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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023

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 $ 219,204,733

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**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	780
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)	149,191,777	216,675,022
	9	Program service revenue (Part VIII, line 2g)	1,734,603	1,060,951
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	272,096	315,525
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	931,308	526,414
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,129,784	218,577,912
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	100,878,884	130,685,920
	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)	36,257,417	67,954,462
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,262,139		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,866,858	19,729,577
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	149,003,159	218,369,959
	19	Revenue less expenses. Subtract line 18 from line 12	3,126,625	207,953
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	51,124,354	65,599,227
	21	Total liabilities (Part X, line 26)	25,108,203	38,142,276
	22	Net assets or fund balances. Subtract line 21 from line 20	26,016,151	27,456,951

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 2023-10-16

▶ 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 P00168898
Firm's name ▶ CROSSLIN PLLC			Firm's EIN ▶ 27-5360847	
Firm's address ▶ 3803 BEDFORD AVENUE SUITE 201 NASHVILLE, TN 37215			Phone no. (615) 320-5500	

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 $ 170,998,164 including grants of $ 117,142,924) (Revenue $ 1,587,365)

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 $ 6,834,006 including grants of $ 6,340,087) (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 $ 8,818,452 including grants of $ 7,198,149) (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 $ 4,198,719 including grants of $ 4,760) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ 4,198,719 including grants of $ 4,760) (Revenue $)

4e **Total program service expenses** ▶ 190,849,341

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	Yes	
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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	182		
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			

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** 780			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**		No
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**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person 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**		

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	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
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		Yes	
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, box 6 of 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) ATKINS-PATTENSON PHIL ESQ BOARD MEMBER	2.00	X						0	0	0
(2) CHAN MD PAUL S TREASURER	3.00	X		X				0	0	0
(3) DE JONG REV PATRICIA E BOARD CHAIR	5.00	X		X				0	0	0
(4) DORSEY REV CHRIS BOARD MEMBER	2.00	X						0	0	0
(5) FERENCZI MARTIN BOARD MEMBER	2.00	X						0	0	0
(6) FERRIS DR ELIZABETH SECRETARY	3.00	X		X				0	0	0
(7) KANEKO NOBUYOSHI BOARD MEMBER	2.00	X						0	0	0
(8) NICHOLOVOS ZACHARIAH MAR BOARD MEMBER	2.00	X						0	0	0
(9) OLSON HARRIETT JANE BOARD MEMBER	2.00	X						0	0	0
(10) SANTOS RICHARD L CEO & PRESIDENT	40.00	X		X				338,596	0	46,372
(11) THOMPSON REV DR KAREN GEORGIA SECOND VICE CHAIR	3.00	X		X				0	0	0
(12) VASQUEZ-LEVY REV DR DAVID BOARD MEMBER	2.00	X						0	0	0
(13) KREHBIEL SUSAN BOARD MEMBER	2.00	X						0	0	0
(14) PATTEN WENDY BOARD MEMBER	2.00	X						0	0	0
(15) SLIWINSKI MARIE ANNE BOARD MEMBER	2.00	X						0	0	0
(16) SPENCER-JAMES ANGELA BOARD MEMBER	2.00	X						0	0	0
(17) RENDALL JOANNE CFO	40.00			X				178,529	0	40,759

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) BLOEM MAURICE A CHIEF SUSTAINABILITY & IMPACT OFFICER	40.00					X		166,724	0	38,063
(19) KEKIC EROL SVP OF PROGRAM	40.00					X		199,859	0	45,627
(20) TAURAS THOMAS AFRICA REGIONAL REPRESENTA	40.00					X		179,700	0	37,432
(21) MUTTERBAUGH SCOTT RSC AFRICA DIRECTOR	40.00					X		170,563	0	35,528
(22) REHBERG KATHERINE VP OF PROGRAM	40.00					X		166,934	0	31,434

1b Sub-Total . . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . ▶			
d Total (add lines 1b and 1c) . . . . . ▶	1,400,905	0	275,215

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
COHEN & CO 1350 EUCLID AVE STE 800 CLEVELAND, OH 441151877	PROJECT MANAGEMENT/SYSTEMS & TECHNOLOGY	674,802
PAYTECH INC 7979 E TUFTS AVE STE 1000 DENVER, CO 80237	PROJECT MANAGEMENT/HR & PAYROLL SYSTEMS	508,983
DISCIPLEDATA INC 12821 EAST NEW MARKET STREET STE 2 CARMEL, IN 46032	IT	411,715
THE PURSUANT GROUP DEPT 0519 PO BOX 120519 DALLAS, TX 753120519	FUNDRAISING	270,536
STONERIDGE SOFTWARE LLC 2000 44TH ST S STE 101 FARGO, ND 581037410	SYSTEM IMPLEMENTATION	250,628

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	186,438,735		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	30,236,287		
	g Noncash contributions included in lines 1a - 1f:$	1g	1,411,373		
	h **Total.** Add lines 1a-1f . . . . . ▶				216,675,022

Program Service Revenue	Business Code				
2a REFUGEE SERVICES PROGRAM	812900	1,060,951	1,060,951		
b					
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . . ▶	1,060,951				

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		315,525			315,525
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
6a Gross rents (i) Real: 6a; (ii) Personal:					
b Less: rental expenses (i) Real: 6b; (ii) Personal:					
c Rental income or (loss) (i) Real: 6c; (ii) Personal:					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory (i) Securities: 7a; (ii) Other:					
b Less: cost or other basis and sales expenses (i) Securities: 7b; (ii) Other:					
c Gain or (loss) (i) Securities: 7c; (ii) Other:					
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 626,821				
b Less: direct expenses	8b 626,821				
c Net income or (loss) from fundraising events . . ▶		0			
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 . . ▶					
	Business Code				
11a DEVELOP, EMERG, REFUGEE	812900	526,414	526,414		
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		526,414			
12 **Total revenue.** See instructions . . . . ▶		218,577,912	1,587,365	0	315,525

