** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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 JUL 1, 2022 **and ending** JUN 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

F Name and address of principal officer: JOANNE RENDALL
28606 PHILLIPS STREET, ELKHART, IN 46515

D Employer identification number
13-4080201

E Telephone number
574-264-3102

G Gross receipts $ 219,204,733.

H(a) Is this a group return for subordinates? Yes [X] 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: [X] 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.CWSGLOBAL.ORG

K Form of organization: [X] 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

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	3000
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.

Revenue

		Prior Year	Current Year
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.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
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 JOANNE RENDALL, CFO Date 2/14/2024
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
RODNEY C. BROWER				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 [X] Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

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 X 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 X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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,

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

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,

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

4e Total program service expenses 190,849,341.

SEE SCHEDULE O FOR CONTINUATION(S)

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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	X	
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	X	
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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	X	
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	X	
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		X
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	X	
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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	X	

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
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		X
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		X
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		X
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		X
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		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		X
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	X	

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)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	780		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			X
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O 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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
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			X
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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	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			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
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			X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

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	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	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			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
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		X	
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		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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

18 Section 6104 requires an organization to make its Forms 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 on Schedule O)*

19 Describe on 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 - 574-264-3102

28606 PHILLIPS STREET, ELKHART, IN 46515

SEE SCHEDULE O FOR FULL LIST OF STATES

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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SANTOS, RICHARD L. CEO & PRESIDENT	40.00	X		X				338,596.	0.	46,372.
(2) KEKIC, EROL SVP OF PROGRAM	40.00					X		199,859.	0.	45,627.
(3) RENDALL, JOANNE CFO	40.00			X				178,529.	0.	40,759.
(4) TAURAS, THOMAS AFRICA REGIONAL REPRESENTA	40.00					X		179,700.	0.	37,432.
(5) MUTTERBAUGH, SCOTT RSC AFRICA DIRECTOR	40.00					X		170,563.	0.	35,528.
(6) BLOEM, MAURICE A. CHIEF SUSTAINABILITY & IMPACT OFFICE	40.00					X		166,724.	0.	38,063.
(7) REHBERG, KATHERINE VP OF PROGRAM	40.00					X		166,934.	0.	31,434.
(8) ATKINS-PATTENSON, PHIL ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(9) CHAN, MD PAUL S. TREASURER	3.00	X		X				0.	0.	0.
(10) DE JONG, REV. PATRICIA E. BOARD CHAIR	5.00	X		X				0.	0.	0.
(11) DORSEY, REV. CHRIS BOARD MEMBER	2.00	X						0.	0.	0.
(12) FERENCZI, MARTIN BOARD MEMBER	2.00	X						0.	0.	0.
(13) FERRIS, DR. ELIZABETH SECRETARY	3.00	X		X				0.	0.	0.
(14) KANEKO, NOBUYOSHI BOARD MEMBER	2.00	X						0.	0.	0.
(15) NICHOLOVOS, ZACHARIAH MAR BOARD MEMBER	2.00	X						0.	0.	0.
(16) OLSON, HARRIETT JANE BOARD MEMBER	2.00	X						0.	0.	0.
(17) THOMPSON, REV. DR. KAREN GEORGI SECOND VICE CHAIR	3.00	X		X				0.	0.	0.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VASQUEZ-LEVY, REV. DR. DAVID BOARD MEMBER	2.00	X						0.	0.	0.
(19) KREHBIEL, SUSAN BOARD MEMBER	2.00	X						0.	0.	0.
(20) PATTEN, WENDY BOARD MEMBER	2.00	X						0.	0.	0.
(21) SLIWINSKI, MARIE ANNE BOARD MEMBER	2.00	X						0.	0.	0.
(22) SPENCER-JAMES, ANGELA BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								1,400,905.	0.	275,215.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
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, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
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*	X	
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*		X

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 44115-1877	PROJECT MANAGEMENT/SYSTEMS &	674,802.
PAYTECH, INC., 7979 E. TUFTS AVE, STE 1000, DENVER, CO 80237	PROJECT MANAGEMENT/HR & PAYR	508,983.
DISCIPLEDATA, INC., 12821 EAST NEW MARKET STREET, STE 250, CARMEL, IN 46032	IT	411,715.
THE PURSUANT GROUP, DEPT 0519, PO BOX 120519, DALLAS, TX 75312-0519	FUNDRAISING	270,536.
STONERIDGE SOFTWARE LLC, 2000 44TH ST, S STE 101, FARGO, ND 58103-7410	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 Other 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			216675022.		
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					
			(i) Real	(ii) Personal			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a					
	b	Less: cost or other basis and sales expenses 7b					
	c	Gain or (loss) 7c					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	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					
Miscellaneous Revenue			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		218577912.	1,587,365.	0.	315,525.

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 (nonemployees):				
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 Sch 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 on 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 X ☐

			(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 Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	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? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
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		X
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 on Schedule O and describe any steps taken to undergo such audits	3b		

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 **section 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 fails 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 grants.")	72239249.	69132088.	64361484.	149191777	216675022	571599620
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	72239249.	69132088.	64361484.	149191777	216675022	571599620
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.						571599620

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	72239249.	69132088.	64361484.	149191777	216675022	571599620
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.	1211948.
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						572811568

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 99.79 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 15 99.71 %

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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	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 line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on 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 governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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):			
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 0.85 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 3e			
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. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result 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.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

CHURCH WORLD SERVICE INC.

Employer identification number

13-4080201

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 105,414,906.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
2		$ 52,153,211.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
3		$ 7,194,273.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
4		$ 12,720,568.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	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 info. once.) $

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

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 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.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

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-.

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 (grassroots 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) 2019	(b) 2020	(c) 2021	(d) 2022	(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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X		60,717.
f Grants to other organizations for lobbying purposes?	X		11,617.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		214,578.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		91,962.
i Other activities?		X	
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)?		X	
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 campaign activity 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 expenditures 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

EXPENSES ASSOCIATED WITH LOBBYING ACTIVITIES FOR PAID STAFF OR MANAGEMENT.

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 (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25,2006, 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 make 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 program
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 on 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)		X
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 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 10c.)*				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.	COST
(B) U.S. GOVERNMENT		
(C) OBLIGATION	871,092.	COST
(D) EQUITY SECURITIES	4,363,230.	COST
(E) OTHERS	940,184.	COST
(F) HELD BY OTHERS	11,255,967.	COST
(G)		
(H)		
Total. (Col. (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. (Col. (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.
(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	
(2) DUE TO OTHER U.S. VOLUNTARY	
(3) AGENCIES	138,845.
(4) POSTRETIREMENT BENEFIT LIABILITY	3,518,504.
(5) DEBT OBLIGATIONS	4,620,398.
(6) OPERATING LEASE LIABILITY	7,314,709.
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

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.

