

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- 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 \$ 66,126,170

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

- I** Tax-exempt status 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527
- J** Website: ▶ WWW.CWSGLOBAL.ORG
- K** Form of organization Corporation Trust Association Other ▶

L Year of formation 2000

M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CHURCH WORLD SERVICE, INC IS A PRIVATE, VOLUNTARY FAITH-BASED ORGANIZATION WITH 37 MEMBER COMMUNIONS THAT TRANSFORMS COMMUNITIES AROUND THE GLOBE THROUGH JUST AND SUSTAINABLE RESPONSES TO HUNGER, POVERTY, DISPLACEMENT AND DISASTER

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	451
6 Total number of volunteers (estimate if necessary)	6	4,800
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	93,044,199	63,241,414
9 Program service revenue (Part VIII, line 2g)	1,955,296	2,071,259
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	139,814	159,133
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	637,021	654,364
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,776,330	66,126,170
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	64,358,512	39,412,111
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,349,454	17,913,817
16a Professional fundraising fees (Part IX, column (A), line 11e)	115,200	147,684
b Total fundraising expenses (Part IX, column (D), line 25) ▶4,302,078		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,587,981	8,054,122
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	94,411,147	65,527,734
19 Revenue less expenses Subtract line 18 from line 12	1,365,183	598,436
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	31,663,241	30,081,025
21 Total liabilities (Part X, line 26)	15,490,175	12,637,780
22 Net assets or fund balances Subtract line 21 from line 20	16,173,066	17,443,245

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2018-11-14

JOANNE RENDALL CFO
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name RODNEY C BROWER Preparer's signature RODNEY C BROWER Date _____

Check if self-employed PTIN P00168898

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

Firm's address ▶ 3803 BEDFORD AVENUE SUITE 103 Phone no (615) 320-5500

NASHVILLE, TN 37215

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 39,385,798 including grants of \$ 25,501,728) (Revenue \$ 2,725,623)
 See Additional Data

4b (Code) (Expenses \$ 6,202,208 including grants of \$ 5,429,006) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ 9,421,690 including grants of \$ 7,857,922) (Revenue \$)
 See Additional Data

(Code) (Expenses \$ 3,085,874 including grants of \$ 623,455) (Revenue \$)
 ADVOCACY - GROUNDED IN FAITH, CWS SEEKS TO BUILD AND STRENGTHEN RELATIONSHIPS, BUILD PARTNERSHIPS AND COALITIONS, AND ADVOCATE FOR A MORE JUST AND PEACEFUL WORLD AT THE CORE OF CWS' WORK IS TO HELP PEOPLE OF FAITH PUT FAITH INTO ACTION CWS LIVES OUT OUR CORE VALUES THROUGH WITNESS AND COOPERATION WITH COMMUNITIES OF FAITH, ECUMENICAL NETWORKS, CIVIL SOCIETY GROUPS, AND OTHER PARTNERS THE EMPHASIS ON RELATIONSHIPS ENABLES PARTNERSHIPS TO BE BUILT AROUND THE WORLD THAT INFORMS AND INSPIRES OUR WORK AND LEAD TO ADVOCACY FOR ISSUES THAT BUILD OR RESTORE PEACE AND JUSTICE ACTIVITIES INCLUDE JOINING WITH GOVERNMENTS, INTERNATIONAL AND NATIONAL ORGANIZATIONS, CHURCHES, AND OTHERS TO TAKE ACTION ON PUBLIC POLICY ISSUES, ADVOCACY ON ISSUES RELATED TO HUNGER AND MALNUTRITION, CLIMATE CHANGE, INTERNATIONAL DEVELOPMENT POLICY, REFUGEE AND IMMIGRATION POLICY, ETC., DEVELOPMENT OF CLEAR AND FOCUSED POLICY ANALYSES THAT SUPPORT THE ADVOCACY WORK OF CWS, PROMOTING GLOBAL ECUMENICAL MINISTRY AND WITNESS WITH REGIONAL AND NATIONAL COUNCILS OF CHURCHES, PARTICIPATING IN THE LOCAL, NATIONAL AND INTERNATIONAL DIALOGUE BETWEEN CHRISTIANS AND PERSONS OF OTHER FAITHS, COOPERATING WITH OTHER FAITH TRADITIONS AND BODIES IN ADDRESSING ISSUES OF COMMON CONCERN, SUPPORTING MISSIONS TO THE USA FROM OTHER PARTS OF THE WORLD, AND INCREASING UNDERSTANDING AND EFFECTIVENESS OF MEMBER COMMUNIONS, CHURCHES, AND OTHER ORGANIZATIONS IN THEIR MISSION AND WITNESS

4d Other program services (Describe in Schedule O)
 (Expenses \$ 3,085,874 including grants of \$ 623,455) (Revenue \$)

4e Total program service expenses ▶ 58,095,570

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶ JOANNE RENDALL 28606 PHILLIPS STREET ELKHART, IN 46515 (574) 264-3102