OtherRevenueMiscAmt

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	79,988,579	79,988,579		
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.	50,697,341	50,697,341		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,400,906		1,400,906	
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	51,794,039	39,890,438	8,797,343	3,106,258
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,772,770	1,329,385	339,866	103,519
9 Other employee benefits	9,363,003	7,021,237	1,795,024	546,742
10 Payroll taxes	3,623,744	2,717,415	694,725	211,604
11 Fees for services (non-employees):				
a Management				
b Legal	6,652,851	1,637,468	4,198,940	816,443
c Accounting	2,214,029	544,940	1,397,382	271,707
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)				
12 Advertising and promotion				
13 Office expenses	3,977,331	2,601,768	1,028,967	346,596
14 Information technology				
15 Royalties				
16 Occupancy	2,863,351	2,297,340	554,672	11,339
17 Travel	3,063,160	2,011,601	559,134	492,425
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	306,231		306,231	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	70,712		70,712	
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	581,912	111,829	114,577	355,506
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	218,369,959	190,849,341	21,258,479	6,262,139
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		3,404,884	1	5,188,478
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		21,059,976	3	29,100,119
	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		3,023,249	8	2,262,379
	9	Prepaid expenses and deferred charges		5,350,066	9	1,975,666
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,494,594			
	b	Less: accumulated depreciation	10b 6,627,971	801,948	10c	866,623
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		16,609,730	12	17,916,166
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		874,501	15	8,289,796
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		51,124,354	16	65,599,227
Liabilities	17	Accounts payable and accrued expenses		21,827,102	17	22,236,978
	18	Grants payable		259,673	18	312,842
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		3,021,428	25	15,592,456
	26	**Total liabilities.** Add lines 17 through 25		25,108,203	26	38,142,276
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		11,998,305	27	12,820,117
	28	Net assets with donor restrictions		14,017,846	28	14,636,834
		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		26,016,151	32	27,456,951
	33	Total liabilities and net assets/fund balances		51,124,354	33	65,599,227

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	218,577,912
2	Total expenses (must equal Part IX, column (A), line 25)	2	218,369,959
3	Revenue less expenses. Subtract line 2 from line 1	3	207,953
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,016,151
5	Net unrealized gains (losses) on investments	5	1,232,847
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	27,456,951

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		No
	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		
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
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		

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

2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	72,239,249	69,132,088	64,361,484	149,191,777	216,675,022	571,599,620
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	72,239,249	69,132,088	64,361,484	149,191,777	216,675,022	571,599,620
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.						571,599,620

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .	72,239,249	69,132,088	64,361,484	149,191,777	216,675,022	571,599,620
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	199,065	208,903	216,359	272,096	315,525	1,211,948
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						572,811,568

12 Gross receipts from related activities, etc. (see instructions) **12** 16,928,421

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 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 99.790 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 99.710 %

16a **33 1/3% support test—2022.** 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—2021.** 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—2022.** 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—2021.** 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2021 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18

19a **33 1/3% support tests-2022.** 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—2021.** 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 2022 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-2022**	**(iii) Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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 B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
CHURCH WORLD SERVICE INC

Employer identification number
13-4080201

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
CHURCH WORLD SERVICE INC

Employer identification number
13-4080201

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
CHURCH WORLD SERVICE INC

Employer identification number
13-4080201

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

2022

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		60,717
f	Grants to other organizations for lobbying purposes?	Yes		11,617
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		214,578
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		91,962
i	Other activities?		No	
j	Total. Add lines 1c through 1i			378,874
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
2022
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	8,088,010	6,080,105	5,791,784	5,579,972
b Contributions . . .		424,234	569,088	440,443	32,293
c Net investment earnings, gains, and losses		-1,084,091	1,522,204	227,645	341,829
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .		30,546	83,387	379,767	162,310
f Administrative expenses					
g End of year balance	8,088,010	7,458,699	8,088,010	6,080,105	5,791,784

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,137		7,137
b Buildings		103,745	103,745	0
c Leasehold improvements		2,392,632	1,763,079	629,553
d Equipment		4,991,080	4,761,147	229,933
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				866,623

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	485,693	C
(B) U.S. GOVERNMENT OBLIGATION	871,092	C
(C) EQUITY SECURITIES	4,363,230	C
(D) OTHERS	940,184	C
(E) HELD BY OTHERS	11,255,967	C
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	17,916,166	

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)SPLIT-INTEREST AGREEMENT RECEIVABLE	1,030,852
(2)RIGHT-OF-USE ASSETS - OPERATING LEASE	7,258,944
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	8,289,796

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	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	15,592,456

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	220,437,580
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,232,847		
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	1,232,847
3	Subtract line **2e** from line **1**			3	219,204,733
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	-626,821		
c	Add lines **4a** and **4b**			4c	-626,821
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	218,577,912

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	218,996,780
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	218,996,780
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	-626,821		
c	Add lines **4a** and **4b**			4c	-626,821
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	218,369,959

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.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	FUNDRAISING REVENUE -626,821.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES -626,821.

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

2022

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		GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	42,481,657
(2) CENTRAL AMERICA AND CARRIBBEAN	2		GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	1,761,849
(3) EUROPE	3		GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	3,063,832
(4) MIDDLE EAST	0		GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	1,547,410
(5) SOUTH ASIA	5		GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	1,842,593
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	15	0			50,697,341
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	15	0			50,697,341