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

Part XIII Supplemental Information *(continued)*

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.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the 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
AFRICA	5		GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	42,481,657.
CENTRAL AMERICA AND CARRIBBEAN	2		GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	1,761,849.
EUROPE	3		GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	3,063,832.
MIDDLE EAST	0		GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	1,547,410.
SOUTH ASIA	5		GRANTMAKING	REFUGEE/DISPLACED PERSONS; EMERGENCY RESPONSE; DEVELOPMENT PROGRAM	1,842,593.
3 a Subtotal	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)
		AFRICA	SERVICE TO THE DISPLACED	40429509		0.		
		AFRICA	GLOBAL RELIEF & DEVELOPMENT	2052148.		0.		
		MIDDLE EAST	SERVICE TO THE DISPLACED	1298310.		0.		
		LATIN AMERICA & CARIBBEAN	EMERGENCY RESPONSE	642,852.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	198,189.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	175,017.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	109,130.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	105,340.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	100,000.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	93,888.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	91,939.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	48,582.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	34,111.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	30,000.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	29,088.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	23,100.		0.		
		LATIN AMERICA & CARIBBEAN	EMERGENCY RESPONSE	19,308.		0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	12,000.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	11,305.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	10,000.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	10,000.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	10,000.		0.		
		LATIN AMERICA & CARIBBEAN	GLOBAL RELIEF & DEVELOPMENT	8,000.		0.		
		EUROPE	EMERGENCY RESPONSE	821,334.		0.		
		EUROPE	GLOBAL RELIEF & DEVELOPMENT	363,443.		0.		
		EUROPE	EMERGENCY RESPONSE	346,267.		0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	GLOBAL RELIEF & DEVELOPMENT	300,586.		0.		
		EUROPE	EMERGENCY RESPONSE	212,406.		0.		
		EUROPE	EMERGENCY RESPONSE	61,930.		0.		
		EUROPE	EMERGENCY RESPONSE	43,541.		0.		
		EUROPE	EMERGENCY RESPONSE	34,760.		0.		
		EUROPE	EMERGENCY RESPONSE	34,246.		0.		
		EUROPE	EMERGENCY RESPONSE	30,863.		0.		
		EUROPE	EMERGENCY RESPONSE	30,000.		0.		
		EUROPE	EMERGENCY RESPONSE	22,380.		0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	EMERGENCY RESPONSE	20,000.		0.		
		EUROPE	EMERGENCY RESPONSE	15,220.		0.		
		ASIA	GLOBAL RELIEF & DEVELOPMENT	939,979.		0.		
		ASIA	GLOBAL RELIEF & DEVELOPMENT	424,603.		0.		
		ASIA	GLOBAL RELIEF & DEVELOPMENT	239,055.		0.		
		ASIA	GLOBAL RELIEF & DEVELOPMENT	126,119.		0.		
		ASIA	GLOBAL RELIEF & DEVELOPMENT	112,837.		0.		
		EUROPE	GLOBAL RELIEF & DEVELOPMENT	0.		222,180.	BLANKETS, SCHOOL KITS, HYGIENE KITS	FMV
		EUROPE	GLOBAL RELIEF & DEVELOPMENT	0.		223,425.	BLANKETS, SCHOOL KITS, HYGIENE KITS	FMV

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	GLOBAL RELIEF & DEVELOPMENT	0.		281,250.	BLANKETS, SCHOOL KITS, HYGIENE KITS	FMV
		MIDDLE EAST	GLOBAL RELIEF & DEVELOPMENT	0.		249,100.	BLANKETS, AND SCHOOL KITS	FMV

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)

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.

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.

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, line 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** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [ ] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of non-government grants
- **f** [X] Solicitation of government grants
- **g** [X] Special fundraising events

2 a 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? [X] **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	**(iii)** 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
PURSUANT - 15660 DALLAS PKWY, STE 1000, DALLAS, TX 75248	DIRECT RESPONSE		X	626,821.	82,000.	544,821.
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 NONE (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 to be 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.

Part IV **Supplemental Information** *(continued)*

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? ..... [X] 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ECUMENICAL MINISTRIES OF OREGON 0245 SW BANCROFT ST SUITE B PORTLAND, OR 97201			566,322.	0.			SERVICE TO THE DISPLACED
PARK RIDGE COMMUNITY CHURCH 100 S COURTLAND AVE PARK RIDGE, IL 60068-4187			8,407.	0.			LOCAL HUNGER PROGRAM
REFUGEE COUNCIL USA 1015 15TH STREET NW SUITE 600 WASHINGTON, DC 20005			60,000.	0.			SERVICE TO THE DISPLACED
FEEDING AMERICA SOUTHWEST VIRGINIA (FSWVA) - 1025 ELECTRIC RD - SALEM, VA 24153-6437			5,368.	0.			LOCAL HUNGER PROGRAM
BETHANY CHRISTIAN SERVICE (PARA) 1050 36TH ST SE SUITE 40 GRAND RAPIDS, MI 49508			3,719,989.	0.			SERVICE TO THE DISPLACED
CITY SERVICE 10610 IMMOKALEE RD NAPLES, FL 34120			0.	39,990.	FMV	BLANKETS, HYGIENE KITS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED

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 .....

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMS BAY LUTHERAN CHURCH 11 COLLIE ST, PO BOX 399 WILLIAMS BAY, WI 53191-0399			5,713.	0.			LOCAL HUNGER PROGRAM
ASCENTRIA CARE ALLIANCE 11 SHATTUCK ST WORCHESTER, MA 01605			957,067.	0.			SERVICE TO THE DISPLACED
INTER-FAITH COUNCIL FOR SOCIAL SERVICE - 110 W MAIN ST STE D - CARRBORO, NC 27510-2026			18,719.	0.			LOCAL HUNGER PROGRAM
IOCC 110 WEST ROAD SUITE 360 BALTIMORE, MD 21204			92,995.	0.			EMERGENCY RESPONSE
HOLDING INSTITUTE 1102 SANTA MARIA AVE LAREDO , TX 78040			0.	7,179.	FMV	HYGIENE KITS	SERVICE TO THE DISPLACED
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES - 11030 BAVARIA ROAD - FORT MYERS, FL 33913			0.	70,200.	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
CACHE REFUGEE AND IMMIGRANT CONNECTION(CRIC) - 1115 N. 200 E #130 - LOGAN, UT 84341			264,293.	0.			SERVICE TO THE DISPLACED
THE SALVATION ARMY 1119 6TH ST GREELEY, CO 80631			0.	37,256.	FMV	BLANKETS, HYGIENE KITS, AND PERIOD PACKS	SERVICE TO THE DISPLACED
SECOND HELPINGS INC. 1121 SOUTHEASTERN INDIANAPOLIS, IN 46202-3946			7,648.	0.			LOCAL HUNGER PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXODUS REFUGEE IMMIGRATION PROGRAM 1125 BROOKSIDE AVE SUITE C9 INDIANAPOLIS, IN 46202			4,641,824.	0.			SERVICE TO THE DISPLACED
HELPING HARVEST 117 MORGAN DR READING, PA 19608-1755			5,858.	0.			LOCAL HUNGER PROGRAM
REFUGEE SERVICES OF TEXAS 11800 GREENVILLE AVE DALLAS, TX 75243			0.	16,185.	FMV	HYGIENE KITS	SERVICE TO THE DISPLACED
SUGAR CREEK MENNONITE CHURCH 1209 FRANKLIN AVE WAYLAND, IA 52654-7641			11,579.	0.			LOCAL HUNGER PROGRAM
BIGG REDD BUIDERS 121 ACR 396 PALESTINE, TX 75801			18,401.	0.			EMERGENCY RESPONSE
LUNCH BREAK 121 DRS JAMES PARKER BLVD, PO BOX 2 RED BANK, NJ 07701-0902			6,468.	0.			LOCAL HUNGER PROGRAM
LUTHERAN FAMILY SERVICE OF NEBRASKA - 124 SOUTH 24TH ST SUITE 230 - OMAHA, NE 68102			1,677,455.	0.			SERVICE TO THE DISPLACED
OPERATION HEART 125 N 7TH ST TERRE HAUTE, IN 47802			8,100.	0.			SERVICE TO THE DISPLACED
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

