVICES TO THE DISPLACED
(97) OPERATION HEART 125 N 7TH ST TERRE HAUTE,IN 47802			25,725	0			SERVICES TO THE DISPLACED
(98) ORANGE COUNTY LITERACY COUNCIL 200 N GREENSBORO ST C2 CARRBORO,NC 27510			18,875	0			SERVICES TO THE DISPLACED
(99) PARK RIDGE COMMUNITY CHURCH 100 S COURTLAND AVE PARK RIDGE,IL 600684187			7,955	0			LOCAL HUNGER PROGRAM
(100) PENNRIDGE FISH ORGANIZATION INC 800 W CHESTNUT ST PERKASIE,PA 18944			6,727	0			LOCAL HUNGER PROGRAM
(101) PROJECT HOPE CHARITIES INC 170-20 140TH AVE JAMAICA,NY 11432			0	113,730	FMV	SCHOOL KITS, BLANKETS	SERVICES TO THE DISPLACED
(102) PUENTES DE CRISTO 103 E DATIL AVE HIDALGO,TX 78557			0	189,883	FMV	BLANKETS, CLEAN-UP BUCKETS, HYGIENE AND SCHOOL KITS, AND WELCOME BACKPACKS	SERVICES TO THE DISPLACED
(103) RECONCILIATION SERVICES 3101 TROOST AVE KANSAS CITY,MO 641091845			13,689	0			LOCAL HUNGER PROGRAM
(104) REFUGEE SERVICES OF TEXAS INC 9241 LBJ FRWY SUITE 210 DALLAS,TX 75243			4,861,320	0			SERVICES TO THE DISPLACED
(105) REFUGEEONE 5705 N LINCOLN AVE CHICAGO,IL 60640			2,457,570	0			SERVICES TO THE DISPLACED
(106) RELIGIOUS COMMUNITY SERVICES PO BOX 704 NEW BERN,NC 285630704			8,489	0			SERVICES TO THE DISPLACED
(107) ROANOKE AREA MINISTRIES 824 CAMPBELL AVENUE ROANOKE,VA 24016			6,088	0			LOCAL HUNGER PROGRAM
(108) ROCKFORD URBAN MINISTRIES 201 7TH ST ROCKFORD,IL 61104			10,468	0			LOCAL HUNGER PROGRAM
(109) SALVATION ARMY 1119 5TH ST GREELEY,CO 80613			0	216,814	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS	SERVICES TO THE DISPLACED
(110) SAMARITAN'S PURSE 801 BAMBOO RD BOONE,NC 28607			24,529	0			LOCAL HUNGER PROGRAM
(111) SCHOOL DISTRICT OF PALM BEACH COUNTY 3300 FOREST HILL BLVD C-316 PALM SPRINGS,FL 33461			7,680	0			SERVICES TO THE DISPLACED
(112) SECOND HARVEST FOOD BANK OF METROLINA 500-B SPRATT ST CHARLOTTE,NC 28206			18,694	0			LOCAL HUNGER PROGRAM
(113) SECOND HARVEST FOOD BANK INC 2802 DAIRY DR MADISON,WI 53718			7,300	0			LOCAL HUNGER PROGRAM
(114) SECOND HELPINGS INC 1121 SOUTHEASTERN INDIANAPOLIS,IN 46202			10,681	0			LOCAL HUNGER PROGRAM
(115) SHARON CONGREGATIONAL CHURCH 25 MAIN ST SHARON,CT 06069			8,677	0			LOCAL HUNGER PROGRAM
(116) SLO4HOME INC PO BOX 1446 SAN LUIS OBISPO,CA 934061446			7,350	0			SERVICES TO THE DISPLACED
(117) SNOHOMISH COMMUNITY KITCHEN 913 SECOND ST SNOHOMISH,WA 982902918			5,086	0			LOCAL HUNGER PROGRAM
(118) SOCIETY OF ST VINCENT DE PAUL EXETER PO BOX 176 EXETER,NH 03833			12,802	0			LOCAL HUNGER PROGRAM
(119) SOLUTIONS IN HOMETOWN CONNECTIONS CORP 4423 LEHIGH ROAD BOX 458 COLLEGE PARK,MD 20740			50,400	0			SERVICES TO THE DISPLACED
(120) SOUTHWEST COMMUNITY ACTION PROGRAM 149 N IOWA ST DODGEVILLE,WI 53533			15,925	0			LOCAL HUNGER PROGRAM
(121) ST PETER'S EPISCOPAL CH 33 THROCKMORTON ST FREEHOLD,NJ 07728			5,349	0			LOCAL HUNGER PROGRAM