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 instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR PAUL S CHAN BOARD MEMBER	2 00	X						0	0	0
(2) MR HAL CULBERTSON BOARD MEMBER	2 00	X						0	0	0
(3) REV PATRICIA E DE JONG 1ST VICE CHAIR	5 00	X		X				0	0	0
(4) MS SILVANA FAILLACE BOARD MEMBER	2 00	X						0	0	0
(5) MR ROLAND FERNANDES TREASURER	5 00	X		X				0	0	0
(6) MS CAROLINE S GESAMI BOARD MEMBER	2 00	X						0	0	0
(7) MR DANIEL HAZMAN 2ND VICE CHAIR	5 00	X		X				0	0	0
(8) MS BETH HOULE BOARD MEMBER	2 00	X						0	0	0
(9) MS KATY KECK BOARD MEMBER	2 00	X						0	0	0
(10) REV JOHN L MCCULLOUGH PRESIDENT & CEO	40 00	X		X			272,131	0	81,095	
(11) MS LENANN MCGOOKEY GARDNER BOARD MEMBER	2 00	X						0	0	0
(12) ZACHARISH MAR NICHOLOVOS BOARD MEMBER	2 00	X						0	0	0
(13) REV VY NGUYEN BOARD MEMBER	2 00	X						0	0	0
(14) MR PETER M PERSELL BOARD MEMBER	2 00	X						0	0	0
(15) DR SHIRLEY CASON REED BOARD MEMBER	2 00	X						0	0	0
(16) MS LAURA ROBERTS SECRETARY	5 00	X		X				0	0	0
(17) MR CARL THONG BOARD MEMBER	2 00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR MARSHALL TOPLANSKY BOARD MEMBER	2 00	X						0	0	
(19) REV DR EARL D TRENT JR BOARD CHAIR	5 00	X		X				0	0	
(20) MAURICE A BLOEM EXECUTIVE VICE PRESIDENT	40 00			X			117,390	0	34,982	
(21) JOANNE RENDALL SVP CHIEF FINANCIAL OFFICER	40 00			X			100,600	0	29,979	
(22) EROL KEKIC SVP IMMIGRATION & REFUGEE PROGRAM	40 00					X	146,235	0	43,578	
(23) KEITH BRAUER VP CHIEF HUMAN RESOURCES OFFICER	40 00					X	123,400	0	36,773	
(24) LESLIE WILSON ASIA REGIONAL DIRECTOR	40 00					X	116,103	0	34,599	
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							875,859	0	261,006	

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		875,859	261,006

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 ▶ 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JOHN GORMAN, 8 NORTHFIELD LANE WEST BAY SHORE, NY 11706	COUNSEL	150,000
PURSUANT GROUP 5151 BELT LINE ROAD SUITE 900 DALLAS, TX 75254	DIRECT RESPONSE	147,684
CICERO RESEARCH LLC 515 E 100 S SUITE 300 SALT LAKE CITY, UT 84102	RESEARCH	115,000

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 ▶ 3

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	39,424,221			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,817,193			
	g Noncash contributions included in lines 1a-1f \$ _____		3,623,818			
	h Total. Add lines 1a-1f		63,241,414			
Program Service Revenue		Business Code				
	2a REFUGEE SERVICES PROGRAM	900099	2,071,259	2,071,259		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		2,071,259				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		159,133		159,133	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a DEVELOP, EMERG, REFUGEE	900099	654,364	654,364			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		654,364				
12 Total revenue. See Instructions		66,126,170	2,725,623	0	159,133	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	20,883,067	20,883,067		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	18,529,044	18,529,044		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	636,177		636,177	
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.	13,352,374	10,774,294	714,727	1,863,353
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	740,169	591,733	46,099	102,337
9 Other employee benefits.	2,194,193	1,799,702	83,243	311,248
10 Payroll taxes.	990,904	770,907	86,674	133,323
11 Fees for services (non-employees)				
a Management.				
b Legal.	160,302	72,683	46,525	41,094
c Accounting.	204,749	92,836	59,425	52,488
d Lobbying.	1,166,039	512,544	331,388	322,107
e Professional fundraising services. See Part IV, line 17.	147,684			147,684
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,657,920	834,837	531,083	292,000
12 Advertising and promotion.	133,043	67,599	17,435	48,009
13 Office expenses.	331,362	234,630	49,671	47,061
14 Information technology.	167,834	118,840	25,158	23,836
15 Royalties.				
16 Occupancy.	1,323,850	1,161,206	150,892	11,752
17 Travel.	1,077,596	730,007	106,777	240,812
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	324,549	219,863	32,159	72,527
20 Interest.	113,403		113,403	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,918		1,918	
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNICATION	1,148,876	577,978	65,660	505,238
b MISCELLANEOUS	230,324	117,505	30,057	82,762
c STORAGE	12,357	6,295	1,615	4,447
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	65,527,734	58,095,570	3,130,086	4,302,078
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,367,224	1	2,912,330
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	7,132,491	3	6,183,443
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,772,851	8	4,481,292
	9 Prepaid expenses and deferred charges	3,603,207	9	2,524,738
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,532,730		
	b Less accumulated depreciation	6,435,949	86,638	96,781
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	11,900,775	12	12,769,962
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,800,055	15	1,112,479
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,663,241	16	30,081,025	
Liabilities	17 Accounts payable and accrued expenses	6,703,994	17	5,892,342
	18 Grants payable	834,177	18	793,531
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,496,612	23	1,901,649
	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	5,455,392	25	4,050,258
	26 Total liabilities. Add lines 17 through 25	15,490,175	26	12,637,780
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	3,851,447	27	5,750,378
	28 Temporarily restricted net assets	8,837,356	28	8,177,411
	29 Permanently restricted net assets	3,484,263	29	3,515,456
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	16,173,066	33	17,443,245
	34 Total liabilities and net assets/fund balances	31,663,241	34	30,081,025

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,126,170
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,527,734
3	Revenue less expenses Subtract line 2 from line 1	3	598,436
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,173,066
5	Net unrealized gains (losses) on investments	5	671,743
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,443,245