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGEE CONGRESS 1310 L ST NW #450 WASHINGTON, DC 20005			33,000.	0.			SERVICE TO THE DISPLACED
CROSSROADS URBAN CENTER 1385 W INDIANA AVE SALT LAKE CITY, UT 84104			0.	8,813.	FMV	BLANKETS	SERVICE TO THE DISPLACED
SOLANCO NEIGHBORHOOD MINISTRIES 14 S CHURCH ST QUARRYVILLE, PA 17566-1214			5,588.	0.			LOCAL HUNGER PROGRAM
ASBURY UNITED METHODIST CHURCH 1401 CAMDEN AVE SALISBURY, MD 21801			13,090.	0.			SERVICE TO THE DISPLACED
ROCKFORD URBAN MINISTRIES 1404 BROOKE RD ROCKFORD, IL 61109-1111			8,580.	0.			LOCAL HUNGER PROGRAM
CATHOLIC CHARITIES 149 N. FULTON ST FRESNO, CA 93701			0.	7,409.	FMV	SCHOOL KITS AND HYGIENE KITS	SERVICE TO THE DISPLACED
YORK COUNTY FOOD BANK 15 MARIANNE DR YORK, PA 17406-8406			10,437.	0.			LOCAL HUNGER PROGRAM
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
SISTERS OF HOPE, KY 1583 S LAKE DR PRESTONBURG, KY 41653			0.	36,951.	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, AND CLEAN-UP	SERVICE TO THE DISPLACED

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSYLVANIA PRESBYTERY, KY 160 BROADWAY ST HAZARD , KY 41701			0.	32,400.	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
JEWISH FAMILY SERVICES OF SEATTLE 1601 16TH AVENUE SEATTLE, WA 98122			273,025.	0.			SERVICE TO THE DISPLACED
ADVENTIST COMMUNITY SERVICES 1601 FRANKLIN ST SELMA, AL 36701			0.	202,221.	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
WASHINGTON OFFICE ON LATIN AMERICA 1666 CONNECTICUT AVENUE, NW SUITE 4 WASHINGTON, DC 20009			25,000.	0.			ADVOCACY
GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGON, KY 40511-1084			6,351.	0.			LOCAL HUNGER PROGRAM
BROWARD COLLEGE 16957 SHERIDAN STREET PEMBROKE PINES, FL 33331			485,680.	0.			SERVICE TO THE DISPLACED
KENTUCKY REFUGEE MINISTRIES 1710 ALEXANDRIA DRIVE SUITE #2 LEXINGTON, KY 40504			4,649,237.	0.			SERVICE TO THE DISPLACED
COMMUNITY BRIDGES 18 WATSONVILLE WATSONVILLE, CA 95076			0.	10,821.	FMV	BLANKETS, SCHOOL KITS, AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
NATIONAL PARTNERSHIP FOR NEW AMERICANS - 1805 S ASHLAND AVE - CHICAGO, IL 60608			10,000.	0.			SERVICE TO THE DISPLACED

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL FRIENDS COALITION 1815 DEMERS AVE GRAND FORKS, ND 58201			74,726.	0.			SERVICE TO THE DISPLACED
NEW HOPE BAPTIST CHURCH 1821 EDMONDS ST N. LITTLE ROCK, AR 72117			0.	51,372.	FMV	HYGIENE KITS, WELCOME BACKPACKS, AND CLEAN-UP	SERVICE TO THE DISPLACED
LOAVES & FISHES COMMUNITY PANTRY 1871 HIGH GROVE LN NAPERVILLE, IL 60540-3931			5,572.	0.			LOCAL HUNGER PROGRAM
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
COMMUNITY REFUGEE IMMIGRATION SERVICES(CRIS) - 1925 E. DUBLI - COLUMBUS, OH 43229			3,013,875.	0.			SERVICE TO THE DISPLACED
OLIVET CHRISTIAN CHURCH 1991 S OLIVET RD COLUMBIA, MO 65201-9632			5,527.	0.			LOCAL HUNGER PROGRAM
CRISIS CONTROL MINISTRY 200 E 10TH ST WINSTON-SALEM, NC 27101-1500			12,094.	0.			LOCAL HUNGER PROGRAM
WILLIAMSBURG CHRISTIAN CHURCH/DONATION (AFP) ACCOUNT - 200 JOHN TYLER LANE - WILLIAMSBURG, VA 23185			9,800.	0.			SERVICE TO THE DISPLACED
THE ART THERAPY INSTITUTE 200 N GREENSBORO ST D-6 CARRBORO, NC 27510			32,468.	0.			SERVICE TO THE DISPLACED