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)		AFRICA	SERVICE TO THE DISPLACED	40,429,509		0		
(2)		AFRICA	GLOBAL RELIEF & DEVELOPMENT	2,052,148		0		
(3)		MIDDLE EAST	SERVICE TO THE DISPLACED	1,298,310		0		
(4)		LATIN AMERICA & CARIBBEAN	EMERGENCY RESPONSE	642,852		0		
(5)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	198,189		0		
(6)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	175,017		0		
(7)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	109,130		0		
(8)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	105,340		0		
(9)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	100,000		0		
(10)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	93,888		0		
(11)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	91,939		0		
(12)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	48,582		0		
(13)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	34,111		0		
(14)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	30,000		0		
(15)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	29,088		0		
(16)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	23,100		0		
(17)		LATIN AMERICA & CARIBBEAN	EMERGENCY RESPONSE	19,308		0		
(18)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	12,000		0		
(19)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	11,305		0		
(20)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	10,000		0		
(21)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	10,000		0		
(22)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	10,000		0		
(23)		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	8,000		0		
(24)		EUROPE	EMERGENCY RESPONSE	821,334		0		
(25)		EUROPE	GLOBAL RELIEF & DEVELOPMENT	363,443		0		
(26)		EUROPE	EMERGENCY RESPONSE	346,267		0		
(27)		EUROPE	GLOBAL RELIEF & DEVELOPMENT	300,586		0		
(28)		EUROPE	EMERGENCY RESPONSE	212,406		0		
(29)		EUROPE	EMERGENCY RESPONSE	61,930		0		
(30)		EUROPE	EMERGENCY RESPONSE	43,541		0		
(31)		EUROPE	EMERGENCY RESPONSE	34,760		0		
(32)		EUROPE	EMERGENCY RESPONSE	34,246		0		
(33)		EUROPE	EMERGENCY RESPONSE	30,863		0		
(34)		EUROPE	EMERGENCY RESPONSE	30,000		0		
(35)		EUROPE	EMERGENCY RESPONSE	22,380		0		
(36)		EUROPE	EMERGENCY RESPONSE	20,000		0		
(37)		EUROPE	EMERGENCY RESPONSE	15,220		0		
(38)		ASIA	GLOBAL RELIEF & DEVELOPMENT	939,979		0		
(39)		ASIA	GLOBAL RELIEF & DEVELOPMENT	424,603		0		
(40)		ASIA	GLOBAL RELIEF & DEVELOPMENT	239,055		0		
(41)		ASIA	GLOBAL RELIEF & DEVELOPMENT	126,119		0		
(42)		ASIA	GLOBAL RELIEF & DEVELOPMENT	112,837		0		
(43)		EUROPE	GLOBAL RELIEF & DEVELOPMENT	0		222,180	BLANKETS, SCHOOL KITS, HYGIENE KITS	FMV
(44)		EUROPE	GLOBAL RELIEF & DEVELOPMENT	0		223,425	BLANKETS, SCHOOL KITS, HYGIENE KITS	FMV
(45)		EUROPE	GLOBAL RELIEF & DEVELOPMENT	0		281,250	BLANKETS, SCHOOL KITS, HYGIENE KITS	FMV
(46)		MIDDLE EAST	GLOBAL RELIEF & DEVELOPMENT	0		249,100	BLANKETS, AND SCHOOL KITS	FMV

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:

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
CHURCH WORLD SERVICE INC

Employer identification number
13-4080201

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1 PURSUANT 15660 DALLAS PKWY STE 1000 DALLAS, TX 75248	DIRECT RESPONSE		No	626,821	82,000	544,821
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶				626,821	82,000	544,821

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

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

		(a) Event #1 PURSUANT - FUNDRAISING (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	626,821			626,821
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	626,821			626,821
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	626,821			626,821
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				626,821
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation