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 13-4080201

Name: CHURCH WORLD SERVICE INC

Form 990 (2017)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

SCHEDULE A
(Form 990 or
990EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHURCH WORLD SERVICE INC

Employer identification number

13-4080201

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	77,506,932	75,241,102	85,945,787	93,044,199	63,241,414	394,979,434
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	77,506,932	75,241,102	85,945,787	93,044,199	63,241,414	394,979,434
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						394,979,434

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	77,506,932	75,241,102	85,945,787	93,044,199	63,241,414	394,979,434
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	133,437	161,521	144,029	139,814	159,133	737,934
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						395,717,368

12 Gross receipts from related activities, etc (see instructions) **12** 11,990,041

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.810 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	99.830 %

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 13-4080201

Name: CHURCH WORLD SERVICE INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CHURCH WORLD SERVICE INC	Employer identification number 13-4080201
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?	Yes		203,208
f Grants to other organizations for lobbying purposes?	Yes		150,000
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		355,614
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		457,217
i Other activities?		No	
j Total Add lines 1c through 1i			1,166,039
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,192,342	4,526,337	4,186,254	4,333,354	4,054,466
b Contributions	31,193	61,330	477,720	33,530	214,333
c Net investment earnings, gains, and losses	348,494	470,806	289,785	-36,988	537,275
d Grants or scholarships					
e Other expenditures for facilities and programs	71,147	72,993	427,422	143,642	472,270
f Administrative expenses					
g End of year balance	5,579,972	5,192,342	4,526,337	4,186,254	4,333,354

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 37 000 %
 - b** Permanent endowment ▶ 63 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,137		7,137
b Buildings		103,745	103,745	0
c Leasehold improvements		1,698,154	1,670,980	27,174
d Equipment		4,045,577	3,990,419	55,158
e Other		678,117	670,805	7,312
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				96,781

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	527,670	F
(B) U S GOVERNMENT OBLIGATION	413,671	F
(C) EQUITY SECURITIES	3,351,782	F
(D) OTHERS	263,473	F
(E) HELD BY OTHERS	8,213,366	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	12,769,962	

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO OTHER U S VOLUNTARY AGENCIES	227,608
POSTRETIREMENT BENEFIT LIABILITY	3,822,650
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	4,050,258

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	66,797,913
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	671,743
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	671,743
3	Subtract line 2e from line 1	3	66,126,170
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	66,126,170

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	65,527,734
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	65,527,734
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	65,527,734

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-4080201

Name: CHURCH WORLD SERVICE INC

Supplemental Information

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

Supplemental Information

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

SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
CHURCH WORLD SERVICE INC

Employer identification number
13-4080201

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

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

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in region, (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for and investments in region. Includes sub-totals and totals for lines 3a, 3b, and 3c.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)								Schedule F (Form 990) 2017	
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not 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, do not 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).

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

Additional Data

Software ID:

Software Version:

EIN: 13-4080201

Name: CHURCH WORLD SERVICE INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
AFRICA	3	422	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	10,927,446
CENTRAL AMERICA AND CARRIBBEAN	1	2	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	1,895,108

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST AFRICA	0	0	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	1,994,826
EUROPE	1	4	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	266,924

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST	0	0	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	1,977,790
RUSSIA AND NS	0	0	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	318,188

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	1	3	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	798,472
SOUTH ASIA	7	105	GRANTMAKING	REFUGEE/DISPLACED PERSONS, EMERGENCY RESPONSE, DEVELOPMENT PROGRAM	350,290

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	SERVICES TO DISPLACED PERSONS	10,062,977				
		AFRICA	GLOBAL HUNGER AND DEVELOPMENT	834,469				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	GLOBAL HUNGER AND DEVELOPMENT	30,000				
		CENTRAL AMERICA	GLOBAL HUNGER AND DEVELOPMENT	947,171				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	EMERGENCY RESPONSE	572,315				
		CENTRAL AMERICA	GLOBAL HUNGER AND DEVELOPMENT	96,332				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	GLOBAL HUNGER AND DEVELOPMENT	80,769				
		CENTRAL AMERICA	GLOBAL HUNGER AND DEVELOPMENT	74,349				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	GLOBAL HUNGER AND DEVELOPMENT	60,348				
		CENTRAL AMERICA	GLOBAL HUNGER AND DEVELOPMENT	23,350				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	EMERGENCY RESPONSE	14,675				
		CENTRAL AMERICA	GLOBAL HUNGER AND DEVELOPMENT	13,000				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	GLOBAL HUNGER AND DEVELOPMENT	12,800				
		EAST ASIA	GLOBAL HUNGER AND DEVELOPMENT	921,899				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA	GLOBAL HUNGER AND DEVELOPMENT	493,306				
		EAST ASIA	GLOBAL HUNGER AND DEVELOPMENT	256,794				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA	GLOBAL HUNGER AND DEVELOPMENT	172,828				
		EAST ASIA	GLOBAL HUNGER AND DEVELOPMENT	150,000				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	GLOBAL HUNGER AND DEVELOPMENT	266,924				
		MIDDLE EAST	SERVICE TO DISPLACED SERVICES	413,380				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	277,714				
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	169,286				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	91,959				
		SOUTH AMERICA	EMERGENCY RESPONSE	90,000				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	51,600				
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	33,325				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	32,500				
		SOUTH AMERICA	GLOBAL HUNGER AND DEVELOPMENT	16,325				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	GLOBAL HUNGER AND DEVELOPMENT	349,190				
		SOUTH ASIA	EMERGENCY RESPONSE	1,100				