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD AND SHELTER, INC. 201 REED AVE NORMAN, OK 73071-5226			8,587.	0.			LOCAL HUNGER PROGRAM
WESTPORT PRESBYTERIAN CHURCH 201 WESTPORT RD KANSAS CITY, MO 64111-2266			31,967.	0.			LOCAL HUNGER PROGRAM
MENNONITE CENTRAL COMMITTEE 21 SOUTH 12TH STREET, PO BOX 500 AKRON, PA 17501-0500			16,708.	0.			GLOBAL RELIEF & DEVELOPMENT
CHURCH WORLD SERVICE HARRISBURG 2101 NORTH FRONT STREET HARRISBURG, PA 17110			18,069.	0.			SERVICE TO THE DISPLACED
YOUTH CO-OP INC 2112 SOUTH CONGRESS AVE SUITE 102 PALM SPRINGS, FL 33406			1,347,259.	0.			SERVICE TO THE DISPLACED
OPENING DOORS INC 2118 K STREET SACRAMENTO, CA 95816			3,302,652.	0.			SERVICE TO THE DISPLACED
NEW AMERICAN PATHWAYS 2300 HENDERSON MILL RD, NE STE 100 ATLANTA, GA 30345-2704			3,153,858.	0.			SERVICE TO THE DISPLACED
INTEGRATED REFUGEE & IMMIGRANT SERVICES(IRIS) - 235 NICOLL ST 2ND FLOOR - NEW HAVEN, CT 06511			3,161,709.	0.			SERVICE TO THE DISPLACED
ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVENUE PALO ALTO, CA 94303-1322			6,594.	0.			LOCAL HUNGER PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOPERATIVE CHRISTIAN MINISTRY 246 COUNTRY CLUB DR NE, PO BOX 1717 CONCORD, NC 28026-1717			5,896.	0.			LOCAL HUNGER PROGRAM
JOURNEY'S END REFUGEE SERVICES 2495 MAIN ST BUFFALO, NY 14214			0.	6,767.	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS	SERVICE TO THE DISPLACED
JOURNEYS END RESETTLEMENT SERVICES 2495 MAIN ST SUITE 530 BUFFALO, NY 14214			1,684,326.	0.			SERVICE TO THE DISPLACED
SHARON CONGREGATIONAL CHURCH 25 MAIN ST, PO BOX 6 SHARON, CT 06069-2018			9,103.	0.			LOCAL HUNGER PROGRAM
CATHOLIC CHARITIES 25 SE 2ND AVENUE SUITE 220 MIAMI, FL 33131			108,516.	0.			SERVICE TO THE DISPLACED
CHURCH WORLD SERVICE HARRISONBURG 250 E ELIZABETH ST, STE 102 HARRISONBURG, VA 22802			8,675.	0.			SERVICE TO THE DISPLACED
ST PAUL'S UNITED METHODIST CHURCH & WESLEY FOUNDATION - 250 EAST COLLEGE AVE - STATE COLLEGE, PA 16801			7,078.	0.			SERVICE TO THE DISPLACED
CWS HARRISONBURG 250 EAST ELIZABETH ST, SUITE 102 HARRISONBURG, VA 22802			0.	6,456.	FMV	WELCOME BACKPACKS AND PERIOD PACKS	SERVICE TO THE DISPLACED
VOLUNTEER FLORIDA 2501 SW 32ND TERRACE PEMBROKE PARK, FL 33023			0.	75,000.	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF SW 2502 E UNIVERSITY DRIVE SUITE 125 PHOENIX, AZ 85034			74,194.	0.			SERVICE TO THE DISPLACED
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
CHURCH WORLD SERVICE JERSEY CITY 26 JOURNAL SQUARE SUITE 600 JERSEY CITY, NJ 07306			7,100.	0.			SERVICE TO THE DISPLACED
FAIRVIEW UNITED METHODIST CHURCH 2603 MT. HOLLY ROAD CADEN, AR 71701			0.	7,327.	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, WELCOME	SERVICE TO THE DISPLACED
ST THOMAS UNIVERSITY 2650 SW 27TH AVENUE, THIRD FLOOR ST MIAMI, FL 33133			250,830.	0.			SERVICE TO THE DISPLACED
COMMUNITY ACTION AGENCY OF SIOUXLAND - 2700 LEECH AVE - SIOUX CITY, IA 51106-1100			6,775.	0.			LOCAL HUNGER PROGRAM
ARLINGTON FOOD ASSISTANCE CENTER (AFAC) - 2708 S NELSON ST, PO BOX 6261 - ARLINGTON, VA 22206-6261			8,375.	0.			LOCAL HUNGER PROGRAM
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT GENEVA, IL 60134-3587			15,155.	0.			LOCAL HUNGER PROGRAM
INTERNATIONAL RESCUE COMMITTEE INC 277 PARK AVENUE 23RD FLOOR NEW YORK, NY 10172			59,729.	0.			SERVICE TO THE DISPLACED

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CARES FOOD PANTRY OF FARMINGTON HILLS - 27835 SHIAWASSEE RD - FARMINGTON, MI 48336-6063			5,343.	0.			LOCAL HUNGER PROGRAM
SECOND HARVEST FOOD BANK, INC. 2802 DAIRY DR MADISON, WI 53718-6751			8,747.	0.			LOCAL HUNGER PROGRAM
UNITED WAY OF SOUTHEASTERN CONNECTICUT - 283 STODDARDS WHARF RD, PO BOX 375 - GALES FERRY, CT 06335-0375			5,707.	0.			LOCAL HUNGER PROGRAM
VOICE FOR REFUGEE ACTION FUND 28606 PHILLIPS ST ELKHART, IN 46514			50,000.	0.			SERVICE TO THE DISPLACED
DUTCHESS OUTREACH, INC 29 N HAMILTON ST STE 220 POUGHKEEPSIE, NY 12601-2541			10,012.	0.			LOCAL HUNGER PROGRAM
HELPLINE HOUSE 292 KNECHTEL WAY NE BAINBRIDGE ISLAND, WA 98110-1840			9,207.	0.			LOCAL HUNGER PROGRAM
CONGREGATIONAL CHURCH OF MIDDLEBURY - 30 N PLEASANT ST - MIDDLEBURY, VT 05753-1222			5,306.	0.			LOCAL HUNGER PROGRAM
GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO, NC 27406-1240			25,912.	0.			LOCAL HUNGER PROGRAM
CHURCH WORLD SERVICE LANCASTER 308 EAST KING ST LANCASTER, PA 17602			33,739.	0.			SERVICE TO THE DISPLACED

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

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RECONCILIATION SERVICES 3101 TROOST AVE KANSAS CITY, MO 64109-1845			10,197.	0.			LOCAL HUNGER PROGRAM
NEIGHBORHOOD HOUSE 31455 W 11 MILE RD FARMINGTON HILLS, MI 48336			5,343.	0.			LOCAL HUNGER PROGRAM
MISSION BORDER HOPE 3295 DEL RIO BLVD EAGLE PASS, TX 79927			0.	7,001.	FMV	HYGIENE KITS	SERVICE TO THE DISPLACED
SAFE HARBORS NETWORK 3295 MEADE AVE SAN DIEGO, CA 92116			0.	12,829.	FMV	HYGIENE KITS	SERVICE TO THE DISPLACED
ST PETER'S EPISCOPAL CH 33 THROCKMORTON ST FREEHOLD, NJ 07728-1990			6,346.	0.			LOCAL HUNGER PROGRAM
CWS GREENSBORO 330 S GREENE ST, 2ND FLOOR GREENSBORO, NC 27401			0.	7,074.	FMV	BLANKETS AND HYGIENE KITS	SERVICE TO THE DISPLACED
CHURCH WORLD SERVICE GREENSBORO 330 S GREENE STREET GREENSBORO, NC 27401			13,340.	0.			SERVICE TO THE DISPLACED
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
IDAHO FOODBANK WAREHOUSE 3630 E COMMERCIAL CT MERIDIAN, ID 83642			6,454.	0.			LOCAL HUNGER PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