Schedule G (Form 990) 2022

Additional Data

Return to Form

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

2022

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) ECUMENICAL MINISTRIES OF OREGON 0245 SW BANCROFT ST SUITE B PORTLAND,OR 97201			566,322	0			SERVICE TO THE DISPLACED
(2) PARK RIDGE COMMUNITY CHURCH 100 S COURTLAND AVE PARK RIDGE,IL 600684187			8,407	0			LOCAL HUNGER PROGRAM
(3) REFUGEE COUNCIL USA 1015 15TH STREET NW SUITE 600 WASHINGTON,DC 20005			60,000	0			SERVICE TO THE DISPLACED
(4) FEEDING AMERICA SOUTHWEST VIRGINIA (FSWVA) 1025 ELECTRIC RD SALEM,VA 241536437			5,368	0			LOCAL HUNGER PROGRAM
(5) BETHANY CHRISTIAN SERVICE (PARA) 1050 36TH ST SE SUITE 40 GRAND RAPIDS,MI 49508			3,719,989	0			SERVICE TO THE DISPLACED
(6) CITY SERVICE 10610 IMMOKALEE RD NAPLES,FL 34120			0	39,990	FMV	BLANKETS, HYGIENE KITS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(7) WILLIAMS BAY LUTHERAN CHURCH 11 COLLIE ST PO BOX 399 WILLIAMS BAY,WI 531910399			5,713	0			LOCAL HUNGER PROGRAM
(8) ASCENTRIA CARE ALLIANCE 11 SHATTUCK ST WORCHESTER,MA 01605			957,067	0			SERVICE TO THE DISPLACED
(9) INTER-FAITH COUNCIL FOR SOCIAL SERVICE 110 W MAIN ST STE D CARRBORO,NC 275102026			18,719	0			LOCAL HUNGER PROGRAM
(10) IOCC 110 WEST ROAD SUITE 360 BALTIMORE,MD 21204			92,995	0			EMERGENCY RESPONSE
(11) HOLDING INSTITUTE 1102 SANTA MARIA AVE LAREDO,TX 78040			0	7,179	FMV	HYGIENE KITS	SERVICE TO THE DISPLACED
(12) INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES 11030 BAVARIA ROAD FORT MYERS,FL 33913			0	70,200	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(13) CACHE REFUGEE AND IMMIGRANT CONNECTION(CRIC) 1115 N 200 E 130 LOGAN,UT 84341			264,293	0			SERVICE TO THE DISPLACED
(14) THE SALVATION ARMY 1119 6TH ST GREELEY,CO 80631			0	37,256	FMV	BLANKETS, HYGIENE KITS, AND PERIOD PACKS	SERVICE TO THE DISPLACED
(15) SECOND HELPINGS INC 1121 SOUTHEASTERN INDIANAPOLIS,IN 462023946			7,648	0			LOCAL HUNGER PROGRAM
(16) EXODUS REFUGEE IMMIGRATION PROGRAM 1125 BROOKSIDE AVE SUITE C9 INDIANAPOLIS,IN 46202			4,641,824	0			SERVICE TO THE DISPLACED
(17) HELPING HARVEST 117 MORGAN DR READING,PA 196081755			5,858	0			LOCAL HUNGER PROGRAM
(18) REFUGEE SERVICES OF TEXAS 11800 GREENVILLE AVE DALLAS,TX 75243			0	16,185	FMV	HYGIENE KITS	SERVICE TO THE DISPLACED
(19) SUGAR CREEK MENNONITE CHURCH 1209 FRANKLIN AVE WAYLAND,IA 526547641			11,579	0			LOCAL HUNGER PROGRAM
(20) BIGG REDD BUIDERS 121 ACR 396 PALESTINE,TX 75801			18,401	0			EMERGENCY RESPONSE
(21) LUNCH BREAK 121 DRS JAMES PARKER BLVD PO BOX 2215 RED BANK,NJ 077010902			6,468	0			LOCAL HUNGER PROGRAM
(22) LUTHERAN FAMILY SERVICE OF NEBRASKA 124 SOUTH 24TH ST SUITE 230 OMAHA,NE 68102			1,677,455	0			SERVICE TO THE DISPLACED
(23) OPERATION HEART 125 N 7TH ST TERRE HAUTE,IN 47802			8,100	0			SERVICE TO THE DISPLACED
(24) CITY OF NORTH LITTLE ROCK ARKANSAS 1300 PIKE AVE N LITTLE ROCK,AR 72114			0	9,974	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(25) REFUGEE CONGRESS 1310 L ST NW 450 WASHINGTON,DC 20005			33,000	0			SERVICE TO THE DISPLACED
(26) CROSSROADS URBAN CENTER 1385 W INDIANA AVE SALT LAKE CITY,UT 84104			0	8,813	FMV	BLANKETS	SERVICE TO THE DISPLACED
(27) SOLANCO NEIGHBORHOOD MINISTRIES 14 S CHURCH ST QUARRYVILLE,PA 175661214			5,588	0			LOCAL HUNGER PROGRAM
(28) ASBURY UNITED METHODIST CHURCH 1401 CAMDEN AVE SALISBURY,MD 21801			13,090	0			SERVICE TO THE DISPLACED
(29) ROCKFORD URBAN MINISTRIES 1404 BROOKE RD ROCKFORD,IL 611091111			8,580	0			LOCAL HUNGER PROGRAM
(30) CATHOLIC CHARITIES 149 N FULTON ST FRESNO,CA 93701			0	7,409	FMV	SCHOOL KITS AND HYGIENE KITS	SERVICE TO THE DISPLACED
(31) YORK COUNTY FOOD BANK 15 MARIANNE DR YORK,PA 174068406			10,437	0			LOCAL HUNGER PROGRAM
(32) HOUSE OF BREAD DELIVERANCE 1501 WEST 2ND AVE PINE BLUFF,AR 71601			0	7,709	FMV	BLANKETS, SCHOOL KITS, AND HYGIENE KITS	SERVICE TO THE DISPLACED
(33) SISTERS OF HOPE KY 1583 S LAKE DR PRESTONBURG,KY 41653			0	36,951	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(34) TRANSYLVANIA PRESBYTERY KY 160 BROADWAY ST HAZARD,KY 41701			0	32,400	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(35) JEWISH FAMILY SERVICES OF SEATTLE 1601 16TH AVENUE SEATTLE,WA 98122			273,025	0			SERVICE TO THE DISPLACED
(36) ADVENTIST COMMUNITY SERVICES 1601 FRANKLIN ST SELMA,AL 36701			0	202,221	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(37) WASHINGTON OFFICE ON LATIN AMERICA 1666 CONNECTICUT AVENUE NW SUITE 400 WASHINGTON,DC 20009			25,000	0			ADVOCACY
(38) GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGON,KY 405111084			6,351	0			LOCAL HUNGER PROGRAM
(39) BROWARD COLLEGE 16957 SHERIDAN STREET PEMBROKE PINES,FL 33331			485,680	0			SERVICE TO THE DISPLACED
(40) KENTUCKY REFUGEE MINISTRIES 1710 ALEXANDRIA DRIVE SUITE 2 LEXINGTON,KY 40504			4,649,237	0			SERVICE TO THE DISPLACED
(41) COMMUNITY BRIDGES 18 WATSONVILLE WATSONVILLE,CA 95076			0	10,821	FMV	BLANKETS, SCHOOL KITS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(42) NATIONAL PARTNERSHIP FOR NEW AMERICANS 1805 S ASHLAND AVE CHICAGO,IL 60608			10,000	0			SERVICE TO THE DISPLACED