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST				901,935	BLANKETS, SCHOOL AND HYGIENE KITS	FMV
		MIDDLE EAST				385,725	BLANKETS, SCHOOL AND HYGIENE KITS	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST				276,750	SCHOOL AND HYGIENE KITS	FMV
		RUSSIA & NS				246,188	BLANKETS, SCHOOL AND HYGIENE KITS	FMV

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA & NS				72,000	SCHOOL KITS	FMV
		SOUTH AMERICA				35,763	BLANKETS, BABY, SCHOOL AND HYGIENE KITS	FMV

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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.
- | | |
|--|--|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|--|--|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 PURSUANT PO BOX 203421 DALLAS, TX 75320	DIRECT RESPONSE		No	710,348	147,684	562,664
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				710,348	147,684	562,664

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

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? 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 | % |
| b | An outside facility | % |

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

Name ▶

Address ▶

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

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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...
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST THOMAS UNIVERSITY 2650 SW 27TH AVENUE MIAMI, FL 33133			1,618,879				SERVICE TO DISPLACED PERSONS
REFUGEE SERVICES OF TEXAS INC 12035 SHILOH ROAD SUITE 320 DALLAS, TX 75228			1,521,613				SERVICE TO DISPLACED PERSONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPENING DOORS INC 2118 K STREET SACRAMENTO, CA 95816			1,477,787				SERVICE TO DISPLACED PERSONS
KENTUCKY REFUGEE MINISTRIES 1710 ALEXANDRIA DRIVE SUITE 2 LEXINGTON, KY 40504			998,819				SERVICE TO DISPLACED PERSONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY REFUGEE IMMIGRATION SERVICES (CRIS) ATTN ANGELA K PLUMMER ESQ COLUMBUS, OH 43229			937,006				SERVICE TO DISPLACED PERSONS
BETHANY CHRISTIAN SERVICE (PARA) 901 EASTERN ANE NE GRAND RAPIDS, MI 49501			866,193				SERVICE TO DISPLACED PERSONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES 25 SE 2ND AVENUE SUITE 220 MIAMI, FL 33131			767,630				SERVICE TO DISPLACED PERSONS
EXODUS REFUGEE IMMIGRATION PROGRAM 1125 BROOKSIDE AVE SUITE C9 INDIANAPOLIS, IN 46202			602,538				SERVICE TO DISPLACED PERSONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF SW 2020 W INDIAN SCHOOL RD SUITE E26 PHOENIX, AZ 85015			555,456				SERVICE TO DISPLACED PERSONS
LUTHERAN FAMILY SERVICE OF NEBRASKA 124 SOUTH 24TH ST SUITE 230 OMAHA, NE 68102			522,383				SERVICE TO DISPLACED PERSONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOURNEYS END RESETTLEMENT SERVICES ATTN HANA MIRACH BUFFALO, NY 14214			512,836				SERVICE TO DISPLACED PERSONS
NEW AMERICAN PATHWAYS 2300 HENDERSON MILL ROAD NE SUITE 200 ATLANTA, GA 303452704			455,789				SERVICE TO DISPLACED PERSONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH MINISTRIES FOR GREATER HOUSTON 3217 MONTROSE BLVD HOUSTON, TX 770063980			401,895				SERVICE TO DISPLACED PERSONS
ECUMENICAL MINISTRIES OF OREGON 0245 SW BANCROFT ST SUITE B PORTLAND, OR 97201			247,225				SERVICE TO DISPLACED PERSONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASCENTRIA COMMUNITY SERVICES 14 EAST WORCESTER STREET SUITE 300 WORCESTER, MA 01604			210,350				SERVICE TO DISPLACED PERSONS
REFUGEEONE INTERFAITH REFUGEE IMMIGRATION MINISTRIES CHICAGO, IL 60640			207,450				SERVICE TO DISPLACED PERSONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH WORKS OF CENTRAL NEW YORK 3049 EAST GENESEE ST SYRACUSE, NY 13224			164,411				SERVICE TO DISPLACED PERSONS
CATHOLIC FAMILY CENTER REFUGEE RESETTLEMENT PRGM ROCHESTER, NY 146041407			155,199				SERVICE TO DISPLACED PERSONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTEGRATED REFUGEE & IMMIGRANT SERVICES(IRIS) 235 NICOLL ST 2ND FLOOR NEW HAVEN, CT 06511			150,725				SERVICE TO DISPLACED PERSONS
MINNESOTA COUNCIL OF CHS 122 W FRANKLIN AVE SUITE 100 MINNEAPOLIS, MN 554042470			126,848				SERVICE TO DISPLACED PERSONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH IN PUBLIC LIFE ATTN ADRIANNE JOHNSON DIRECTOR OF DEVELOPMENT WASHINGTON, DC 20036			117,500				ADVOCACY
AUBURN THEOLOGICAL SEMINARY ATTN EILEEN MACHOLL NEW YORK, NY 10027			80,000				ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPISCOPAL DIOCESE OF LOS ANGELES 840 ECHO PARK AVENUE LOS ANGELES, CA 90026			77,875				SERVICE TO DISPLACED PERSONS
DURHAM CONGREGATIONS IN ACTION 504 W CHAPEL HILL STREET DURHAM, NC 27701			70,746				LOCAL HUNGER PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECHOS EPIPHANY COMMUNITY HEALTH OUTREACH SERVICES HOUSTON, TX 770711099			69,825				EMERGENCY RESPONSE
BRIDGE REFUGEE & SPONSORSHIP SERVICES ATTN ED WAY KNOXVILLE, TN 37909			67,249				SERVICE TO DISPLACED PERSONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY LITERACY COUNCIL 200 N GREENSBORO ST C2 CARRBORO, NC 27510			62,588				SERVICE TO DISPLACED PERSONS
FLORIDA IMMIGRANT COALITION 2800 BISCAYNE BLVD SUITE 200 MIAMI, FL 33137			50,000				ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL PARTNERSHIP FOR NEW AMERICANS 1818 S PAULINA STREET CHICAGO, IL 60608			50,000				ADVOCACY
TIRRC TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION NASHVILLE, TN 37211			50,000				ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON OFFICE ON LATIN AMERICA 1666 CONNECTICUT AVENUE NW SUITE 400 WASHINGTON, DC 20009			35,000				GLOBAL HUNGER AND DEVELOPMENT
GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO, NC 274061240			32,236				LOCAL HUNGER PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICANS FOR IMMIGRANT JUSTICE INC 3000 BISCAYNE BLVD SUITE 400 MIAMI, FL 33137			28,995				SERVICE TO DISPLACED PERSONS
MENNONITE CENTRAL COMMITTEE 21 S 12TH STREET AKRON, PA 175010500			28,364				GLOBAL HUNGER AND DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AREA COUNCIL OF CHURCHES 646 STATE ST ALBANY, NY 122031217			27,494				LOCAL HUNGER PROGRAM
FIRST UNITED CHURCH OF OAK PARK 848 LAKE ST OAK PARK, IL 603011397			20,166				LOCAL HUNGER PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISIS ASSISTANCE MINISTRY 500A SPRATT STREET CHARLOTTE, NC 28206			19,038				LOCAL HUNGER PROGRAM
SECOND HARVEST FOOD BANK OF METROLINA 500-B SPRATT ST CHARLOTTE, NC 28206			19,038				LOCAL HUNGER PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES AND FISHES 648-B GRIFFITH ROAD CHARLOTTE, NC 28217			19,038				LOCAL HUNGER PROGRAM
MORAVIAN CHURCH IN AMERICA 459 S CHURCH ST WINSTON SALEM, NC 271015314			17,898				LOCAL HUNGER PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISIS CONTROL MINISTRY 200 E 10TH ST WINSTONSALEM, NC 271011500			17,898				LOCAL HUNGER PROGRAM
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT GENEVA, IL 601343587			15,110				LOCAL HUNGER PROGRAM