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GEORGETOWN UNIVERSITY 3700 O ST. NW WASHINGTON, DC 20057			61,000.	0.			SERVICE TO THE DISPLACED
MUTUAL AID DISASTER RELIEF 38 COLLEGE DR WHITESBURG, KY 41858			0.	13,500.	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
MID-OHIO FOOD BANK 3960 BROOKHAM DR GROVE CITY, OH 43123-9741			7,476.	0.			LOCAL HUNGER PROGRAM
CHURCHES OUTREACH NETWORK 418 NORTH BROWN ST WASHINGTON, NC 27889			0.	5,026.	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, AND PERIOD	SERVICE TO THE DISPLACED
SCHOOL DISTRICT OF PALM BEACH COUNTY - 4200 PURDY LANE - PALM SPRINGS, FL 33461			8,880.	0.			SERVICE TO THE DISPLACED
RCMA 4441 ACADEMY DR MULBERRY, FL 33811			0.	20,451.	FMV	BLANKETS, HYGIENE KITS, SCHOOL KITS, CLEAN-UP	SERVICE TO THE DISPLACED
BAKERRIPLEY 4450 HARRISBURG BLVD STE 200, PO BO HOUSTON, TX 77011			169,332.	0.			SERVICE TO THE DISPLACED
THE FRIENDS OF MOLDOVA 4568 TACOMA BLVD OKEMOS, MI 48864-2126			258,362.	0.			EMERGENCY RESPONSE
MORAVIAN CHURCH IN AMERICA - SOUTHERN PROVINCE - 459 S CHURCH ST - WINSTON SALEM, NC 27101-5314			12,094.	0.			LOCAL HUNGER PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

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REFUGEEONE 4753 N BROADWAY STE 104 CHICAGO, IL 60640			2,723,477.	0.			SERVICE TO THE DISPLACED
CATHOLIC CHARITIES OF THE DIOCESE OF HARRISBURG PA INC - 4800 UNION DEPOSIT ROAD - HARRISBURG, PA 17111-3710			174,119.	0.			SERVICE TO THE DISPLACED
CRISIS ASSISTANCE MINISTRY 500A SPRATT STREET CHARLOTTE, NC 28206			16,888.	0.			LOCAL HUNGER PROGRAM
SECOND HARVEST FOOD BANK OF METROLINA - 500-B SPRATT ST - CHARLOTTE, NC 28206			16,888.	0.			LOCAL HUNGER PROGRAM
DURHAM CONGREGATIONS IN ACTION 504 W CHAPEL HILL ST DURHAM, NC 27701-3102			50,581.	0.			LOCAL HUNGER PROGRAM
CHURCH WORLD SERVICE DURHAM 504 W CHAPEL HILL ST, STE 106 DURHAM, NC 27701			21,618.	0.			SERVICE TO THE DISPLACED
TEAM RUBICON 5230 PACIFIC CONCOURSE SUITE #200 LOS ANGELES, CA 90045			598,945.	0.			SERVICE TO THE DISPLACED
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
SOCIETY OF ST VINCENT DE PAUL EXETER - 53 LINCOLN ST, PO BOX 176 - EXETER, NH 03833-0176			12,223.	0.			LOCAL HUNGER PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A STEP IN ONE DIRECTION 59 OREL AVENUE COLUMBUS, OH 43074			0.	26,260.	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, AND WELCOME	SERVICE TO THE DISPLACED
CWS JERSEY CITY 591 SUMMIT AVE JERSEY CITY, NJ 07306			0.	21,834.	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, CLEAN-UP	SERVICE TO THE DISPLACED
CATHOLIC CHARITIES OF OWENSBORO 600 LOCUST ST OWENSBORO, KY 42301			25,000.	0.			EMERGENCY RESPONSE
FAITH IN ACTION 603 S MAIN ST CHELSEA, MI 48118-1273			7,016.	0.			LOCAL HUNGER PROGRAM
LAMB OF GOD LUTHERAN CHURCH 606 E 38TH ST ERIE, PA 16504-1762			18,297.	0.			LOCAL HUNGER PROGRAM
CATHOLIC CHARITIES DIOCESE, CA 610 FREDERICK ST SANTA CRUZ, CA 95062			0.	18,360.	FMV	SCHOOL KITS AND HYGIENE KITS	SERVICE TO THE DISPLACED
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
CAPITAL AREA COUNCIL OF CHURCHES 646 STATE ST ALBANY, NY 12203-1217			53,531.	0.			LOCAL HUNGER PROGRAM
LOAVES AND FISHES 648-B GRIFFITH ROAD, PO BOX 680791 CHARLOTTE, NC 28216-0014			16,888.	0.			LOCAL HUNGER PROGRAM

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ECHO, INC. 65 S HIGH ST JANESVILLE, WI 53548-3842			12,222.	0.			LOCAL HUNGER PROGRAM
COMMUNITY FOOD SHARE 650 S TAYLOR AVE LOUISVILLE, CO 80027-3067			9,862.	0.			LOCAL HUNGER PROGRAM
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DR AUSTIN, TX 78744-3123			10,341.	0.			LOCAL HUNGER PROGRAM
SHEFFIELD PLACE 6604 E 12TH ST KANSAS CITY, MO 64126-2208			5,098.	0.			LOCAL HUNGER PROGRAM
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
PLYMOUTH HARBOR, FL 700 JOHN RINGLING BLVD SARASOTA, FL 34236			0.	5,690.	FMV	HYGIENE KITS AND CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
SEEWELL OUTREACH 701 S GEORGE ST GOLDSBORO, NC 27530			0.	20,260.	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, AND CLEAN-UP	SERVICE TO THE DISPLACED
FAYETTEVILLE URBAN MINISTRY 701 WHITFIELD ST, PO BOX 1171 FAYETTEVILLE, NC 28302-1171			9,706.	0.			LOCAL HUNGER PROGRAM
WILKINSBURG COMMUNITY MINISTRY 702 WOOD STREET WILKINSBURG, PA 15221			10,061.	0.			LOCAL HUNGER PROGRAM

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SECOND HARVEST HEARTLAND 7101 WINNETKA AVE N BROOKLYN PARK, MN 55428-1619			5,032.	0.			LOCAL HUNGER PROGRAM
ECUMENICAL COMUNITY HELPING OTHERS (ECHO, INC.) - 7205 OLD KEENE MILL ROAD - SPRINGFIELD, VA 22150			7,326.	0.			LOCAL HUNGER PROGRAM
MANNA FROM HEAVEN 7269 HIGHWAY 610 WEST VIRGIE, KY 41572			0.	40,500.	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
GOD'S STOREHOUSE 750 MEMORIAL DR, PO BOX 48 DANVILLE, VA 24543-0048			5,651.	0.			LOCAL HUNGER PROGRAM
SAMARITAN'S PURSE 801 BAMBOO ROAD BOONE, NC 28607			520,503.	0.			SERVICE TO THE DISPLACED
LANCASTER COUNTY FOOD HUB 812 N QUEEN ST LANCASTER, PA 17603-2740			12,067.	0.			LOCAL HUNGER PROGRAM
LAKEVIEW LUTHERAN CHURCH 835 W. ADDISON CHICAGO, IL 60613			0.	5,172.	FMV	SCHOOL KITS AND HYGIENE KITS	SERVICE TO THE DISPLACED
SCHENECTADY INNER CTY MINISTRY 837 ALBANY ST, PO BOX 1049 SCHENECTADY, NY 12301-1049			15,250.	0.			LOCAL HUNGER PROGRAM
FIRST UNITED CHURCH OF OAK PARK 848 LAKE ST OAK PARK, IL 60301-1397			19,916.	0.			LOCAL HUNGER PROGRAM