(43) GLOBAL FRIENDS COALITION 1815 DEMERS AVE GRAND FORKS,ND 58201			74,726	0			SERVICE TO THE DISPLACED
(44) NEW HOPE BAPTIST CHURCH 1821 EDMONDS ST N LITTLE ROCK,AR 72117			0	51,372	FMV	HYGIENE KITS, WELCOME BACKPACKS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(45) LOAVES & FISHES COMMUNITY PANTRY 1871 HIGH GROVE LN NAPERVILLE,IL 605403931			5,572	0			LOCAL HUNGER PROGRAM
(46) BEYOND WALLS INC 188 E 53RD ST BROOKLYN,NY 11203			0	39,243	FMV	BLANKETS, SCHOOL KITS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(47) COMMUNITY REFUGEE IMMIGRATION SERVICES(CRIS) 1925 E DUBLI COLUMBUS,OH 43229			3,013,875	0			SERVICE TO THE DISPLACED
(48) OLIVET CHRISTIAN CHURCH 1991 S OLIVET RD COLUMBIA,MO 652019632			5,527	0			LOCAL HUNGER PROGRAM
(49) CRISIS CONTROL MINISTRY 200 E 10TH ST WINSTONSALEM,NC 271011500			12,094	0			LOCAL HUNGER PROGRAM
(50) WILLIAMSBURG CHRISTIAN CHURCHDONATION (AFP) ACCOUNT 200 JOHN TYLER LANE WILLIAMSBURG,VA 23185			9,800	0			SERVICE TO THE DISPLACED
(51) THE ART THERAPY INSTITUTE 200 N GREENSBORO ST D-6 CARRBORO,NC 27510			32,468	0			SERVICE TO THE DISPLACED
(52) FOOD AND SHELTER INC 201 REED AVE NORMAN,OK 730715226			8,587	0			LOCAL HUNGER PROGRAM
(53) WESTPORT PRESBYTERIAN CHURCH 201 WESTPORT RD KANSAS CITY,MO 641112266			31,967	0			LOCAL HUNGER PROGRAM
(54) MENNONITE CENTRAL COMMITTEE 21 SOUTH 12TH STREET PO BOX 500 AKRON,PA 175010500			16,708	0			GLOBAL RELIEF & DEVELOPMENT
(55) CHURCH WORLD SERVICE HARRISBURG 2101 NORTH FRONT STREET HARRISBURG,PA 17110			18,069	0			SERVICE TO THE DISPLACED
(56) YOUTH CO-OP INC 2112 SOUTH CONGRESS AVE SUITE 102 PALM SPRINGS,FL 33406			1,347,259	0			SERVICE TO THE DISPLACED
(57) OPENING DOORS INC 2118 K STREET SACRAMENTO,CA 95816			3,302,652	0			SERVICE TO THE DISPLACED
(58) NEW AMERICAN PATHWAYS 2300 HENDERSON MILL RD NE STE 100 ATLANTA,GA 303452704			3,153,858	0			SERVICE TO THE DISPLACED
(59) INTEGRATED REFUGEE & IMMIGRANT SERVICES(IRIS) 235 NICOLL ST 2ND FLOOR NEW HAVEN,CT 06511			3,161,709	0			SERVICE TO THE DISPLACED
(60) ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVENUE PALO ALTO,CA 943031322			6,594	0			LOCAL HUNGER PROGRAM
(61) COOPERATIVE CHRISTIAN MINISTRY 246 COUNTRY CLUB DR NE PO BOX 1717 CONCORD,NC 280261717			5,896	0			LOCAL HUNGER PROGRAM
(62) JOURNEY'S END REFUGEE SERVICES 2495 MAIN ST BUFFALO,NY 14214			0	6,767	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS	SERVICE TO THE DISPLACED
(63) JOURNEYS END RESETTLEMENT SERVICES 2495 MAIN ST SUITE 530 BUFFALO,NY 14214			1,684,326	0			SERVICE TO THE DISPLACED
(64) SHARON CONGREGATIONAL CHURCH 25 MAIN ST PO BOX 6 SHARON,CT 060692018			9,103	0			LOCAL HUNGER PROGRAM
(65) CATHOLIC CHARITIES 25 SE 2ND AVENUE SUITE 220 MIAMI,FL 33131			108,516	0			SERVICE TO THE DISPLACED
(66) CHURCH WORLD SERVICE HARRISONBURG 250 E ELIZABETH ST STE 102 HARRISONBURG,VA 22802			8,675	0			SERVICE TO THE DISPLACED
(67) ST PAUL'S UNITED METHODIST CHURCH & WESLEY FOUNDATION 250 EAST COLLEGE AVE STATE COLLEGE,PA 16801			7,078	0			SERVICE TO THE DISPLACED
(68) CWS HARRISONBURG 250 EAST ELIZABETH ST SUITE 102 HARRISONBURG,VA 22802			0	6,456	FMV	WELCOME BACKPACKS AND PERIOD PACKS	SERVICE TO THE DISPLACED
(69) VOLUNTEER FLORIDA 2501 SW 32ND TERRACE PEMBROKE PARK,FL 33023			0	75,000	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(70) LUTHERAN SOCIAL SERVICES OF SW 2502 E UNIVERSITY DRIVE SUITE 125 PHOENIX,AZ 85034			74,194	0			SERVICE TO THE DISPLACED
(71) GREATER MT ZION AFRICAN METHODIST EPISCOPAL CHURCH 256 S ORANGE AVE ARCADIA,FL 34266			0	172,680	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(72) CHURCH WORLD SERVICE JERSEY CITY 26 JOURNAL SQUARE SUITE 600 JERSEY CITY,NJ 07306			7,100	0			SERVICE TO THE DISPLACED
(73) FAIRVIEW UNITED METHODIST CHURCH 2603 MT HOLLY ROAD CADEN,AR 71701			0	7,327	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, WELCOME BACKPACKS, AND PERIOD PACKS	SERVICE TO THE DISPLACED
(74) ST THOMAS UNIVERSITY 2650 SW 27TH AVENUE THIRD FLOOR STE 304 MIAMI,FL 33133			250,830	0			SERVICE TO THE DISPLACED
(75) COMMUNITY ACTION AGENCY OF SIOUXLAND 2700 LEECH AVE SIOUX CITY,IA 511061100			6,775	0			LOCAL HUNGER PROGRAM
(76) ARLINGTON FOOD ASSISTANCE CENTER (AFAC) 2708 S NELSON ST PO BOX 6261 ARLINGTON,VA 222066261			8,375	0			LOCAL HUNGER PROGRAM
(77) NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT GENEVA,IL 601343587			15,155	0			LOCAL HUNGER PROGRAM
(78) INTERNATIONAL RESCUE COMMITTEE INC 277 PARK AVENUE 23RD FLOOR NEW YORK,NY 10172			59,729	0			SERVICE TO THE DISPLACED
(79) CARES FOOD PANTRY OF FARMINGTON HILLS 27835 SHIAWASSEE RD FARMINGTON,MI 483366063			5,343	0			LOCAL HUNGER PROGRAM
(80) SECOND HARVEST FOOD BANK INC 2802 DAIRY DR MADISON,WI 537186751			8,747	0			LOCAL HUNGER PROGRAM
(81) UNITED WAY OF SOUTHEASTERN CONNECTICUT 283 STODDARDS WHARF RD PO BOX 375 GALES FERRY,CT 063350375			5,707	0			LOCAL HUNGER PROGRAM
(82) VOICE FOR REFUGEE ACTION FUND 28606 PHILLIPS ST ELKHART,IN 46514			50,000	0			SERVICE TO THE DISPLACED
(83) DUTCHESS OUTREACH INC 29 N HAMILTON ST STE 220 POUGHKEEPSIE,NY 126012541			10,012	0			LOCAL HUNGER PROGRAM
(84) HELPLINE HOUSE 292 KNECHTEL WAY NE BAINBRIDGE ISLAND,WA 981101840			9,207	0			LOCAL HUNGER PROGRAM
(85) CONGREGATIONAL CHURCH OF MIDDLEBURY 30 N PLEASANT ST MIDDLEBURY,VT 057531222			5,306	0			LOCAL HUNGER PROGRAM
(86) GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO,NC 274061240			25,912	0			LOCAL HUNGER PROGRAM
(87) CHURCH WORLD SERVICE LANCASTER 308 EAST KING ST LANCASTER,PA 17602			33,739	0			SERVICE TO THE DISPLACED
(88) RECONCILIATION SERVICES 3101 TROOST AVE KANSAS CITY,MO 641091845			10,197	0			LOCAL HUNGER PROGRAM
(89) NEIGHBORHOOD HOUSE 31455 W 11 MILE RD FARMINGTON HILLS,MI 48336			5,343	0			LOCAL HUNGER PROGRAM
(90) MISSION BORDER HOPE 3295 DEL RIO BLVD EAGLE PASS,TX 79927			0	7,001	FMV	HYGIENE KITS	SERVICE TO THE DISPLACED
(91) SAFE HARBORS NETWORK 3295 MEADE AVE SAN DIEGO,CA 92116			0	12,829	FMV	HYGIENE KITS	SERVICE TO THE DISPLACED
(92) ST PETER'S EPISCOPAL CH 33 THROCKMORTON ST FREEHOLD,NJ 077281990			6,346	0			LOCAL HUNGER PROGRAM
(93) CWS GREENSBORO 330 S GREENE ST 2ND FLOOR GREENSBORO,NC 27401			0	7,074	FMV	BLANKETS AND HYGIENE KITS	SERVICE TO THE DISPLACED
(94) CHURCH WORLD SERVICE GREENSBORO 330 S GREENE STREET GREENSBORO,NC 27401			13,340	0			SERVICE TO THE DISPLACED
(95) CATHOLIC CHARITIES OF WEST TENNESSEE 3306 WINBROOK DRIVE MEMPHIS,TN 38116			0	36,092	FMV	SCHOOL KITS, CLEAN-UP BUCKETS, AND PERIOD PACKS	SERVICE TO THE DISPLACED
(96) IDAHO FOODBANK WAREHOUSE 3630 E COMMERCIAL CT MERIDIAN,ID 83642			6,454	0			LOCAL HUNGER PROGRAM
(97) GEORGETOWN UNIVERSITY 3700 O ST NW WASHINGTON,DC 20057			61,000	0			SERVICE TO THE DISPLACED
(98) MUTUAL AID DISASTER RELIEF 38 COLLEGE DR WHITESBURG,KY 41858			0	13,500	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(99) MID-OHIO FOOD BANK 3960 BROOKHAM DR GROVE CITY,OH 431239741			7,476	0			LOCAL HUNGER PROGRAM
(100) CHURCHES OUTREACH NETWORK 418 NORTH BROWN ST WASHINGTON,NC 27889			0	5,026	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, AND PERIOD PACKS	SERVICE TO THE DISPLACED
(101) SCHOOL DISTRICT OF PALM BEACH COUNTY 4200 PURDY LANE PALM SPRINGS,FL 33461			8,880	0			SERVICE TO THE DISPLACED
(102) RCMA 4441 ACADEMY DR MULBERRY,FL 33811			0	20,451	FMV	BLANKETS, HYGIENE KITS, SCHOOL KITS, CLEAN-UP BUCKETS, AND WELCOME BACKPACKS	SERVICE TO THE DISPLACED
(103) BAKERRIPLEY 4450 HARRISBURG BLVD STE 200 PO BOX 231808 HOUSTON,TX 77011			169,332	0			SERVICE TO THE DISPLACED
(104) THE FRIENDS OF MOLDOVA 4568 TACOMA BLVD OKEMOS,MI 488642126			258,362	0			EMERGENCY RESPONSE
(105) MORAVIAN CHURCH IN AMERICA - SOUTHERN PROVINCE 459 S CHURCH ST WINSTON SALEM,NC 271015314			12,094	0			LOCAL HUNGER PROGRAM
(106) REFUGEEONE 4753 N BROADWAY STE 104 CHICAGO,IL 60640			2,723,477	0			SERVICE TO THE DISPLACED
(107) CATHOLIC CHARITIES OF THE DIOCESE OF HARRISBURG PA INC 4800 UNION DEPOSIT ROAD HARRISBURG,PA 171113710			174,119	0			SERVICE TO THE DISPLACED
(108) CRISIS ASSISTANCE MINISTRY 500A SPRATT STREET CHARLOTTE,NC 28206			16,888	0			LOCAL HUNGER PROGRAM
(109) SECOND HARVEST FOOD BANK OF METROLINA 500-B SPRATT ST CHARLOTTE,NC 28206			16,888	0			LOCAL HUNGER PROGRAM
(110) DURHAM CONGREGATIONS IN ACTION 504 W CHAPEL HILL ST DURHAM,NC 277013102			50,581	0			LOCAL HUNGER PROGRAM
(111) CHURCH WORLD SERVICE DURHAM 504 W CHAPEL HILL ST STE 106 DURHAM,NC 27701			21,618	0			SERVICE TO THE DISPLACED
(112) TEAM RUBICON 5230 PACIFIC CONCOURSE SUITE 200 LOS ANGELES,CA 90045			598,945	0			SERVICE TO THE DISPLACED
(113) NORTHERN VALLEY CATHOLIC 5250 OLIVE HIGHWAY J OROVILLE,CA 95966			0	22,686	FMV	HYGIENE KITS, SCHOOL KITS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(114) SOCIETY OF ST VINCENT DE PAUL EXETER 53 LINCOLN ST PO BOX 176 EXETER,NH 038330176			12,223	0			LOCAL HUNGER PROGRAM
(115) A STEP IN ONE DIRECTION 59 OREL AVENUE COLUMBUS,OH 43074			0	26,260	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, AND WELCOME BACKPACKS	SERVICE TO THE DISPLACED
(116) CWS JERSEY CITY 591 SUMMIT AVE JERSEY CITY,NJ 07306			0	21,834	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, CLEAN-UP BUCKETS, AND PERIOD PACKS	SERVICE TO THE DISPLACED
(117) CATHOLIC CHARITIES OF OWENSBORO 600 LOCUST ST OWENSBORO,KY 42301			25,000	0			EMERGENCY RESPONSE
(118) FAITH IN ACTION 603 S MAIN ST CHELSEA,MI 481181273			7,016	0			LOCAL HUNGER PROGRAM
(119) LAMB OF GOD LUTHERAN CHURCH 606 E 38TH ST ERIE,PA 165041762			18,297	0			LOCAL HUNGER PROGRAM
(120) CATHOLIC CHARITIES DIOCESE CA 610 FREDERICK ST SANTA CRUZ,CA 95062			0	18,360	FMV	SCHOOL KITS AND HYGIENE KITS	SERVICE TO THE DISPLACED
(121) SAMU FIRST RESPONSE DC 632 GIRARD ST WASHINGTON,DC 20017			0	48,050	FMV	HYGIENE KITS, SCHOOL KITS, AND WELCOME BACKPACKS	SERVICE TO THE DISPLACED
(122) CAPITAL AREA COUNCIL OF CHURCHES 646 STATE ST ALBANY,NY 122031217			53,531	0			LOCAL HUNGER PROGRAM
(123) LOAVES AND FISHES 648-B GRIFFITH ROAD PO BOX 680791 CHARLOTTE,NC 282160014			16,888	0			LOCAL HUNGER PROGRAM
(124) ECHO INC 65 S HIGH ST JANESVILLE,WI 535483842			12,222	0			LOCAL HUNGER PROGRAM
(125) COMMUNITY FOOD SHARE 650 S TAYLOR AVE LOUISVILLE,CO 800273067			9,862	0			LOCAL HUNGER PROGRAM
(126) CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DR AUSTIN,TX 787443123			10,341	0			LOCAL HUNGER PROGRAM
(127) SHEFFIELD PLACE 6604 E 12TH ST KANSAS CITY,MO 641262208			5,098	0			LOCAL HUNGER PROGRAM
(128) ENGLEWOOD UNITED METHODIST CHURCH 700 E DEARBORN ST ENGLEWOOD,FL 34223			0	257,375	FMV	BLANKETS, HYGIENE KITS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(129) PLYMOUTH HARBOR FL 700 JOHN RINGLING BLVD SARASOTA,FL 34236			0	5,690	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(130) SEEWELL OUTREACH 701 S GEORGE ST GOLDSBORO,NC 27530			0	20,260	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(131) FAYETTEVILLE URBAN MINISTRY 701 WHITFIELD ST PO BOX 1171 FAYETTEVILLE,NC 283021171			9,706	0			LOCAL HUNGER PROGRAM
(132) WILKINSBURG COMMUNITY MINISTRY 702 WOOD STREET WILKINSBURG,PA 15221			10,061	0			LOCAL HUNGER PROGRAM
(133) SECOND HARVEST HEARTLAND 7101 WINNETKA AVE N BROOKLYN PARK,MN 554281619			5,032	0			LOCAL HUNGER PROGRAM
(134) ECUMENICAL COMUNITY HELPING OTHERS (ECHO INC) 7205 OLD KEENE MILL ROAD SPRINGFIELD,VA 22150			7,326	0			LOCAL HUNGER PROGRAM
(135) MANNA FROM HEAVEN 7269 HIGHWAY 610 WEST VIRGIE,KY 41572			0	40,500	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(136) GOD'S STOREHOUSE 750 MEMORIAL DR PO BOX 48 DANVILLE,VA 245430048			5,651	0			LOCAL HUNGER PROGRAM
(137) SAMARITAN'S PURSE 801 BAMBOO ROAD BOONE,NC 28607			520,503	0			SERVICE TO THE DISPLACED
(138) LANCASTER COUNTY FOOD HUB 812 N QUEEN ST LANCASTER,PA 176032740			12,067	0			LOCAL HUNGER PROGRAM
(139) LAKEVIEW LUTHERAN CHURCH 835 W ADDISON CHICAGO,IL 60613			0	5,172	FMV	SCHOOL KITS AND HYGIENE KITS	SERVICE TO THE DISPLACED
(140) SCHENECTADY INNER CTY MINISTRY 837 ALBANY ST PO BOX 1049 SCHENECTADY,NY 123011049			15,250	0			LOCAL HUNGER PROGRAM
(141) FIRST UNITED CHURCH OF OAK PARK 848 LAKE ST OAK PARK,IL 603011397			19,916	0			LOCAL HUNGER PROGRAM
(142) THE MANNA FOOD PROJECT 8791 MCBRIDE PARK DR HARBOR SPRINGS,MI 497409697			6,422	0			LOCAL HUNGER PROGRAM
(143) RAPID RESPONSE MINISTRY 8930 PLANK RD BATON ROUGE,LA 70811			0	58,500	FMV	BLANKETS, HYGIENE KITS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(144) WORLD RENEW 8970 BYRON COMMERCE DRIVE SW BYRON CENTER,MI 49315			5,089	0			GLOBAL RELIEF & DEVELOPMENT
(145) UNITED METHODIST CHURCH OF MERCED 899 YOSEMITE PKWAY MERCED,CA 95340			0	21,855	FMV	SCHOOL KITS, HYGIENE KITS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(146) MERCED COMMUNITY 899 YOSEMITE PKWY MERCED,CA 95340			0	15,000	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(147) WEST END MINISTRIES 903 W ENGLISH RD HIGH POINT,NC 272626819			5,076	0			LOCAL HUNGER PROGRAM
(148) LA PUENTE HOME INC 911 STATE AVE ALAMOSA,CO 81101			0	36,060	FMV	SCHOOL KITS AND HYGIENE KITS	SERVICE TO THE DISPLACED
(149) SNOHOMISH COMMUNITY KITCHEN 913 SECOND ST SNOHOMISH,WA 982902918			5,421	0			LOCAL HUNGER PROGRAM
(150) GREATER LANSING FOOD BANK 919 FILLEY ST PO BOX 16224 LANSING,MI 489016224			21,115	0			LOCAL HUNGER PROGRAM
(151) REFUGEE SERVICES OF TEXAS INC 9241 LYNDON B JOHNSON FRWY SUITE 210 DALLAS,TX 75243			3,258,308	0			SERVICE TO THE DISPLACED
(152) IMMIGRANT HOPE SANTA BARBARA 935 SAN ANDRES ST SANTA BARBARA,CA 93101			10,025	0			SERVICE TO THE DISPLACED
(153) ST VINCENT DE PAUL SACRED HEART 9393 BROADWAY ST PLANADA,CA 95365			0	30,817	FMV	SCHOOL KITS, HYGIENE KITS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(154) MIGRANT SUPPORT SERVICES CENTER 9541 PLAZA CIRCLE EL PASO,TX 79927			0	14,400	FMV	HYGIENE KITS	SERVICE TO THE DISPLACED
(155) ARLA ADVENTIST COMMUNITY SERVICES 9712 MANN RD LITTLE ROCK,AR 72211			0	103,860	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
(156) ALDEA 99 WALL STREET 970 NEW YORK,NY 10005			20,000	0			GLOBAL RELIEF & DEVELOPMENT
(157) SLO4HOME INC P O BOX 1446 SAN LUIS OBISPO,CA 934061446			12,750	0			SERVICE TO THE DISPLACED
(158) HELP BY PHONE PO BOX 324 RIVERDALE,MD 207380324			20,019	0			LOCAL HUNGER PROGRAM
(159) PUERTO RICO VOAD PO BOX 362573 SAN JUAN,PR 00936			0	221,543	FMV	BLANKETS, SCHOOL KITS, AND HYGIENE KITS	SERVICE TO THE DISPLACED
(160) JONESBOROUGH PRESBYTERIAN CHURCH PO BOX 383 JONESBOROUGH,TN 376590383			12,551	0			SERVICE TO THE DISPLACED
(161) GOD IS GOOD FOUNDATION INC PO BOX 47 NEWBURGH,IN 476290047			105,153	0			SERVICE TO THE DISPLACED
(162) ISLAND FOOD PANTRY PO BOX 622 VINEYARD HAVEN,MA 025680622			5,749	0			LOCAL HUNGER PROGRAM
(163) RELIGIOUS COMMUNITY SERVICES PO BOX 704 NEW BERN,NC 285630704			7,889	0			LOCAL HUNGER PROGRAM
(164) BRAZOS CHURCH PANTRY INC PO BOX 885 BRYAN,TX 778060885			5,631	0			LOCAL HUNGER PROGRAM
(165) PENNRIDGE FISH ORGANIZATION INC PO BOX 9 PERKASIE,PA 189440009			8,169	0			LOCAL HUNGER PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 165

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

2022

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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account	☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations	☐ Written employment contract ☑ Compensation survey or study ☑ 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)	338,596	0	0	38,144	8,228	384,968	0
	(ii)	0	0	0	0	0	0	0
2 KEKIC EROL SVP OF PROGRAM	(i)	199,859	0	0	17,987	27,640	245,486	0
	(ii)	0	0	0	0	0	0	0
3 RENDALL JOANNE CFO	(i)	178,529	0	0	16,068	24,691	219,288	0
	(ii)	0	0	0	0	0	0	0
4 TAURAS THOMAS AFRICA REGIONAL REPRESENTA	(i)	179,700	0	0	12,579	24,853	217,132	0
	(ii)	0	0	0	0	0	0	0
5 MUTTERBAUGH SCOTT RSC AFRICA DIRECTOR	(i)	170,563	0	0	11,939	23,589	206,091	0
	(ii)	0	0	0	0	0	0	0
6 BLOEM MAURICE A CHIEF SUSTAINABILITY & IMPACT OFFICE	(i)	166,724	0	0	15,005	23,058	204,787	0
	(ii)	0	0	0	0	0	0	0
7 REHBERG KATHERINE VP OF PROGRAM	(i)	166,934	0	0	8,347	23,087	198,368	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 AND SCOTT MUTTERSBAUGH RECEIVED A HOUSING ALLOWANCE THAT WAS INCLUDED IN TAXABLE COMPENSATION.

Additional Data

Return to Form

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.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
CHURCH WORLD SERVICE INC

Employer identification number
13-4080201

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SCHOOL KITS)	X	876	394,200	AVERAGE COST
26 Other ▶ (EMERGENCY CLEAN-UP BUCKETS)	X	3,721	279,075	AVERAGE COST
27 Other ▶ (HYGIENE KITS)	X	300	270,000	AVERAGE COST
28 Other ▶ (HYGIENE KITS W/ LOGO)	X	269	242,100	AVERAGE COST
Other ▶ (PERIOD PACKS)	X	51	45,900	AVERAGE COST
Other ▶ (WELCOME BACKPACKS)	X	60	18,000	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

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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

2022

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):	MYANMAR
FORM 990, PART VI, SECTION A, LINE 4	THE CERTIFICATE, PURPOSE, AND BYLAWS WERE AMENDED IN 2022.
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.

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