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

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LAMB OF GOD LUTHERAN CHURCH 606 E 38TH ST ERIE, PA 165041762			13,988				LOCAL HUNGER PROGRAM
CHURCH WORLD SERVICE IRP DURHAM 112 S DUKE ST SUITE 4B DURHAM, NC 27701			13,661				SERVICE TO DISPLACED PERSONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DR AUSTIN, TX 787443123			13,244				LOCAL HUNGER PROGRAM
INTER-FAITH COUNCIL 110 W MAIN ST STE D CARRBORO, NC 275102026			12,786				LOCAL HUNGER PROGRAM

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

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THE GARDEN PROJECT PO BOX 16224 LANSING, MI 489016224			12,201				LOCAL HUNGER PROGRAM
UNITED WAY OF BRAZORIA COUNTY 4005 TECHNOLOGY RD SUITE 1020 ANGLETON, TX 77515			12,000				EMERGENCY RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECHO 65 S HIGH ST JANESVILLE, WI 535483842			11,898				LOCAL HUNGER PROGRAM
HELP BY PHONE PO BOX 324 RIVERDALE, MD 207380324			11,509				LOCAL HUNGER PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH WORLD SERVICE MIAMI ATTN SILVIO PADILLA DELRAY BEACH, FL 334454605			11,293				SERVICE TO DISPLACED PERSONS
TRINITARIAN CONGREGATIONAL CHURCH 54 WALDEN ST CONCORD, MA 017422509			11,165				LOCAL HUNGER PROGRAM

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

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SCHENECTADY INNER CTY MINISTRY 1055 WENDELL AVE SCHENECTADY, NY 123082807			10,354				LOCAL HUNGER PROGRAM
LANCASTER CO COUNCIL OF CHS 812 NORTH QUEEN STREET LANCASTER, PA 176032740			10,259				LOCAL HUNGER PROGRAM

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

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DUTCHESS OUTREACH INC 29 N HAMILTON STREET POUGHKEEPSIE, NY 126012541			10,036				LOCAL HUNGER PROGRAM
LATIN AMERICA WORKING GROUP 2029 P ST NW SUITE 301 WASHINGTON, DC 20036			10,000				GLOBAL HUNGER AND DEVELOPMENT

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

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COALITION OF FLORIDA FARMWORKER ORGANIZATIONS 778 WEST PALM DRIVE FLORIDA CITY, FL 33034			10,000				EMERGENCY RESPONSE
REDLANDS CHRISTIAN MIGRANT ASSOCIATION 402 W MAIN STREET IMMOKALEE, FL 34142			10,000				EMERGENCY RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR MULTICULTURAL COMMUNITY SERVICES ATTN DANIEL L STOECKER HOUSTON, TX 77081			10,000				EMERGENCY RESPONSE
SKYLINE LITERACY INC P O BOX 1354 HARRISONBURG, VA 22802			8,935				SERVICE TO DISPLACED PERSONS

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

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PATHWAYS OF HOPE 514 W AMERIGE AVE FULLERTON, CA 928321703			8,871				LOCAL HUNGER PROGRAM
COOPERATIVE CHRISTIAN MINISTRY 246 COUNTRY CLUB DR NE CONCORD, NC 280252929			8,711				LOCAL HUNGER PROGRAM