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THE MANNA FOOD PROJECT 8791 MCBRIDE PARK DR HARBOR SPRINGS, MI 49740-9697			6,422.	0.			LOCAL HUNGER PROGRAM
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
WORLD RENEW 8970 BYRON COMMERCE DRIVE SW BYRON CENTER, MI 49315			5,089.	0.			GLOBAL RELIEF & DEVELOPMENT
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
MERCED COMMUNITY 899 YOSEMITE PKWY MERCED, CA 95340			0.	15,000.	FMV	CLEAN-UP BUCKETS	SERVICE TO THE DISPLACED
WEST END MINISTRIES 903 W ENGLISH RD HIGH POINT, NC 27262-6819			5,076.	0.			LOCAL HUNGER PROGRAM
LA PUENTE HOME, INC. 911 STATE AVE ALAMOSA, CO 81101			0.	36,060.	FMV	SCHOOL KITS AND HYGIENE KITS	SERVICE TO THE DISPLACED
SNOHOMISH COMMUNITY KITCHEN 913 SECOND ST SNOHOMISH, WA 98290-2918			5,421.	0.			LOCAL HUNGER PROGRAM
GREATER LANSING FOOD BANK 919 FILLEY ST, PO BOX 16224 LANSING, MI 48901-6224			21,115.	0.			LOCAL HUNGER PROGRAM

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REFUGEE SERVICES OF TEXAS INC 9241 LYNDON B JOHNSON FRWY SUITE 21 DALLAS, TX 75243			3,258,308.	0.			SERVICE TO THE DISPLACED
IMMIGRANT HOPE SANTA BARBARA 935 SAN ANDRES ST SANTA BARBARA, CA 93101			10,025.	0.			SERVICE TO THE DISPLACED
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
MIGRANT SUPPORT SERVICES CENTER 9541 PLAZA CIRCLE EL PASO, TX 79927			0.	14,400.	FMV	HYGIENE KITS	SERVICE TO THE DISPLACED
AR/LA ADVENTIST COMMUNITY SERVICES 9712 MANN RD LITTLE ROCK, AR 72211			0.	103,860.	FMV	BLANKETS, SCHOOL KITS, HYGIENE KITS, AND CLEAN-UP	SERVICE TO THE DISPLACED
ALDEA 99 WALL STREET #970 NEW YORK, NY 10005			20,000.	0.			GLOBAL RELIEF & DEVELOPMENT
SLO4HOME INC P O BOX 1446 SAN LUIS OBISPO, CA 93406-1446			12,750.	0.			SERVICE TO THE DISPLACED
HELP BY PHONE PO BOX 324 RIVERDALE, MD 20738-0324			20,019.	0.			LOCAL HUNGER PROGRAM
PUERTO RICO VOAD PO BOX 362573 SAN JUAN, PR 00936			0.	221,543.	FMV	BLANKETS, SCHOOL KITS, AND HYGIENE KITS	SERVICE TO THE DISPLACED

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JONESBOROUGH PRESBYTERIAN CHURCH PO BOX 383 JONESBOROUGH, TN 37659-0383			12,551.	0.			SERVICE TO THE DISPLACED
GOD IS GOOD FOUNDATION INC PO BOX 47 NEWBURGH, IN 47629-0047			105,153.	0.			SERVICE TO THE DISPLACED
ISLAND FOOD PANTRY PO BOX 622 VINEYARD HAVEN, MA 02568-0622			5,749.	0.			LOCAL HUNGER PROGRAM
RELIGIOUS COMMUNITY SERVICES PO BOX 704 NEW BERN, NC 28563-0704			7,889.	0.			LOCAL HUNGER PROGRAM
BRAZOS CHURCH PANTRY INC PO BOX 885 BRYAN, TX 77806-0885			5,631.	0.			LOCAL HUNGER PROGRAM
PENNRIDGE FISH ORGANIZATION, INC. PO BOX 9 PERKASIE, PA 18944-0009			8,169.	0.			LOCAL HUNGER PROGRAM

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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

Part IV Supplemental Information

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.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: SISTERS OF HOPE, KY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BLANKETS, SCHOOL KITS, HYGIENE KITS, AND CLEAN-UP BUCKETS

NAME OF ORGANIZATION OR GOVERNMENT: NEW HOPE BAPTIST CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: HYGIENE KITS, WELCOME BACKPACKS, AND CLEAN-UP BUCKETS

NAME OF ORGANIZATION OR GOVERNMENT: FAIRVIEW UNITED METHODIST CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BLANKETS, SCHOOL KITS, HYGIENE KITS, WELCOME BACKPACKS, AND PERIOD PACKS

NAME OF ORGANIZATION OR GOVERNMENT: CHURCHES OUTREACH NETWORK

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BLANKETS, SCHOOL KITS, HYGIENE KITS, AND PERIOD PACKS

NAME OF ORGANIZATION OR GOVERNMENT: RCMA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BLANKETS, HYGIENE KITS, SCHOOL KITS, CLEAN-UP BUCKETS, AND WELCOME BACKPACKS

NAME OF ORGANIZATION OR GOVERNMENT: A STEP IN ONE DIRECTION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BLANKETS, SCHOOL KITS, HYGIENE

Part IV Supplemental Information

KITS, AND WELCOME BACKPACKS

NAME OF ORGANIZATION OR GOVERNMENT: CWS JERSEY CITY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BLANKETS, SCHOOL KITS, HYGIENE KITS, CLEAN-UP BUCKETS, AND PERIOD PACKS

NAME OF ORGANIZATION OR GOVERNMENT: SEEWELL OUTREACH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BLANKETS, SCHOOL KITS, HYGIENE KITS, AND CLEAN-UP BUCKETS

NAME OF ORGANIZATION OR GOVERNMENT: AR/LA ADVENTIST COMMUNITY SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BLANKETS, SCHOOL KITS, HYGIENE KITS, AND CLEAN-UP BUCKETS

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☒ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as 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**		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 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**		X
b	Any related organization?	**5b**		X
	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**		X
b	Any related organization?	**6b**		X
	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 on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
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 aren't 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 and/or 1099-MISC and/or 1099-NEC compensation			(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.	(i)	338,596.	0.	0.	38,144.	8,228.	384,968.	0.
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEKIC, EROL	(i)	199,859.	0.	0.	17,987.	27,640.	245,486.	0.
SVP OF PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RENDALL, JOANNE	(i)	178,529.	0.	0.	16,068.	24,691.	219,288.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TAURAS, THOMAS	(i)	179,700.	0.	0.	12,579.	24,853.	217,132.	0.
AFRICA REGIONAL REPRESENTA	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MUTTERBAUGH, SCOTT	(i)	170,563.	0.	0.	11,939.	23,589.	206,091.	0.
RSC AFRICA DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BLOEM, MAURICE A.	(i)	166,724.	0.	0.	15,005.	23,058.	204,787.	0.
CHIEF SUSTAINABILITY & IMPACT OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) REHBERG, KATHERINE	(i)	166,934.	0.	0.	8,347.	23,087.	198,368.	0.
VP OF PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

THOMAS TAURAS AND SCOTT MUTTERSBAUGH RECEIVED A HOUSING ALLOWANCE THAT WAS INCLUDED IN TAXABLE COMPENSATION.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for 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 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)	X	3,721	279,075.	AVERAGE COST
27	Other (HYGIENE KITS)	X	300	270,000.	AVERAGE COST
28	Other (HYGIENE KITS W/)	X	269	242,100.	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 V, 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 3 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		X
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		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
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.

PART I, OTHER TYPES OF PROPERTY:

PERIOD PACKS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 51

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 45900.

(D) METHOD OF DETERMINING REVENUE: AVERAGE COST

WELCOME BACKPACKS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 60

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 18000.

(D) METHOD OF DETERMINING REVENUE: AVERAGE COST

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 Form 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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNIONS THAT TRANSFORMS COMMUNITIES AROUND THE GLOBE THROUGH JUST AND SUSTAINABLE RESPONSES TO HUNGER, POVERTY, DISPLACEMENT AND DISASTER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDICAL ASSISTANCE, LEGAL AID, ETC. TO REFUGEES, REFUGEE RESETTLEMENT IN THE US THROUGH CONGREGATIONS, PROTECTING THE UPROOTED PERSONS IN THE MOST VULNERABLE SITUATIONS, RESPONDING TO NEW AND EMERGING REFUGEE SITUATIONS, ADVOCATING INITIATIVES THAT INFLUENCE US GOVERNMENT AND OTHER POLICIES AND LAWS AFFECTING THE PROTECTION OF UPROOTED PERSONS, AND PROVIDING IMMIGRATION SERVICES AND SUPPORT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MINIMIZE THE IMPACT OF DISASTERS, DISASTER PREPAREDNESS AND IMMEDIATE AND LONG-TERM RESPONSE ACTIVITIES OF PEOPLE AND COMMUNITIES PREPARING FOR AND AFFECTED BY NATURAL AND HUMAN CAUSED DISASTERS, AND PROVISION OF PASTORAL, SPIRITUAL, AND PSYCHOLOGICAL CARE THAT HELPS DISASTER SURVIVORS COPE WITH THE CRISIS SITUATION AND RECOVER THEIR CAPACITY TO MOVE FORWARD POSITIVELY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LIVELIHOODS, FOOD SECURITY AND RIGHTS, INDIGENOUS PEOPLES, PROTECTION OF VULNERABLE YOUTH AND CHILDREN, AND HEALTH.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

Name of the organization: CHURCH WORLD SERVICE INC.

Employer identification number: 13-4080201

KENYA, VIETNAM, HAITI, TANZANIA,

JAPAN, INDONESIA, SERBIA, CAMBODIA,

ARGENTINA, THAILAND, EAST TIMOR, SOUTH AFRICA

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

Name of the organization: CHURCH WORLD SERVICE INC.

Employer identification number: 13-4080201

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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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.

Form **8938**
(Rev. November 2021)
Department of the Treasury
Internal Revenue Service

Statement of Specified Foreign Financial Assets

▶ **Go to www.irs.gov/Form8938 for instructions and the latest information.**

▶ **Attach to your tax return.**

OMB No. 1545-2195

Attachment Sequence No. **938**

For calendar year **or tax year beginning** 07/01/22 **and ending** 06/30/23.

If you have attached additional statements, check here [X] **Number of additional statements**

1 Name(s) shown on return
CHURCH WORLD SERVICE INC.

2 Taxpayer identification number (TIN)
13-4080201

3 Type of filer

a [ ] Specified individual **b** [ ] Partnership **c** [ ] Corporation **d** [ ] Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

a Name **b** TIN

Part I Foreign Deposit and Custodial Accounts Summary

5	Number of deposit accounts (reported in Part V) ▶	12
6	Maximum value of all deposit accounts	$ 5,827,482.
7	Number of custodial accounts (reported in Part V) ▶	
8	Maximum value of all custodial accounts	$
9	Were any foreign deposit or custodial accounts closed during the tax year?	[ ] Yes [X] No

Part II Other Foreign Assets Summary

10	Number of foreign assets (reported in Part VI) ▶	
11	Maximum value of all assets (reported in Part VI)	$
12	Were any foreign assets acquired or sold during the tax year?	[ ] Yes [X] No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset category	**(b)** Tax item	**(c)** Amount reported on form or schedule	Where reported **(d)** Form and line	Where reported **(e)** Schedule and line
13 Foreign deposit and custodial accounts	**a** Interest	$		
	b Dividends	$		
	c Royalties	$		
	d Other income	$		
	e Gains (losses)	$		
	f Deductions	$		
	g Credits	$		
14 Other foreign assets	**a** Interest	$		
	b Dividends	$		
	c Royalties	$		
	d Other income	$		
	e Gains (losses)	$		
	f Deductions	$		
	g Credits	$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

15 Number of Forms 3520 _____ **16** Number of Forms 3520-A _____ **17** Number of Forms 5471 _____

18 Number of Forms 8621 _____ **19** Number of Forms 8865 _____

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account **a** [X] Deposit **b** [ ] Custodial

21 Account number or other designation: 011558/4

22 Check all that apply **a** [ ] Account opened during tax year **b** [ ] Account closed during tax year **c** [ ] Account jointly owned with spouse **d** [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... $ 19,231.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... [ ] Yes [X] No

25 If you answered "Yes" to line 24, complete all that apply.

(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained: BANCO SANTANDER RIO

b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.: AVENIDA CORRIENTES 5100

28 City or town, state or province, country, and ZIP or foreign postal code: BUENOS AIRES ARGENTINA 1414

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset

30 Identifying number or other designation

31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.

a Date asset acquired during tax year, if applicable .....

b Date asset disposed of during tax year, if applicable .....

c [ ] Check if asset jointly owned with spouse **d** [ ] Check if no tax item reported in Part III with respect to this asset

32 Maximum value of asset during tax year (check box that applies)

a [ ] $0 - $50,000 **b** [ ] $50,001 - $100,000 **c** [ ] $100,001 - $150,000 **d** [ ] $150,001 - $200,000

e If more than $200,000, list value ..... $

33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? ..... [ ] Yes [ ] No

34 If you answered "Yes" to line 33, complete all that apply.

(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

a Name of foreign entity

b GIIN (Optional)

c Type of foreign entity **(1)** [ ] Partnership **(2)** [ ] Corporation **(3)** [ ] Trust **(4)** [ ] Estate

d Mailing address of foreign entity. Number, street, and room or suite no.

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

36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.

a Name of issuer or counterparty

Check if information is for [ ] Issuer [ ] Counterparty

b Type of issuer or counterparty

(1) [ ] Individual **(2)** [ ] Partnership **(3)** [ ] Corporation **(4)** [ ] Trust **(5)** [ ] Estate

c Check if issuer or counterparty is a [ ] U.S. person [ ] Foreign person

d Mailing address of issuer or counterparty. Number, street, and room or suite no.