(122) ST THOMAS UNIVERSITY 2650 SW 27TH AVENUE MIAMI,FL 33133			877,400	0			SERVICES TO THE DISPLACED
(123) ST ANDREW UNITED METHODIST CHURCH 18850 RIEGEL RD HOMEWOOD,IL 604304027			5,894	0	FMV	BLANKETS AND TENTS	SERVICES TO THE DISPLACED
(124) SUGAR CREEK MENNONITE CHURCH 1209 FRANKLIN AVE WAYLAND,IA 52654			8,890	0			LOCAL HUNGER PROGRAM
(125) TEAM BROWNSVILLE 1048 MEXICO BLVD BROWNSVILLE,TX 78520			0	437,531	FMV	BLANKETS, HYGIENE KITS	SERVICES TO THE DISPLACED
(126) TEAM RUBICON 5230 PACIFIC CONCOURSE STE 200 LOS ANGELES,CA 90045			762,514	0			SERVICES TO THE DISPLACED
(127) TERREBONNE COUNCIL OF AGING 510 BRAGG ST HOUMA,LA 70360			0	59,292	FMV	BLANKETS, HYGIENE KITS, AND CLEAN-UP BUCKETS	LOCAL HUNGER PROGRAM
(128) THE DEWITT HILL MINISTRY OF COMPASSION 15 HOWELL DRIVE LITTLE ROCK,AR 71601			0	31,736	FMV	BLANKETS, HYGIENE AND SCHOOL KITS	SERVICES TO THE DISPLACED
(129) THE FRIENDS OF MOLDOVA 4568 TACOMA BLVD OKEMOS,MI 488642126			100,000	0			SERVICES TO THE DISPLACED
(130) THE INN 915 E 4TH STREET TUCSON,AZ 857195099			40,045	98,720	FMV	BLANKETS, HYGIENE KITS, AND WELCOME BACKPACKS	SERVICES TO THE DISPLACED
(131) THE MANNA FOOD PROJECT 8791 MCBRIDE PARK DR HARBOR SPRINGS,MI 49740			7,792	0			LOCAL HUNGER PROGRAM
(132) TRINITARIAN CONGREGATIONAL CHURCH 54 WALDEN ST CONCORD,MA 01742			7,500	0			LOCAL HUNGER PROGRAM
(133) TRINITY PRESBYTERIAN CHURCH IN AMERICA OF HARRISBURG 6098 LOCUST LANE HARRISBURG,PA 17109			6,125	0	FMV	BLANKETS, HYGIENE KITS	SERVICES TO THE DISPLACED
(134) UNITED RELIGIOUS COMMUNITY OF ST JOSEPH COUNTY 501 N MAIN ST SOUTH BEND,IN 46601			93,210	0			LOCAL HUNGER PROGRAM
(135) UNITED WAY OF SOUTHEASTERN CONNECTICUT 283 STODDARDS WHARF RD GALES FERRY,CT 063350375			6,222	0			EMERGENCY RESPONSE
(136) UNITY IN DISASTER INC 911 PALYMRA ST JACKSON,MS 39203			0	21,600	FMV	SCHOOL KITS, HYGIENE KITS, CLEAN-UP BUCKETS	SERVICES TO THE DISPLACED
(137) UNIVERSITY MENNONITE CHURCH 1606 NORMA STREET STATE COLLEGE,PA 168016228			5,400	0	FMV	SCHOOL KITS	SERVICES TO THE DISPLACED
(138) VOICE FOR REFUGEE ACTION FUND PHILLIPS STREET ELKHART,IN 46514			100,000	0			SERVICES TO THE DISPLACED
(139) WASHINGTON OFFICE ON LATIN AMERICA 1666 CONNECTICUT AVENUE NW SUITE 400 WASHINGTON,DC 20009			35,000	0			ADVOCACY
(140) WESTPORT PRESBYTERIAN CHURCH 201 WESTPORT RD KANSAS CITY,MO 641112266			25,876	0			SERVICES TO THE DISPLACED
(141) WILKINSBURG COMMUNITY MINISTRY 702 WOOD STREET WILKINSBURG,PA 15221			6,000	0			LOCAL HUNGER PROGRAM
(142) WILLIAMS BAY LUTHERAN CHURCH 11 COLLIE ST WILLIAMS BAY,WI 531910399			5,962	0			LOCAL HUNGER PROGRAM
(143) YORK COUNTY FOOD BANK 254 W PRINCESS ST YORK,PA 17401			10,208	0			LOCAL HUNGER PROGRAM
(144) YOUTH CO-OP INC 2112 SOUTH CONGRESS AVE SUITE 102 PALM SPRINGS,FL 33406			780,486	0			SERVICES TO THE DISPLACED