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

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SUGAR CREEK MENNONITE CHURCH 1209 FRANKLIN AVE WAYLAND, IA 526547641			8,611				LOCAL HUNGER PROGRAM
FALLS VILLAGE CONG CH PO BOX 72 FALLS VILLAGE, CT 060310072			8,463				LOCAL HUNGER PROGRAM

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

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MID-OHIO FOOD BANK 3960 BROOKHAM DR GROVE CITY, OH 431239741			8,301				LOCAL HUNGER PROGRAM
HELPLINE HOUSE 292 KNECHTEL WAY BAINBRIDGE, WA 98110			8,171				LOCAL HUNGER PROGRAM

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

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COMMUNITY ACTION HOUSE 345 W 14TH ST HOLLAND, MI 494233461			8,114				LOCAL HUNGER PROGRAM
SECOND HARVEST FOOD BANK INC 2802 DAIRY DR MADISON, WI 537186751			7,874				LOCAL HUNGER PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARLINGTON FOOD ASSISTANCE CENTER 2708 S NELSON ST ARLINGTON, VA 222066261			7,712				LOCAL HUNGER PROGRAM
OUR LADY OF RANSOM CATHOLIC CHURCH 8624 W NORMAL NILES, IL 607142361			7,591				LOCAL HUNGER PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILL COUNTRY COMMUNITY MINISTRIES PO BOX 1064 LEANDER, TX 786461064			7,579				LOCAL HUNGER PROGRAM
ECHO 7205 OLD KEENE MILL ROAD SPRINGFIELD, VA 22150			7,455				LOCAL HUNGER PROGRAM

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

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CHURCH WORLD SERVICE 308 EAST KING ST LANCASTER, PA 17602			7,315				SERVICE TO DISPLACED PERSONS
COMMUNITY FOOD SHARE 650 S TAYLOR AVE LOUISVILLE, CO 800273067			7,246				LOCAL HUNGER PROGRAM

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

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OPEN DOOR MINISTRY 400 N CENTENNIAL ST HIGH POINT, NC 272624120			7,130				LOCAL HUNGER PROGRAM
FAITH IN ACTION 603 S MAIN ST CHELSEA, MI 481181273			6,997				LOCAL HUNGER PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATIONAL CHURCH OF MIDDLEBURY 27 NORTH PLEASANT STREET MIDDLEBURY, VT 057531204			6,975				LOCAL HUNGER PROGRAM
OUR DAILY BREAD PO BOX 9544 BRADENTON, FL 342069544			6,948				LOCAL HUNGER PROGRAM

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GREATER BERKS FOOD BANK 117 MORGAN DRIVE READING, PA 196081755			6,876				LOCAL HUNGER PROGRAM
IDAHO FOODBANK WAREHOUSE 3562 S TK AVE BOISE, ID 837050601			6,652				LOCAL HUNGER PROGRAM

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GOOD SAMARITAN NETWORK PO BOX 339 NOBLESVILLE, IN 460610339			6,569				LOCAL HUNGER PROGRAM
COLONIAL PARK UNITED CHURCH OF CHRIST 5000 DEVONSHIRE RD HARRISBURG, PA 171091795			6,540				LOCAL HUNGER PROGRAM

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ST ANDREW UNITED METHODIST CHURCH 18850 RIEGEL RD HOMWOOD, IL 604304027			6,486				LOCAL HUNGER PROGRAM
ROCKFORD URBAN MINISTRIES 201 7TH ST ROCKFORD, IL 611041208			6,445				LOCAL HUNGER PROGRAM

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

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CRISIS CENTER FOOD BANK 1121 GILBERT COURT IOWA CITY, IA 522404528			6,292				LOCAL HUNGER PROGRAM
LUTHERAN WORLD RELIEF 700 LIGHT STREET BALTIMORE, MD 212303850			6,203				GLOBAL HUNGER AND DEVELOPMENT

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

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GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 405111084			6,149				LOCAL HUNGER PROGRAM
SECOND HARVEST FOOD BANK 750 CURTNER AVE SAN JOSE, CA 951252118			6,094				LOCAL HUNGER PROGRAM

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

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SACRED HEART COMMUNITY SERVICE 1381 S FIRST ST SAN JOSE, CA 951103123			6,094				LOCAL HUNGER PROGRAM
THE MANNA FOOD PROJECT 8791 MCBRIDE PARK DR HARBOR SPRINGS, MI 497409697			6,013				LOCAL HUNGER PROGRAM

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

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PENNRIDGE FISH ORGANIZATION INC BOX 9 PERKASIE, PA 189440009			6,011				LOCAL HUNGER PROGRAM
CHURCH WORLD SERVICE RICHMOND IMMIGRATION REFUGEE PROGRAM OFFICE RICHMOND, VA 23294			5,804				SERVICE TO DISPLACED PERSONS

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

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INTERFAITH CONFERENCEGR MILWAUKEE 5409 WEST VLIET ST MILWAUKEE, WI 532082118			5,674				LOCAL HUNGER PROGRAM
ST PETER'S EPISCOPAL CH 33 THROCKMORTON ST FREEHOLD, NJ 077281990			5,530				LOCAL HUNGER PROGRAM

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ACTION PATHWAYS INC 406 DEEP CREEK RD FAYETTEVILLE, NC 283022009			5,513				LOCAL HUNGER PROGRAM
NORTHFIELD TWP PANTRY FUND 2550 WAUKEGAN RD GLENVIEW, IL 600251777			5,511				LOCAL HUNGER PROGRAM

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MARTHA'S VINEYARD UNITED METHODIST CHURCH 89 WILLIAM ST OAK BLUFFS, MA 025572580			5,465				LOCAL HUNGER PROGRAM
CHURCH WORLD SERVICE GREENSBORO 122 N ELM ST STE 607 GREENSBORO, NC 274012818			5,448				SERVICE TO DISPLACED PERSONS

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RELIGIOUS COMMUNITY SERVICES PO BOX 704 NEW BERN, NC 285630704			5,431				LOCAL HUNGER PROGRAM
CRYSTAL LAKE FOOD PANTRY 42 EAST STREET CRYSTAL LAKE, IL 600391071			5,304				LOCAL HUNGER PROGRAM

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BROADWAY CHRISTIAN CHURCH 2601 W BROADWAY COLUMBIA, MO 652031295			5,262				LOCAL HUNGER PROGRAM
ST VINCENT DE PAUL EXETER 24 WINDING BROOK DRIVE STRATHAM, NH 038852329			5,256				LOCAL HUNGER PROGRAM

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GEAUGA HUNGER TASK FORCE 209 CENTER ST CHARDON, OH 440241189			5,247				LOCAL HUNGER PROGRAM
DOYLESTOWN AREA FISH PO BOX 1389 DOYLESTOWN, PA 18901			5,175				LOCAL HUNGER PROGRAM

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ELGIN COOPERATIVE MINISTRIES C/O HOLY TRINITY LUTHERAN CHURCH ELGIN, IL 601205684			5,147				LOCAL HUNGER PROGRAM
STATE COLLEGE FOOD BANK 1321 S ATHERTON STREET STATE COLLEGE, PA 168016204			5,053				LOCAL HUNGER PROGRAM

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CONGREGATION B'NAL JESHURU 1025 SOUTH ORANGE AVENUE SHORT HILLS, NJ 070783196			5,000				ADVOCACY
LIVING HOPE WHEELCHAIR ASSOCIATION PO BOX 55907 HOUSTON, TX 772555907			5,000				EMERGENCY RESPONSE

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

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THE SALVATION ARMY 10333 PAPOTE ST HOUSTON, TX 77041				750,600	FMV	HYGIENE KITS	EMERGENCY RESPONSE
AMERICAN RED CROSS 4925 NEW YORK AVE SUITE 121 ARLINGTON, TX 76018				450,000	FMV	HYGIENE KITS	EMERGENCY RESPONSE

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ACADEMIA BAUTISTA DE P NUEVO PUERTO NUEVO AVE 1136 SAN JUAN, PR 00920				399,553	FMV	BLANKETS, BABY, SCHOOL AND HYGIENE KITS, TARPS AND ROPES, COOKERS	EMERGENCY RESPONSE
INTERATIONAL ORTHODOX CHRISTIAN CHURCHES 3511 YOAKUM BOULEVARD HOUSTON, TX 77006				105,000	FMV	HYGIENE KITS, CLEAN-UP BUCKETS	EMERGENCY RESPONSE

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SOLDIERS OF THE CROSS CHURCH 201 MCLELLAN RD KINGWOOD, TX 77339				78,688	FMV	SCHOOL AND HYGIENE KITS, CLEAN-UP BUCKETS	EMERGENCY RESPONSE
FOOD BANK OF THE RIO GRANDE VALLEY 724 N CAGE BLVD PHARR, TX 78577				68,405	FMV	BLANKETS	EMERGENCY RESPONSE

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IGLESIA EVANGELICA UNIDA HUMACAO CALLE ANTONIO LOPEZ 6 HYUMACAO, PR 00791				57,796	FMV	HYGIENE KITS, TARPS AND ROPES, FILTERS	EMERGENCY RESPONSE
FIRST PRESBYTERIAN CHURCH OF TAFT 510 MCINTYRE TAFT, TX 78390				54,075	FMV	SCHOOL AND HYGIENE KITS, CLEAN-UP BUCKETS	EMERGENCY RESPONSE

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MARSHALL COUNTY NEIGHBORHOOD CENTER 402 W GARR ST PLYMOUTH, IN 46563				49,538	FMV	BLANKETS, HYGIENE KITS, CLEAN-UP BUCKETS	EMERGENCY RESPONSE
IGLESIA CHRISTINA DISCUPULOS DE CRISTO PAYAMON CARRETERA 167 KM 155 BAYAMON, PR 00959				46,860	FMV	HYGIENE KITS	EMERGENCY RESPONSE

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THE SALVATION ARMY 730 E 139TH AVENUE TAMPA, FL 33613				45,000	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE
ECHOS 9600 SOUTH GEESNER RD BUILDING E HOUSTON, TX 77071				40,300	FMV	BLANKETS, SCHOOL AND HYGIENE KITS, CLEAN-UP BUCKETS	EMERGENCY RESPONSE

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AMERICAN RED CROSS 965 E ROLLINGS RD ROUND LAKE BEACH, IL 60073				37,500	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE
SETX CIVILIAN TASKFORCE 1408 US-71 MOUNTAINBURG, AR 72946				32,400	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE

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AMERICAN RED CROSS 2700 SOUTHWEST FREEWAY HOUSTON, TX 77098				31,275	FMV	HYGIENE KITS	EMERGENCY RESPONSE
AMERICAN RED CROSS 4200 LATHROP ST SOUTH BEND, IN 46628				25,050	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE

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REACH OUT REACH MINISTRIES 15920 FICH AVE HARVEY, IL 60426				24,116	FMV	BLANKETS, HYGIENE, SCHOOL AND BABY KITS, CLEAN-UP BUCKETS	EMERGENCY RESPONSE
COMMUNITY FAMILY CENTERS 7524 AVENUE E HOUSTON, TX 77012				23,250	FMV	SCHOOL AND HYGIENE KITS, CLEAN-UP BUCKETS	EMERGENCY RESPONSE

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SISTERS OF HOPE COMMUNITY OUTREACH & DISASTER RELIEF 1583 SOUTH LAKE DRIVE PRESTONBURG, KY 41653				22,114	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE
UNITY IN DISASTER 248 18TH ST PORT ARTHUR, TX 77640				19,600	FMV	BLANKETS, SCHOOL AND HYGIENE KITS, CLEAN-UP BUCKETS	EMERGENCY RESPONSE

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FIRST UMC OF TUCSON 915 E 4TH STREET TUCSON, AR 85719				15,375	FMV	BLANKETS	EMERGENCY RESPONSE
ST PAUL UNITED CHURCH OF CHRIST OF CORPUS CHRISTI 5525 LIPES BLVD CORPUS CHRISTI, TX 78413				15,000	FMV	BLANKETS, SCHOOL AND HYGIENE KITS,	EMERGENCY RESPONSE

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INTERFAITH WELCOME CENTER 1600 HUEBNER RD SAN ANTONIO, TX 78238				14,964	FMV	BLANKETS	EMERGENCY RESPONSE
ENLACE DE FAMILIAS 301 MAIN ST HOLYOKE, MA 01040				14,195	FMV	BLANKETS, SCHOOL AND HYGIENE KITS	EMERGENCY RESPONSE

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GRACE PRESBYTERIAN CHURCH 6301 YORKTOWN BLVD CORPUS CHRISTI, TX 79414				12,285	FMV	BLANKETS, HYGIENE KITS, CLEAN-UP BUCKETS	EMERGENCY RESPONSE
MEMORIAL ASSISTANCE MINISTRIES 1625 BLALOCK RD HOUSTON, TX 77080				11,680	FMV	HYGIENE KITS, CLEAN-UP BUCKETS	EMERGENCY RESPONSE

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HOLDING INSTITUTE 1102 SANTA MARIA LAREDO, TX 78040				11,378	FMV	BLANKETS	EMERGENCY RESPONSE
GRACE COMMUNITY CHURCH 20076 CR 26 GOSHEN, IN 46526				7,425	FMV	BLANKETS, HYGIENE KITS	EMERGENCY RESPONSE

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CROSSROADS URBAN CENTER 347 SOUTH 400 EAST SALT LAKE CITY, UT 84111				7,350	FMV	BLANKETS, SCHOOL AND BABY KITS	EMERGENCY RESPONSE
CHURCH WORLD SERVICE MIAMI 1924 NW 8TH AVE BUILDING 10 DORLA, FL 33126				7,275	FMV	HYGIENE KITS, CLEAN-UP BUCKETS	EMERGENCY RESPONSE

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

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ST JOHNS COUNTY COUNCIL ON AGING 1800 MARINE ST ST AUGUSTINE, FL 32084				6,935	FMV	SCHOOL AND HYGIENE KITS, CLEAN-UP BUCKETS	EMERGENCY RESPONSE
COMMUNITY CHRISTIAN SERVICE AGENCY 4167 RAPPAHANNOCK AVE SAN DIEGO, CA 92117				6,175	FMV	BLANKETS, HYGIENE KITS	EMERGENCY RESPONSE

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LA PUENTE HOME 911 STATE AVE ALAMOSA, CO 81101				5,468	FMV	BLANKETS, HYGIENE KITS	EMERGENCY RESPONSE
FIRST PRESBYTERIAN CHURCH OF LA GRANGE 205 S FRANKLIN ST LA GRANGE, TX 78945				5,400	FMV	CLEAN-UP BUCKETS	EMERGENCY RESPONSE

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							EMERGENCY

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CHURCH WORLD SERVICE INC

Employer identification number
13-4080201

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b		No		
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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 REV JOHN L MCCULLOUGH PRESIDENT & CEO	(i)	272,131 -----	0 -----	0 -----	14,967 -----	66,128 -----	353,226 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 MAURICE A BLOEM EXECUTIVE VICE PRESIDENT	(i)	117,390 -----	0 -----	0 -----	6,456 -----	28,526 -----	152,372 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 EROL KEKIC SVP IMMIGRATION & REFUGEE PROGRAM	(i)	146,235 -----	0 -----	0 -----	8,043 -----	35,535 -----	189,813 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 KEITH BRAUER VP CHIEF HUMAN RESOURCES OFFICER	(i)	123,400 -----	0 -----	0 -----	6,787 -----	29,986 -----	160,173 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 LESLIE WILSON ASIA REGIONAL DIRECTOR	(i)	116,103 -----	0 -----	0 -----	6,386 -----	28,213 -----	150,702 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	LESLIE WILSON 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.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

OMB No 1545-0047

2017

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 ▶ (EMERGENCY CLEAN UP KIT)	X	21,602	1,712,146	AVERAGE COST
26 Other ▶ (HYGIENE KITS)	X	1,560	1,236,435	AVERAGE COST
27 Other ▶ (SCHOOL KITS)	X	1,403	667,199	AVERAGE COST
28 Other ▶ (BABY KITS)	X	13	8,037	AVERAGE COST

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

29

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

Part II **Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
CHURCH WORLD SERVICE INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public
Inspection**

Employer identification number

13-4080201

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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