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

Part V Foreign Deposit and Custodial Accounts (see instructions)

20 Type of account **a** [X] Deposit **b** [ ] Custodial | **21** Account number or other designation: 0000 1130 - 01-0001

22 Check all that apply **a** [ ] Account opened during tax year **b** [ ] Account closed during tax year **c** [ ] Account jointly owned with spouse **d** [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... $ 38,614.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... [ ] Yes [X] No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained: BANK RAKYAT INDONESIA

b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.: JALAN AMPERA RAYA NO. 8

28 City or town, state or province, country, and ZIP or foreign postal code: JAKARTA SELATAN 12510 INDONESIA

20 Type of account **a** [X] Deposit **b** [ ] Custodial | **21** Account number or other designation: 0000 1130 - 02-0000

22 Check all that apply **a** [ ] Account opened during tax year **b** [ ] Account closed during tax year **c** [ ] Account jointly owned with spouse **d** [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... $ 267,769.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... [ ] Yes [X] No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained: BANK RAKYAT INDONESIA

b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.: JALAN AMPERA RAYA NO. 8

28 City or town, state or province, country, and ZIP or foreign postal code: JAKARTA SELATAN 12510 INDONESIA

20 Type of account **a** [X] Deposit **b** [ ] Custodial | **21** Account number or other designation: 0000 1130 - 01-0002

22 Check all that apply **a** [ ] Account opened during tax year **b** [ ] Account closed during tax year **c** [ ] Account jointly owned with spouse **d** [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... $ 90,165.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... [ ] Yes [X] No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained: BANK RAKYAT INDONESIA

b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.: JALAN AMPERA RAYA NO. 8

28 City or town, state or province, country, and ZIP or foreign postal code: JAKARTA SELATAN 12510 INDONESIA

Part V Foreign Deposit and Custodial Accounts (see instructions)

20 Type of account **a** [X] Deposit **b** [ ] Custodial | **21** Account number or other designation: 0000 1130 - 01-0000

22 Check all that apply **a** [ ] Account opened during tax year **b** [ ] Account closed during tax year **c** [ ] Account jointly owned with spouse **d** [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... $ 252,305.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... [ ] Yes [X] No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained: BANK RAKYAT INDONESIA

b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.: JALAN AMPERA RAYA NO. 8

28 City or town, state or province, country, and ZIP or foreign postal code: JAKARTA SELATAN 12510 INDONESIA

20 Type of account **a** [X] Deposit **b** [ ] Custodial | **21** Account number or other designation: 0451370364180

22 Check all that apply **a** [ ] Account opened during tax year **b** [ ] Account closed during tax year **c** [ ] Account jointly owned with spouse **d** [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... $ 302,549.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... [ ] Yes [X] No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained: VIETCOMBANK

b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.: 198 TRAN QUANG KHAI ROAD

28 City or town, state or province, country, and ZIP or foreign postal code: HANOI CITY 100000 VIET NAM

20 Type of account **a** [X] Deposit **b** [ ] Custodial | **21** Account number or other designation: 0451000364176

22 Check all that apply **a** [ ] Account opened during tax year **b** [ ] Account closed during tax year **c** [ ] Account jointly owned with spouse **d** [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... $ 161,964.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... [ ] Yes [X] No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained: VIETCOMBANK

b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.: 198 TRAN QUANG KHAI ROAD

28 City or town, state or province, country, and ZIP or foreign postal code: HANOI CITY 100000 VIET NAM

Part V Foreign Deposit and Custodial Accounts (see instructions)

20 Type of account **a** [X] Deposit **b** [ ] Custodial

21 Account number or other designation: 0101616029/KES

22 Check all that apply **a** [ ] Account opened during tax year **b** [ ] Account closed during tax year **c** [ ] Account jointly owned with spouse **d** [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... $ 743,077.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... [ ] Yes [X] No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	**(2)** Foreign currency exchange rate used to convert to U.S. dollars	**(3)** Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained: CITIBANK

b Global Intermediary Identification Number (GIIN) (Optional):

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.: PO BOX 30711-00100

28 City or town, state or province, country, and ZIP or foreign postal code: NAIROBI 00100 KENYA

20 Type of account **a** [X] Deposit **b** [ ] Custodial

21 Account number or other designation: 0101616037/USD

22 Check all that apply **a** [ ] Account opened during tax year **b** [ ] Account closed during tax year **c** [ ] Account jointly owned with spouse **d** [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... $ 3,067,259.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... [ ] Yes [X] No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	**(2)** Foreign currency exchange rate used to convert to U.S. dollars	**(3)** Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained: CITIBANK

b Global Intermediary Identification Number (GIIN) (Optional):

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.: PO BOX 30711-00100

28 City or town, state or province, country, and ZIP or foreign postal code: NAIROBI 00100 KENYA

20 Type of account **a** [X] Deposit **b** [ ] Custodial

21 Account number or other designation: 281471282

22 Check all that apply **a** [ ] Account opened during tax year **b** [ ] Account closed during tax year **c** [ ] Account jointly owned with spouse **d** [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... $ 405,632.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... [ ] Yes [X] No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	**(2)** Foreign currency exchange rate used to convert to U.S. dollars	**(3)** Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained: STANDARD BANK

b Global Intermediary Identification Number (GIIN) (Optional):

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.: 1 TWILIGHT AVE LONEHILL EXT 56

28 City or town, state or province, country, and ZIP or foreign postal code: PRETORIA 2191 SOUTH AFRICA

Part V Foreign Deposit and Custodial Accounts (see instructions)

20 Type of account **a** [X] Deposit **b** [ ] Custodial | **21** Account number or other designation: 090758730/USD

22 Check all that apply **a** [ ] Account opened during tax year **b** [ ] Account closed during tax year **c** [ ] Account jointly owned with spouse **d** [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... $ 345,074.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... [ ] Yes [X] No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	**(2)** Foreign currency exchange rate used to convert to U.S. dollars	**(3)** Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained: STANDARD BANK

b Global Intermediary Identification Number (GIIN) (Optional):

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.: 1 TWILIGHT AVE LONEHILL EXT 56

28 City or town, state or province, country, and ZIP or foreign postal code: PRETORIA 2191, SOUTH AFRICA

20 Type of account **a** [X] Deposit **b** [ ] Custodial | **21** Account number or other designation: 6426990035/KES

22 Check all that apply **a** [ ] Account opened during tax year **b** [ ] Account closed during tax year **c** [ ] Account jointly owned with spouse **d** [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... $ 133,843.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... [ ] Yes [X] No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	**(2)** Foreign currency exchange rate used to convert to U.S. dollars	**(3)** Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained: COMMERCIAL BANK OF AFRICA LIMI

b Global Intermediary Identification Number (GIIN) (Optional):

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.: PO BOX 30437, MARA & RAGATI ROAD

28 City or town, state or province, country, and ZIP or foreign postal code: NAIROBI 00100, KENYA

20 Type of account **a** [ ] Deposit **b** [ ] Custodial | **21** Account number or other designation

22 Check all that apply **a** [ ] Account opened during tax year **b** [ ] Account closed during tax year **c** [ ] Account jointly owned with spouse **d** [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... $

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... [ ] Yes [ ] No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	**(2)** Foreign currency exchange rate used to convert to U.S. dollars	**(3)** Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained

b Global Intermediary Identification Number (GIIN) (Optional):

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

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