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

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CHURCH WORLD SERVICE INC

Employer identification number
13-4080201

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
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 on Line 1a?	**2**	Yes	
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.			
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SANTOS RICHARD L CEO & PRESIDENT	(i)	327,000	0	0	35,930	18,639	381,569	0
	(ii)	0	0	0	0	0	0	0
2 MCCULLOUGH REV JOHN L CEO EMERITUS	(i)	165,128	0	0	14,862	33,189	213,179	0
	(ii)	0	0	0	0	0	0	0
3 KEKIC EROL SVP OF PROGRAM	(i)	173,934	0	0	12,175	26,264	212,373	0
	(ii)	0	0	0	0	0	0	0
4 TAURAS THOMAS AFRICA REGIONAL RESPRESENTATIVE	(i)	168,989	0	0	15,209	25,517	209,715	0
	(ii)	0	0	0	0	0	0	0
5 BLOEM MAURICE A CHIEF SUSTAINABILITY & IMPACT OFFICE	(i)	159,621	0	0	11,173	24,103	194,897	0
	(ii)	0	0	0	0	0	0	0
6 RENDALL JOANNE CFO	(i)	149,634	0	0	10,474	22,595	182,703	0
	(ii)	0	0	0	0	0	0	0
7 MUTTERBAUGH SCOTT RSC AFRICA	(i)	145,862	0	0	10,210	22,026	178,098	0
	(ii)	0	0	0	0	0	0	0

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.

Additional Data

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Software ID:

Software Version:

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.

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2021

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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 W/ LOGO)	X	569	512,100	AVERAGE COST
26 Other (EMERGENCY CLEAN UP KIT)	X	5,175	388,125	AVERAGE COST
27 Other (SCHOOL KITS)	X	620	279,000	AVERAGE COST
28 Other (UNPROCESSED LBS)	X	225	200,061	AVERAGE COST
Other (HYGIENE KITS)	X	206	185,400	AVERAGE COST

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
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?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CHURCH WORLD SERVICE INC

Employer identification number
13-4080201

Return Reference	Explanation
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES (CONTINUED):	KENYA, SOUTH AFRICA, TANZANIA, UGANDA, RWANDA, ARGENTINA, HAITI, SERBIA, BOSNIA, MOLDOVA, THAILAND, INDONESIA, TIMOR LESTER, JAPAN, CAMBODIA, VIETNAM, AND MYANMAR
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.
FORM 990, PART VI, SECTION A, LINE 7A	CHURCH WORLD SERVICE INC. HAS MEMBER CHURCHES THAT CAN ELECT MORE MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B	CHURCH WORLD SERVICE INC. HAS MEMBER CHURCHES THAT HAVE THE RIGHT TO APPROVE NEW MEMBERS.
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.
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.
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.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, NOTED ON STATE REGISTRATIONS, PROVIDED TO STAFF FOR DISTRIBUTION, AND ARE ON THE WEBSITE.

Additional Data

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Software ID:

Software Version: