*** PUBLIC DISCLOSURE COPY ***

Form **990**

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.

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

032001 12-23-20

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

A	For th	e 2020 calendar year, or tax year beginning 00L 1, 2020 and	dending L	UN 30, 2021	
B	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre	e CHRISTIAN RELIEF SERVICES, INC.			
	Name chan	Doing business as		54-18848	68
	Initial return	And the second s	Room/suite	E Telephone numbe	r
	Final return	8301 RICHMOND HIGHWAY	900	(703) 31	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	29,070,286.
	Amer	ALEXANDRIA, VA 22309		H(a) Is this a group re	eturn
	Appli	F Name and address of principal officer: BRIAN L. KRIZEK		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		te: WWW.CHRISTIANRELIEF.ORG		H(c) Group exemptio	n number 🕨
		forganization: X Corporation Trust Association Other	L Year	of formation: 1998	A State of legal domicile: VA
Pa	art I	Summary			
d)	1	Briefly describe the organization's mission or most significant activities: \underline{PROV}			
Activities & Governance		DONATED GOODS TO COMBAT POVERTY AND PROMO	OTE SU	STAINABLE SO	LUTIONS.
rna	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	
ove	3			3	10
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
es &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			9
Viţi.	6	Total number of volunteers (estimate if necessary)		6	9
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		38,437,204.	28,960,393.
nue	9	Program service revenue (Part VIII, line 2g)		119,221.	108,854.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		706.	789.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,720.	250.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,558,851.	29,070,286.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		31,870,007.	22,181,796.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		704,942.	854,628.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 4,319,2	92.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,845,798.	5,085,989.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		37,420,747.	28,122,413.
	19	Revenue less expenses. Subtract line 18 from line 12		1,138,104.	947,873.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,657,983.	3,065,793.
t As	21	Total liabilities (Part X, line 26)		636,991.	96,928.
켪	22	Net assets or fund balances. Subtract line 21 from line 20		2,020,992.	2,968,865.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule		ACTION INCOMESSION OF THE PROPERTY OF THE PARTY OF THE PA	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Signature of Wind		11-1	0-4
Sigr		Signature of officer		Date *	
Here	е	BRYAN L. KRIZEK, PRESIDENT/CEO			
		Type or print name and title		Data Law E	DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		AARON M. FOX MARGIN LLD	<u> </u>	.1/15/21 self-employ	
	arer	Firm's name MARCUM, LLP		Firm's EIN	11-1986323
Use	Only	Firm's address 1899 L STREET, NW, SUITE 850			00) 007 4000
		WASHINGTON, DC 20036		Phone no. (2	02) 227-4000
1/121/	tha II	A discusse this return with the proparer shown above? See instructions.			X V M -

Form 990 (2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	·	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	**	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		**	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	ļ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.	
_	Schedule D, Parts XI and XII	12a	X	_
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	l	7.7	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	7.
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	Ì		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		- v
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15		4-		₩.
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		- V
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1,		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		 ^-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
00-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a		20a		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21			v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

032003 12-23-20

Form 990 (2020) CHRISTIAN RELIEF S:
Part IV Checklist of Required Schedules (continued)

2	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Y	es N	o
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII. Section A. line 3. 4 a.s. 5 about				
2	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	. 2	2		<u>.</u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l			
	Ocheudie d			_	
2	The state of the s	2	3 Z	ζ	_
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No." go to line 25a	-			
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	a	X	
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24	b		
	any tax-exempt bonds?			- 1	
	any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(9), area of the section for the sec	24	c		
25	ia Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24	d		
	transaction with a disqualified person during the year? (Killy and the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	a L	_ X	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete			1	
26		25		X	
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				_
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x	
	a district of other application to the district of the distric				-
	or tourider, substantial Curifficular or employee thereof, a grant coloction assessing	İ			
28	the second with the second of family member of any of these persone?	27		x	
20	a party to a basiless trainsaction with one of the following parties (see Schoolule I. D. 4 11)	<u> </u>	 	 -	-
	instructions, for applicable filing thresholds, conditions, and exceptions).				
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	res," complete Schedule L. Part IV	28a		x	
		28b		X	-
•	A THE STATE OF THE PROPERTY OF	200	 	12	-
	res, complete schedule L. Part IV	28c	1	x	
29		29	X	+^	-
30	Samuel of the state of the stat	25	1	+	-
	our modules in the second letter schedule M	30		\ v	
31		31	╁	X	-
32	some dispose of, or transfer more than 25% of its net assore? It was a	131	-	 ^	-
	Scriedule N, Part II			1,7	
33		32	ļ	X	-
	300 Rolls 301.7701-2 alig 301.7701-37 If "Voc " complete Cabastyle D. D			3,5	
34	to any tax exempt of taxable entity? If "Yes " complete Schoolule D. Dent II III	33	 	X	
			٠,		
35 a		34	X		,
b	If res to line 35a, did the organization receive any payment from or engage in any transaction in	35a		X	
	within the meaning of section 512(0)(13)? If "Yes " complete Schedulo D. Dart V. line o				
36	A A STATE OF THE S	35b			
	n res, complete achequie H. Part V. line 2				
37		36		X	
	and that is treated as a partnership for federal income tax purposes? If "You " complete But a life in the same later as a partnership for federal income tax purposes?				
38		37		X	
	reote. All Form 990 filers are required to complete Schedule O				
Par	o o o o o o o o o o o o o o o o o	38	X	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V				
	. The source of the state of th				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No	
b	Enter the number of Forms W-2G included in line to Enter O it was a				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?				
32004	12-23-20	1c	X		
		- 1	, תמם		

Part V

Yes Νo 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Х 16 If "Yes," complete Form 4720, Schedule O. Form 990 (2020)

CHRISTIAN RELIEF SERVICES, INC. Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 54-1884868 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year No 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, ME, IL, KS, KY, MD, MA, MI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ___ Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records BIEU DO, CFO - (703) 317-9086 8301 RICHMOND HIGHWAY, NO. 900, ALEXANDRIA,

Form 990 (2020)

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization n		orga	niza			per	ısat	1	rector, or trustee.	
(A)	(B)			((D)			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	Week				T		T	from the	from related	other
	(list any hours for	direct			1	_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	50 aa	stee			usate		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	trust	al 1ru		yee	E E		,		and related
	below	ndividual trustee or director	Institutional trustee	la:	Key amployee	Highest compensated employee	E			organizations
	line)	호	ıst	Officer	Key	き	Former			
(1) BRYAN L. KRIZEK	12.00									
PRESIDNET/CEO	48.00	X		X	ļ	<u> </u>		0.	294,942.	44,716.
(2) PAUL E. KRIZEK, ESQ., EXECUTIVE	12.00									
DIRECTOR AND GENERAL COUNSEL	23.00		<u> </u>	X				0.	245,666.	42,949.
(3) BIEU DO	12.00									
CFO	48.00			X				0.	139,568.	20,577.
(4) ANITA UYEHARA	40.00									
CO-EXECUTIVE DIRECTOR	0.00	_	<u> </u>		_	X		115,296.	0.	19,543.
(5) NHI HO CAO	1.00									
SECRETARY	6.00	<u> </u>	<u></u>	Х			L.	0.	68,057.	28,704.
(6) JAMES J. O'BRIEN, ESQ.	1.00									
CHAIRMAN	6.00	X		X		ļ		0.	0.	0.
(7) CLYDE B. RICHARDSON	1.00									
TREASURER	6.00	X		X		<u>_</u>	ᆫ	0.	0.	0.
(8) ROBERT J. HISEL, JR.	1.00								_	
DIRECTOR	5.00	X				<u> </u>		0.	0.	0.
(9) REAR ADMIRAL ERIC C. JONES	1.00					l			_	_
DIRECTOR	6.00	X				<u> </u>	L	0.	0.	0.
(10) THOMAS M. O'BRIEN	1.00							_	_	
DIRECTOR	5.00	X				<u> </u>		0.	0.	0.
(11) ELAYNE SILVERSMITH	1.00									
DIRECTOR	6.00	X	_	<u> </u>		<u> </u>	_	0.	0.	0.
(12) REV. DR. KETLEN A. SOLAK	1.00								_	
DIRECTOR	5.00	X		<u> </u>		<u> </u>	Ĺ.,	0.	0.	0.
(13) FRANK STITELY, CPA	1.00							_	_	
DIRECTOR	5.00	X		<u> </u>		ļ		0.	0.	0.
(14) COLONEL JOHN F. WILLIAMS	1.00							_	_	
DIRECTOR	5.00	X		<u> </u>	<u> </u>	_	_	0.	0.	0.
			_				_			
		<u> </u>	<u> </u>	<u> </u>	ļ	-	ļ			
		-								
	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u></u>	<u> </u>	<u></u>		<u> </u>	5 000 (222)

Form 990 (2020)

032007 12-23-20

	Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees			ghes	st C	Compensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c unio	Pos hock	more rsen i	1 than of is both or/trus	ı an	(D) Reportable compensation	(E) Reportable compensation			(F) stima moun	
		(list any hours for related	tee or director					Ė	from the organization (W-2/1099-MISC)	from relate organizatio (W-2/1099-M	ns	1	othe opens rom ti ganiza	ation he
		organizations below line)	Individual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				ar	d rela anizat	ted
<u></u>														
С	Subtotal Total from continuation sheets to Part VII	, Section A						A	115,296. 0.	748,2	33.	15	5,4	89. 0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no	ot limited to the	se li	stec	abo	ove)) who	rec	115,296. ceived more than \$100,0	748,2 000 of reportabl	33. e	15	5,4	
	compensation from the organization												Yes	1 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the sur	ch individual										3		х
5	and related organizations greater than \$150, Did any person listed on line 1a receive or ac	.000? If "Yes."	con	nolet	e Sc	chec	lule .	I fo	r such individual			4	х	
	rendered to the organization? If "Yes." comments on B. Independent Contractors	olete Schedule	J for	r suc	h pe	ny u erso	nrei: n	atec	d organization or individu	Jal for services		5		х
1	Complete this table for your five highest com	pensated inde	pen	dent	cor	ntrac	ctors	tha	at received more than \$1	00,000 of comp	pensati	ion fro	m	
	the organization. Report compensation for the (A) Name and business a				wit	h or	with	in t	(B)			(C)	
-	Name and business a	ladress	NOI	NE				+	Description of se	rvices	Co	ompen		1
								+						
								+						<u></u> -
								-						
								-				·····		
2	Total number of independent contractors (inc	luding but not	limit	ted t	o th	ose	liste	d al	bove) who received more	e than				
	\$100,000 of compensation from the organiza	tion 🕨				0						orm 9	<u> </u>	000

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) {A} (C) (D) Revenue excluded Total revenue Related or exempt Unrelated function revenue business revenue from tax under sections 512 - 514 13,040. Grants 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 Giffs, 4,308,963. d Related organizations 1d 295,367. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 24343023 similar amounts not included above ... 17060140. g Noncash contributions included in lines 1a-1f 28960393. h Total, Add lines 1a-1f Business Code 108,854. 900099 108,854. 2 a HOUSING RENTAL Program Service f All other program service revenue 108,854. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 789. 789. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses Other Revenue c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _______8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b b Less: cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a MISCELLANEOUS 250. 900099 250. d All other revenue 250. e Total. Add lines 11a-11d

12 032009 12-23-20 29070286.

108,854.

Total revenue. See instructions

Sec	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All ot	ther organizations must co	mplete column (A).	
	Check if Schedule O contains a respo	onse or note to any line i	in this Part IX		
7b	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and an a series of a desired to destroying of Admix different				СХРСПЗЕЗ
	and domestic governments. See Part IV, line 21	22,181,796	. 22,181,796.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	İ			
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	695,406.	282,499.		410 000
8	Pension plan accruals and contributions (include	020,200.	404,433.		412,907
	section 401(k) and 403(b) employer contributions)	37,094.	15,069.		00.00=
9	Other employee benefits	66,224.			22,025. 39,321.
10	Payroll taxes	55,904.			39,321.
11	Fees for services (nonemployees):	33,304.	24,573.		31,331
a					
b		254			
c	Legal	254.	254.		
	Accounting	24,239.		24,239.	
d	,				
	Professional fundraising services. See Part IV, line 17				
T	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	311,627.	83,535.	130.	227,962.
12	Advertising and promotion	21.			21.
13	Office expenses	205,996.	19,302.	34,674.	152,020.
14	Information technology				
15	Royalties				
16	Occupancy	<u> 152,849.</u>	107,856.	10,567.	34,426.
17	Travel	4,402.	4,362.		40.
18	Payments of travel or entertainment expenses				40.
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,742.	17,888.		854.
23	Insurance	27,914.	15,744.	6,685.	5,485.
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			0,003.	5,405.
а	PRINTING AND PRODUCTION	2,318,664.	55,175.		2 262 400
	POSTAGE	1,064,510.	35,927.	69.	2,263,489.
С	PROCUREMENT FEES	776,461.	776,461.	09.	1,028,514.
	LIST RENTAL	91,021.	,,0,401.		01 004
е	All other expenses	89,289.	76,184.	3,229.	91,021.
	Total functional expenses. Add lines 1 through 24e	28,122,413.	23,723,528.	79,593.	9,876.
	Joint costs. Complete this line only if the organization		20,120,320.	13,393.	4,319,292.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-23-20				

032010 12-23-20

Form 990 (2020) 10 2020.05000 CHRISTIAN RELIEF SERVICES 192315_1

Pai	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		**********	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,163,008.	1	2,084,745
	2	Savings and temporary cash investments	35,541.	2	85,256
	3	Pledges and grants receivable, net	440,274.	3	49,532
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	800,066
Ă	9	Prepaid expenses and deferred charges	2,067.	9	13,570
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 216,678			
	b	Less: accumulated depreciation 10b 192,358		10c	24,320
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,304.	15	8,304
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,065,793
	17	Accounts payable and accrued expenses		17	67,226
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	400 541		00 500
		of Schedule D	488,541.	1	29,702
-	26	Total liabilities. Add lines 17 through 25	636,991.	26	96,928
ß		Organizations that follow FASB ASC 958, check here			
)Ce		and complete lines 27, 28, 32, and 33.	1 760 447	_	2 002 007
alar	27	Net assets without donor restrictions		27	2,902,907 65,958
Ö	28	Net assets with donor restrictions	260,545.	28	05,958
Ě		Organizations that do not follow FASB ASC 958, check here			
님		and complete lines 29 through 33.		_	
ş	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	2 000 000
ž	32	Total net assets or fund balances		32	2,968,865
	33	Total liabilities and net assets/fund balances	4,037,903.	33	3,065,793.

Form 990 (2020)

P	art XI Reconciliation of Net Assets	54	<u>-188</u>	<u>4868</u>	3 P	age 1
	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)		_			
2	Total expenses (must equal Part IX, column (A), line 12)	1		9,0		
3	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	2	2	8,12		
4		3				373.
5	Net unrealized gains (losses) on investments	4		2,02	20,9	<u>)92.</u>
6	Net unrealized gains (losses) on investments Donated services and use of facilities	_5				
7	Donated services and use of facilities	6				
8	Investment expenses	7				
9	Other changes in not accept as final below () and below (8				
10	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
.0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
Pa	column (B)) rt XII Financial Statements and Reporting	10		2,96	8.8	65.
L						
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting mathed used to present the Fig. 600.				Yes	No
•	Accounting method used to prepare the Form 990: Cash X Accrual Other					
2-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule).				
~	Were the organization's financial statements compiled or reviewed by an independent accountant?			_2a	L	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	оп а				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
D	Were the organization's financial statements audited by an independent accountant?			2b	х	
	if res, crieck a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	in the organization changed either its oversight process or selection process during the tax year, explain on Sobo	م ماريا				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	ام ۸۰۰۸	14			l
	Act and OMB Circular A-133?			3a		х
b	the required additional transfer of the required additional to additional transfer of the required add	rd audi	+	- 50		**
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		-	3ь		
			********		990	(2020)
				OHI	200	رددد)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. ➤ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number CHRISTIAN RELIEF SERVICES, INC. 54-1884868 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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). (iv) Is the organization listed (iii) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other in your gove ing documer (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

Total

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

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

	ction A. Public Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	/n\ 0000	70
1	Gifts, grants, contributions, and			1	(4) 2013	(e) 2020	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	26092807.	26272708.	23384400.	38437204	28960393	14214751
2	Tax revenues levied for the organ-				90137204.	20300393.	T#3T# 12T7
	ization's benefit and either paid to					Ī	
	or expended on its behalf				İ		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						8
4	Total. Add lines 1 through 3	26092807.	26272708.	23384400.	38437204	28960393	142147516
5	The portion of total contributions				50137204;	20000393.	T42T4/2T5
	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)						12146050
6	Public support. Subtract line 5 from line 4.						13146070.
Sec	tion B. Total Support					<u> </u>	130001442
Calei	ıdar year (or fiscal year beginning in) 🔊	(a) 2016	(b) 2017	(c) 2018	(4) 2010	/ 10000	
7	Amounts from line 4	26092807.	26272708.	23384400	(d) 2019 38437204	(e) 2020	(f) Total
8	Gross income from interest,				00437204.	20900393.	143147512
	dividends, payments received on						
	securities loans, rents, royalties,		:				
	and income from similar sources	739.	658.	698.	706.	700	
	Net income from unrelated business			- 050.	700.	789.	3,590.
	activities, whether or not the						
	business is regularly carried on						
0	Other income. Do not include gain						
	or loss from the sale of capital						
;	assets (Explain in Part VI.)	İ	15,693.	<u>2,</u> 010.	1 720	252	
	Total support. Add lines 7 through 10		20/055.	2,010.	1,720.	250.	<u>19,673.</u>
2 (Gross receipts from related activities, e	etc. (see instruction	ne)				143170775
3	First 5 years. If the Form 990 is for the	organization's fire	et second third fo	with a set i		12	811,945.
	riganization, check this box and stop	here		Jurui, or lifth tax ye	ear as a section 50	11(c)(3)	
ect	ion C. Computation of Public	Support Perc	entage				
4 F	Public support percentage for 2020 (lin	ie 6. calumn (f) div	ided by line 11, oc	dumm (6)	-		
5 F	Public support percentage from 2019 \$	Schedule A. Part II	line 14	namm (1))		14	90.80 %
	o non aupport test - 2020. If the of	danization did not	Check the how on	lina 10 and line 4.	4 1 00 4 1004	15	99.98 %
5	top here. The organization qualifies as 3 1/3% support test - 2019. If the or	s a publicly suppo	rted organization	inte 13, and line 14	4 IS 33 1/3% or mo	re, check this box	and
а	nd stop here. The organization qualifi 0% -facts-and-circumstances test -	es as a publiciv su	DDOrted organizati	e 13 01 16a, and 1	ine 15 is 33 1/3% c	or more, check this	box
7a 1	0% -facts-and-circumstances test -	2020. If the orga	profited organization	ook a haw an Cara	40.40		▶ □
а	nd if the organization meets the facts-	and-circumstances	tact charlythin h	eck a box on line	13, 16a, or 16b, an	d line 14 is 10% or	more,
n	neets the facts and circumstances test	. The organization	qualifies as a publ	ox and stop here			
b 1	0% -facts-and-circumstances test -	2019. If the organ	rization did not ab-	cly supported org	janization		
n	ore, and if the organization meets the	facts-and-circume	fances test short	euk a dox on line 1	13, 16a, 16b, or 17	a, and line 15 is 10)% or
o	rganization meets the facts and circum	istances teet. The	organization acces	unspox and sto	p here. Explain in	Part VI how the	_
3 P	rivate foundation. If the organization	did not chack a be	viganization qualif	nes as a publicly s	upported organiza	tion	>
-	3-1000	not oneck a be	A OII III E 13, 168,	100, 1/a, or 17b,			
					Sched	ule A (Form 990 o	r 990-EZ) 2020

(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 quality under the tests listed below, please complete Part II.)

Sei	ction A. Public Support	elow, please comp	nete i ait ii.j				
		(-) 2016	(b) 2017	/-\ 2010	(4) 2010	(-) 2020	/// Tatal
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus-						
	iness under section 513						
,	Tax revenues levied for the organ-						
4	•						
	ization's benefit and either paid to		:		1		
	or expended on its behalf				:		
5	The value of services or facilities				1		
	furnished by a governmental unit to					ŀ	
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	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						
	Public support. (Subtract line 7c from line 6.)	L	<u> </u>			<u> </u>	
Sec	tion B. Total Support	<u></u>	T				
	ndar year (or fiscal year beginning in) 🔊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6				_		
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
h	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	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	1					
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section !	501(c)(3) organizat	tion.
	check this box and stop here	=			-		` ——
Sec	tion C. Computation of Publi	c Support Per	centage		***************************************		
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	
	ction D. Computation of Inves			************************		1 10 1	70
				: 10!····· (0)		T 43 T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the	-					1/ is not
	more than 33 1/3%, check this box ar	•	-				
b	33 1/3% support tests - 2019. If the	organization did r	ot check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly supp	orted organizatior	· >
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
03303	3 01-25-21				Sci	edule A (Form 9	90 or 990-EZ) 2020

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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.
- 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.
- 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.
- 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.
- 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.)

			Y	es	No
	_2				
	3a	\dashv		-	
	3b	-		+	
	3c				
	4a				
	_ <u>4a</u>	1		1	
	4b	+	···	╁	
	4c				
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90	10b 0 or 99	0.5		201	

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11			Van	NI.
	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
9	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ec.	tion 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 The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	s).		
a b	·	netructic:	ne)	
b	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructior		N.
b c 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	nstructior	yes	No
b c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	nstructior		No
ь с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	nstructior		No
b c 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	nstruction		No
b c 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	nstructior 2a		No.
b c 2 a	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			No
b c 2 a	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			No.
b c 2 a	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			_ No
b c 2 a	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			No
b c 2 a b	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			No
b c 2 a b	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			No
b c 2 a b	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			No
b c 2 a b	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2a 2b		No
b c 2 a b	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	2a 2b		No

Sal	andula A (Farm 000 as 000 FT) coop GUD I GUT AN DEL TRU			
P	nedule A (Form 990 or 990-EZ) 2020 CHRISTIAN RELIEF SERVI art V Type III Non-Functionally Integrated 509(a)(3) Support	CES, I	NC.	54-1884868 Page 6
1	Check here if the organization satisfied the leternal State at the	ing Organ	izations	
_	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu	ing trust on	Nov. 20, 1970 (_{explair}	in Part VI). See instructions.
Se	ction A - Adjusted Net Income	ist complete	(A) Prior Year	(B) Current Year
1			(A) Filor Tear	(optional)
2	Control of the contro			
		2		
_3		3		
4	- mee, imough o.	4		
_5		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		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	tion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	- - ' -		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	- - -		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4	<u> </u>	
5	Income tax imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıed)	1 1001000 Fage /
	on D - Distributions		100,,,,,	,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	15	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required · explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental	Z) 2020 CHRIST	LAN RELIEF	SERVICES	, INC.	54-1884868	Page 8
Part IV, Section A, line 1: Part IV, Sec	tion D. lines 2 and 3	Part IV Section E li	nee to Co Ch Co	re, mait iv, decilon E	54-1884868 e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section 1; Part V, Section B, line 1e; Par additional information.	
SCHEDULE A, PART	II, LINE 1	lo, explana	ATION FOR	OTHER INCO	ME:	
MISCELLANEOUS						
2016 AMOUNT: \$	0.					
2017 AMOUNT: \$	15,693.					
2018 AMOUNT: \$	2,010.					
2019 AMOUNT: \$	1,720.					
2020 AMOUNT: \$	250.					
						··········

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization		Employer identification number
C:	HRISTIAN RELIEF SERVICES, INC.	54-1884868
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See instructions.
For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to y one contributor. Complete Parts I and II. See instructions for determining a contrib	
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the a Z, line 1. Complete Parts I and II.	16a, or 16b, and that received from
contributor, during literary, or educati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fig the year, total contributions of more than \$1,000 exclusively for religious, charitable fonal purposes, or for the prevention of cruelty to children or animals. Complete Part b) instead of the contributor name and address), II, and III.	le, scientific,
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for exclusively for religious, charitable, etc., purposes, but no such contributions total here the total contributions that were received during the year for an exclusively religible any of the parts unless the General Rule applies to this organization becaute, etc., contributions totaling \$5,000 or more during the year	ed more than \$1,000. If this box igious, charitable, etc., se it received nonexclusively
religious, charitab	io, co., contributions totaling wo, coo or more during the year	Ψ
•	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule	
	n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	its Form 990-PF, Part I, line 2, to
LHA For Paperwork Reduct	ion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Scho	edule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

CHRISTIAN	RELIEF	SERVICES,	INC.

	THE THE DERVICED, INC.		<u>4-1884868</u>
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\frac{10,060,496.}{}	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>4,200,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 3,279,944.	Person Payroll Oncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 -		\$ 2,557,271.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 -		\$ <u>744,016.</u>	Person Payroll Moncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II for noncash contributions.)
		Schedule R /Form O	AD 000 ==

Employer identification number

CHRISTIAN RELIEF SERVICES, INC.

54-1884868

Part	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
1	No. from		FMV (or estimate)	(d) Date received
Sample S		MEDICINE		
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S 3,279,944. 06/30/22 (a) No. Description of noncash property given See instructions. Description of noncash property given S 2,557,271. 06/30/22 (a) No. Description of noncash property given See instructions. Desc	1			Date received
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(a) (c) (d) FMV (or estimate) (d)				
(a) (c) (d) FMV (or estimate) (d)			•	
No. (b) (C) (d)			*	
i Pivi (or estimate) i i i	No. from		FMV (or estimate)	(d) Date received
\$			\$	

			Employer identification numb
CHRISTI Part III	IAN RELIEF SERVICES,	INC.	54-1884868
,	Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition	charitable at a subtrust of Adams	section 501(c)(7), (8), or (10) that total more than \$1,000 for the v
(a) No.		al space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gi	ft
	Transferee's name, address,	and 71D . 4	
	address,	and 2(P + 4	Relationship of transferor to transferee
-			
(a) No. from	(b) Purpose of gift	(1)	
Part I	(-// dipose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
_			
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
,		(e) Transfer of gift	
	Transferee's name, address, an		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
<u></u>			
) Na. 'om	(b) Purpose of gift		
art I	(b) I dipose of glit	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
			er aguisteror to traustetee

SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

	CHRISTIAN RELIEF SE		54-1884868
Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	ccounts. 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 w	riting that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad-		
•	for charitable purposes and not for the benefit of the donor or		_
	impermissible private benefit?		
Pai		nization answered "Yes" on Form 990 Part IV	line 7
1	Purpose(s) of conservation easements held by the organization		3 33 0.00 0 4
'	Preservation of land for public use (for example, recreation		orically important land area
	Protection of natural habitat		• •
		Preservation of a cert	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
			2b
	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired aff	· · · · · · · · · · · · · · · · · · ·	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the organ	ization during the tax
	year		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conservati	on easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation ea	sements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B	00
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense stater	nent and
	balance sheet, and include, if applicable, the text of the footno		
	organization's accounting for conservation easements.	3	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for publi	•	
	service, provide in Part XIII the text of the footnote to its finance	•	and or public
h	If the organization elected, as permitted under FASB ASC 958		a sheat works of
D	art, historical treasures, or other similar assets held for public e	•	
	provide the following amounts relating to these items:	exhibition, education, or research in futilierance	e of public service,
	,		* *
	(i) Revenue included on Form 990, Part VIII, line 1		. .
_			
2	If the organization received or held works of art, historical treas		provide
	the following amounts required to be reported under FASB AS		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2020

26 2020.05000 CHRISTIAN RELIEF SERVICES 192315_1

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So	hedule D (Form 990) 2020 CHRIST Part III Organizations Maintaining	IAN RELIEF	SERV	ICES,	INC.			54-	18848	60	_
	urtin Organizations Maintaining	Collections of A	ht Hiel	torical T	00011500	or Oth	er Sin			00	Page
3		sion, and other reco	rds, chec	k any of the	followina	that make	signific	ant use o	fita	ntinue	(d)
	(ensent all that apply).			•		widt munc	Jiginiic	ant use o	IIIS		
	a Public exhibition		d 🔲	Loan or ex	change pro	ogram					
	b Scholarly research		е 🔲	Other	3	- 5,					
	c Preservation for future generations										
4		collections and expla	ain how th	ney further	the organiz	ation's ex	empt ni	unnse in l	Part VIII		
5									an All.		
P	to be sold to laise fullus fatiler than to be r	naintained ac part of	+ha a===	-11: 2					□ Ves	. г	, ,
<u>. </u>	art IV Escrow and Custodial Arran reported an amount on Form 990, P	MONICHIA, Comp	olete if the	organizati	on answere	ed "Yes" o	л Form	990, Part	IV, line 9.	or L	_ J N
1:											
	a Is the organization an agent, trustee, custon on Form 990. Part X2	lian or other interme	diary for a	contributio	ns or other	assets no	t includ	ed			
I	on Form 990, Part X? If "Yes," explain the arrangement in Part XII				,				Yes		□N
	w your oxplain the analogement in Part XII	and complete the fo	ollowing t	able:			,				
,	Beginning balance								Amou	ınt	
	Beginning balance Additions during the year				· · · · · · · · · · · · · · · · · · ·		1	С			
e	Additions during the year Distributions during the year						_1	d			
f	Distributions during the year Ending balance						_1	e			
2 a	Ending balance Did the organization include an amount on F	orm 990 Doub V Bu		************			∟1	f			
ь	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds Complete	Chack hara if the	≥ ≥ I, for e	scrow or c	ustodial acc	count liabi	ility?		Yes		No
Pa	rt V Endowment Funds. Complete	if the organization ar	xpianatioi	n nas been "Yoo" on Fo	provided o	n Part XIII					
		(a) Current year	/h) D	res on Fo							
1a	Beginning of year balance	(a) Content year	(0) (1)	rior year	(c) Two y	ears back	(d) Thr	ee years ba	ıck (e) Fo	ur year	s back
b											
C											
d					<u> </u>						
е	Other expenditures for facilities										
	and programs					İ					
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	fline 1a	column (a)	l bold						
а	buard designated or quasi-endowment		%	Column (a)	neiu as:						
þ	Permanent endowment	%									
C	Tanna a - dan	/ 4									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	tion that :	are held an	d administa		_				
	•										T
	(i) Unrelated organizations	••••							r	Yes	No
	(ii) Related organizations If "Yes" on line 3a(ii), are the related organizate			**************		************	•		3a(i)		
þ					*************				3a(ii)		
			ment fur	nds.		************			<u>3</u> b		<u> </u>
ar	<u>vi</u> Land, buildings, and Equipme	ent.					·				
	Complete if the organization answered	"Yes" on Form 990,	Part IV, I	ine 11a. Se	e Form 990). Part X. I	ine 10				
	Description of property	(a) Cost or ot	her	(b) Cost of	or other	r .	cumula	tod	/-II-D		· · · · · · · · · · · · · · · · · · ·
		basis (investm	ent)	basis (d			reciatio		(d) Bool	k value	8
	Land					239		-			
b	Buildings						<u></u>				
C	_easehold improvements			64	,568.		64,5	68			
d l	quipment				,130.		$\frac{34,5}{27,7}$		1 (3,34	0.
е (Other Add lines 1a through 1e. <i>(Column (d) must ea</i> i				000						30.
	A 1 1 12				, , , , , , , , ,						

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n 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)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			

(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	***************************************	<u> </u>	
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)	······	
Complete if the organization answered "Yes" or	n Form 000 Dort IV line	11a or 11f Can Form 000 Bort V line 05	
() D () () () ()	n romi 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	(b) Book value
1. (a) Description of Hability (1) Federal income taxes			(b) book value
			91.
(2) FUNDS HELD FOR OTHERS (3) SECURITY DEPOSITS			18,054.
(4) DUE TO AFFILIATES			11,557.
			±1,33/.
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
	35 l		29,702.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	ل.ك		47,1021

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

032054 12-01-20

SCHEDULE I (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990,

2020
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number CHRISTIAN RELIEF SERVICES, INC. 54-1884868 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part !! 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 (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book or government (if applicable) cash grant FMV, appraisal, other) noncash assistance or assistance assistance MEDICINES AND BREAD AND WATER FOR AFRICA MEDICAL EQUIPMENT, AND TO PROVIDE CRITICAL 8301 RICHMOND HIGHWAY, # 300 WASHINGTON, DC 22309 54-1884520 16,208,557.FHV AGRICULTURE 418,500. SUPPORT. AMERICAN INDIAN YOUTH RUNNING STRONG - 8301 RICHMOND HIGHWAY TO PROVIDE CRITICAL # 200 - WASHINGTON, DC 22309 54-1594578 2,100,000 526,473.FMV FOOD SUPPORT. CHRISTIAN RELIEF SERVICES CHARITIES - 8301 RICHMOND HIGHWAY, TO PROVIDE CRITICAL # 100 - WASHINGTON, DC 22309 52-1394775 1,607,083 SUPPORT. FOOD, AMERICANS HELPING AMERICANS CLOTHING, 8301 RICHMOND HIGHWAY, # 100 HYGIENE ITEMS, TO PROVIDE CRITICAL WASHINGTON, DC 22309 54-1594577 680,000 512,594. FMV SHOES, AND SUPPORT. CHRISTIAN RELIEF SERVIES OF VRIGININA - 8301 RICHMOND HIGHWAY, TO PROVIDE CRITICAL # 200 - WASHINGTON, DC 22309 54-1609844 84,560 ٥ SUPPORT. CRS HOUSING PRESERVATION 8301 RICHMOND HIGHWAY. # 100 TO PROVIDE CRITICAL WASHINGTON, DC 22309 71-1031988 20,000. SUPPORT. 7. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 0.

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) 2020

COPY

032101 11-02-20

II Continuation of Grants and Oth	1		1	1		u : (1.)	Υ
(a) Name and address of organization or government	(P) 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
AIM FOUNDATION							
HARBOR VIEW DR.			Í				
EDIN, FL 34698	26-3120953		17,000.	0,			DISASTER RESPONSE
						<i>f</i>	
						3	
	<u> </u>						
]	
			1				

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032241 11-05-20 Schedule I (Form 990)

Schedule (Form 990) 2020 CHRISTIAN RELIE	EF SERVIC	ES, INC.			54-1884868	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash ass	istance
	· ·				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

					nu.	
					,,,,,,,,,,,,	
Part IV Supplemental Information. Provide the information rec	uired in Part I, lir	e 2; Part III, column	n (b); and any other ac	ditional information.		
PART I, LINE 2:						
CHRISTIAN RELIEF SERVICES CONDUCTS	A PRE-GF	ANT REVIE	W TO DETERM	INE THE		
CAPABILITY OF THE APPLICANT TO CAR	RY OUT TH	E PROJECT	WHICH IS T	O BE FUNDED		
BY THE PROPOSED GRANT. IF CHRISTIA	N RELIEF	SERVICES I	DECIDES TO	AWARD THE		
GRANT, CHRISTIAN RELIEF SERVICES E	NTERS INT	O A WRITT	EN GRANT AG	REEMENT WITH		
THE GRANTEE AND REQUIRES FINANCIAL	AND NARF	ATIVE REP	ORTS SETTIN	G FORTH THE		
OBJECTIVES ACCOMPLISHED BY THE PRO						
THE STAFF OF CHRISTIAN RELIEF SERV	TORS REVI	EWS THE P	EPORTS FROM	THE GRANTEE		·
032102 11-02-20	ING 4 1	AAAA 1\.		III GRUNIBE	Schedule I (Form t	90) 2020

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Schedule I (Form 990) 2020 COPY

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

CHRISTIAN RELIEF SERVICES, INC.

Employer identification number 54-1884868

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
_	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
•		4a		Х
		4b		X
				X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		
	il res to any of thes 42-6, list the persons and provide the applicable amounts for each item in Fait in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
9	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	1	х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		<u> </u>
J		8		х
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0	···	
3		9		
	Regulations section 53.4958-6(c)?	<u> </u>		<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020



Schedule J (Form 990) 2020 CHRISTIAN RELIEF SERVICES, INC. 54-1884868

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).

Note: The sum of columns (B)()-(ii) 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.

			W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
(1) BRYAN L. KRIZEK	(i)	0.	0.					
PRESIDNET/CEO	tin	294,942.	0.	0.	0.	0.	0.	0.
(2) PAUL E. KRIZEK, ESQ., EXECUTIVE	(i)	0.	0.	0.	22,442.	22,274.	339,658.	0.
DIRECTOR AND GENERAL COUNSEL	(ii)	245,666.		0.	0.	0.	0.	0.
(3) BIEU DO	(i)	0.	0.	0.	19,893.	23,056.	288,615.	
CFO	(ii)	139,568.	0.	0.	0.	0.	0.	0.
		133,300.	0.	0.	10,388.	10,189.	160,145.	0.
	(0)							0.
	(ii)							
	0							
	(ii)					**** ****		
	(i)							
	(ii)							
	(1)							
	(ii)							
	(i) [
	<u>(ii)</u>							
	(i) L							
	(ii)	_						
	(i)							
	(ii) [
	(i) [
	(ii)							
	(i) [
	in E							
	n L	·						
	n –							
	m L							
	ii)							
	<u> </u>							
	<u>ii) </u>							
	D							
((nL.							

Schedule J (Form 990) 2020

032112 12-07-20

Schedule J (Form 990) 2020 CHRISTIAN RELIEF SERVICES, INC.	54-1884868	Page 3
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 informat	ion,
SCHEDULE J, PART I, LINE 3:		
THE BOARD OF DIRECTORS IS GUIDED IN TERMS OF DETERMINING APPROPRIATE,		
FAIR AND REASONABLE COMPENSATION BY WRITTEN COMPENSATION GUIDELINES FOR		
"DISQUALIFIED PERSONS" AS IT IS DEFINED UNDER THE INTERNAL REVENUE CODE		
SECTION 4958. THESE GUIDELINES WERE ADOPTED BY THE BOARD OF DIRECTORS		
OF THE CENTRAL ORGANIZATION, CHRISTIAN RELIEF SERVICES CHARITIES, INC.,		
OF WHICH THE ORGANIZATION IS A SUBORDINATE UNIT. DURING THE YEAR, NO		
MEMBERS OF THE BOARD, OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION		
WERE DETERMINED TO BE DISQUALIFIED. THE COMPENSATION GUIDELINES ARE	AND THE PROPERTY OF THE PROPER	
BASED ON PROCEDURES SET FORTH IN THE TREASURY REGULATION INTERPRETING		
INTERNAL REVENUE CODE SECTION 4958.		
PURSUANT TO THE COMPENSATION GUIDELINES, THE BOARD OF DIRECTORS OF THE		
CENTRAL ORGANIZATION REVIEWS APPROPRIATE COMPARABILITY SURVEYS WHICH		
PRESENT THE COMPENSATION DATA OF OTHER TAX-EXEMPT ORGANIZATIONS WITH		
SIMILAR MISSIONS AND REVENUES, TO ASSESS WHAT IS ORDINARY AND		
REASONABLE IN TERMS OF THE RELEVANT MARKET FOR COMPENSATION. THE DATA		
INCLUDED IN THE COMPARABILITY SURVEYS COMES FROM NUMEROUS SOURCES, SUCH		
AS ASSOCIATION SURVEYS AND CONSULTANT RESEARCH STUDIES. THE DATA IS		

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032113 12-07-20

Schedule J (Form 990) 2020

Schodule J (Form 990) 2020 CHRISTIAN RELIEF SERVICES, INC. Part III Supplemental Information	54-1884868 Page
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4a, 5a, 5b	J%-1884868 Page
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
FOCUSED ON COMPARABLE MAY TURNS	
FOCUSED ON COMPARABLE TAX-EXEMPT ORGANIZATIONS LOCATE	ED WITHIN THE
GREATER WASHINGTON, DC METROPOLITAN AREA.	
TOTAL AREA.	
(5.46.47.44	Schedule J (Form 990) 2020
3 12-07-20	- 110 Salo O (FORM 990) 2020
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number CHRISTIAN RELIEF SERVICES, INC. 54-1884868 Types of Property Part I (c) (d) Number of Check if Noncash contribution Method of determining

		applicable	items contributed	Form 990, Part VIII, li		ash contribution a	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		154,8	19.FMV			
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	X	6		54. FMV			
20	Drugs and medical supplies	X	9	16,204,6	07.FMV			
21	Taxidermy							
22	Historical artifacts							,
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AGRICULTURE)	X	0	3,9	60.FMV			
26	Other ()							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement 29	a			
							Yes	No
30a	During the year, did the organization receive by					it		
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	· · · · · · · · · · · · · · · · · · ·				<u>30a</u>		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	-	•	•	***	31	Х	
32a	Does the organization hire or use third parties of			·-				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) i	is checked,	1		
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Schedule M (Form 990) 2020 CHRISTIAN RELIEF SERVICES, INC.	54-1884868	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information.	3, and whether the organiza nbination of both. Also comp	tion
SCHEDULE M, PART I, COLUMN (B):		
THE TOTAL REPRESENTED IN PART I, COLUMN (B) REPRESENTS TH	IE NUMBER OF	
CONTRIBUTIONS THAT WERE RECEIVED FOR THE YEAR ENDED JUNE	30, 2021.	
SCHEDULE M, LINE 32B:		
ALL OFFERED GIFTS ARE REVIEWED UNDER OUR GIFT ACCEPTANCE	POLICY PRIOR	
TO ACCEPTANCE.		
		<u>.</u>

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHRISTIAN RELIEF SERVICES, INC.

Employer identification number 54-1884868

FORM 990, PART 111, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BREAD AND WATER FOR AFRICA HAS BEEN COMMITTED TO PROMOTING POSITIVE
CHANGES IN AFRICA BY SUPPORTING AND STRENGTHENS IMPOVERISHED
COMMUNITIES IN SUB-SAHARAN AFRICA. BREAD AND WATER FOR AFRICA WORKS
WITH LOCAL GRASSROOTS ORGANIZATIONS, PROMOTES SELF-SUFFICIENCY AND
IMPROVEMENTS IN HEALTH, EDUCATION, CLEAN WATER DEVELOPMENT,
AGRICULTURAL BEST PRACTICES, AND SUSTAINABLE ENERGY.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SAFE PLACES PROGRAM - CHRISTIAN RELIEF SERVICES RUNS AN IMPORTANT
PROGRAM TO PROVIDE TRANSITIONAL HOUSING AND SUPPORT SERVICES TO WOMEN
AND CHILDREN WHO ARE VICTIMS OF DOMESTIC VIOLENCE. THE PROGRAM, CALLED
SAFE PLACES, OPERATES ONLY IN FAIRFAX COUNTY, VIRGINIA. DOMESTIC
VIOLENCE SHELTERS IN FAIRFAX COUNTY GENERALLY ONLY ALLOW A PERSON TO
STAY FOR UP TO 30 DAYS AFTER FLEEING THEIR ABUSER. THAT IS NOT ENOUGH
TIME FOR A TRAUMATIZED DOMESTIC VIOLENCE VICTIM WHO FOUND THE COURAGE
TO LEAVE HER HOME TO RESTART HER LIFE ANEW. THROUGH THE PROGRAM, WOMEN
WHO FLEE TO A FAIRFAX COUNTY SHELTER ARE REFERRED TO SAFE PLACES WHERE
THEY ARE ABLE TO SECURE AFFORDABLE HOUSING OWNED AND MANAGED BY
CHRISTIAN RELIEF SERVICES, PAYING ONLY 30 PERCENT OF THEIR GROSS WAGES,
FOR UP TO TWO YEARS. THE CLIENT IS REQUIRED TO BE EMPLOYED. SAFE PLACES
PARTICIPANTS ARE OFFERED MENTAL HEALTH COUNSELING AND CASE MANAGEMENT,
THESE SERVICES ASSIST IN FURTHERING THEIR EDUCATION, LIFE SKILLS,
BUDGETING, PARENTING, INDEPENDENCE, AND OVERALL IMPROVED MENTAL
WELL-BEING. ADDITIONALLY, SAFE PLACES PROGRAM HAS ADDED A HOUSING
HA For Panenwork Reduction Act Notice see the Instructions for Form 990 or 990-F7

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization Employer identification number CHRISTIAN RELIEF SERVICES, INC. 54-1884868 LOCATOR TO ASSIST PARTICIPANTS IN FINDING PERMANENT HOUSING WHEN THEY LEAVE SAFE PLACES PROGRAM. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HOUSING PROGRAMS EXPENSES \$ 549,557. INCLUDING GRANTS OF \$ 120,294. REVENUE \$ 108,854. FORM 990, PART VI, SECTION A, LINE 2: BRYAN L. KRIZEK, PRESIDENT/CEO AND PAUL E. KRIZEK, EXECUTIVE DIRECTOR/GENERAL COUNSEL HAVE A FAMILY RELATIONSHIP. VOLUNTEER BOARD MEMBERS JAMES J. O'BRIEN, CHAIRMAN, AND THOMAS M. O'BRIEN, DIRECTOR, HAVE A FAMILY RELATIONSHIP AS WELL. FORM 990, PART VI, SECTION A, LINE 8B: CHRISTIAN RELIEF SERVICES DOES NOT HAVE A COMMITTEE THAT ACTS ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE INTERNAL REVENUE SERVICE FORM 990 IS PREPARED BY A FIRM OF CERTIFIED PUBLIC ACCOUNTANTS WITH EXPERTISE IN TAX AND AUDIT ISSUES RELATED TO TAX-EXEMPT ORGANIZATIONS. THE FORM 990 IN DRAFT FORM IS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND OFFICERS. THE DIRECTORS AND OFFICERS ARE INSTRUCTED TO SEND THEIR QUESTIONS, COMMENTS, AND SUGGESTIONS DIRECTLY TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE, STAFF AND THE AUDITOR, THEN MAKE A FINAL REVIEW OF THE DRAFT FORM 990. THE AUDIT COMMITTEE ADDRESSES ANY CONCERNS AND RESPONDS TO ANY COMMENTS OF DIRECTORS

AND OFFICERS PRIOR TO SUBMISSION OF THE FEDERAL FORM 990 TO THE INTERNAL

REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

CHRISTIAN RELIEF SERVICES HAS ADOPTED A DETAILED WRITTEN CONFLICT OF INTEREST POLICY WHICH DEFINES CONFLICTS OF INTEREST AND REQUIRES OFFICERS, DIRECTORS, AND KEY EMPLOYEES AFFIRMATIVELY AND PROMPTLY TO DISCLOSE ALL AND ANY POTENTIAL CONFLICTS. COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MANDATORY. ALL SUCH PERSONS ARE REQUIRED TO ANNUALLY SIGN A STATEMENT AFFIRMING THAT THEY ARE FAMILIAR WITH THE TERMS OF THIS POLICY AS WELL AS TO PROVIDE WRITTEN RESPONSES TO A QUESTIONNAIRE ENTITLED "CONFLICT OF INTEREST DISCLOSURE STATEMENT." ALL PERSONS SUBJECT TO THE CONFLICT OF INTEREST POLICY ARE OBLIGATED BY THE POLICY TO PROMPTLY INFORM THE CHAIR OF THE BOARD OF DIRECTORS OF ANY MATERIAL CHANGE THAT DEVELOPS WITH REGARD TO THEIR DISCLOSURE STATEMENT, WHICH IS DISTRIBUTED TO DIRECTORS AND OFFICERS AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, FL, GA, ME, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, WA VA, WV, WI, AK, CO, CT, ND, OH, OK

FORM 990, PART VI, SECTION C, LINE 19:

CHRISTIAN RELIEF SERVICES MAKES PUBLICLY AVAILABLE ON ITS WEBSITE (CHRISTIANRELIEF.ORG) THE MOST RECENT AUDITED FINANCIAL STATEMENTS AND FORM 990S FOR THE PRECEDING THREE YEARS AT GUIDESTAR.ORG. CHRISTIAN RELIEF SERVICES MAKES AVAILABLE UPON REQUEST COPIES OF ITS ARTICLES OF INCORPORATION AND BYLAWS. THE SAME APPLIES FOR THE CONFLICT OF INTEREST POLICY AND COMPENSATION GUIDELINES.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CHRISTIAN RELIEF SERVICES, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 54-1884868

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total inco	ne End-of-yea	- 1	(f) Direct controlling entity		1
						<u>.</u>		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had on	or more re	plated tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) controlling entity	Section 5 contr enti	olled
AMERICANS HELPING AMERICANS, INC				501(c)(3))	CHRISTI,	AN RELIEF	Yes	No
54-1594577, 8301 RICHMOND HIGHWAY, \$100, ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	SERVICE:	s Es, inc.		x
BREAD AND WATER FOR AFRICA, INC 54-1884520, 8301 RICHMOND HIGHWAY, #300.	•				CHRISTI SERVICE:	AN RELIEF		
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	1	ES, INC.		х
AMERICAN INDIAN YOUTH RUNNING STRONG, INC					CHRISTI,	AN RELIEF		
54-1594578, 8301 RICHMOND HIGHWAY, #200,	4		L		SERVICE			
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHARITI	-		X
CHRISTIAN RELIEF SERVICES OF VIRGINIA, INC 54-1609844, 8301 RICHMOND HIGHWAY, \$400.	-				SERVICE:	AN RELIEF		
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHARITI			x

For Paperwork Reduction Act Notice, see the Instructions for Form 960.

Schedule R (Form 990) 2020

032161 10-28-20 LHA

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Part II Continuation of Identification of Related Tax-E	xempt Organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	organi	g) 512(b)(13) balled Ization?
CHRISTIAN RELIEF SERVICES CHARITIES, INC			-	301(0)(3))		zeY	No
52-1394775, 8301 RICHMOND HIGHWAY, \$999,	4						
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	N/A		
CRS TRIANGLE HOUSING CORPORATION -	CHARITABLE	VIRGINIA	201(5)(2)	DINE /	CHRISTIAN RELIEF	 	X
54-1922277, 8301 RICHMOND HIGHWAY, \$705,	+				SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHARITIES INC.		۱.,
CHRISTIAN RELIEF SERVICES KANSAS AFFORDABLE	CHARITABLE	VIKIDAIA	301(0)(3)	DINE IU	CHRISTIAN RELIEF	<u> </u>	Х
HOUSING CORPORATION - 54-1779171 8301					SERVICES		
RICHMOND HGHWY #710 ALEXANDRIA VA 22309	CHARITABLE	Kansas	E01/03/23	T T 10	ł		.,
MOUNTAIN LAKES HOUSING FOUNDATION, INC	- INGUE	Kristo	501(C)(3)	LINE 10	CHARITIES, INC. CHRISTIAN RELIEF	 	X
54-1639377, 8301 RICHHOND HIGHWAY, #720.	-				SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	DELAWARE	501(C)(3)	LINE 10			
CRS SCOTTSDALE HOUSING CORPORATION -	CRARITABLE	DELIAWARE	201(C)(3)	PINE 10	CHARITIES, INC.	 	X
54-1990752 8301 RICHMOND HIGHWAY #745	 						
ALEXANDRIA VA 22309	CHARITABLE	ARIZONA	501 (0) (2)	1.0	SERVICES		l
CRS CAMBRIDGE HOUSING CORPORATION -	CHARITABLE	ARIZONA	501(C)(3)	LINE 10	CHARITIES, INC.	<u> </u>	X
54-2041806, 8301 RICHMOND HIGHWAY, #750,					CHRISTIAN RELIEF		
ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501/01/21	7 7277 10	SERVICES		-
CRS FOUNTAIN PLACE HOUSING CORPORATION -	CHARITABLE	ARIZONA	501(C)(3)	LINE 10	CHARITIES, INC.	<u> </u>	X
54-2041804 8301 RICHMOND HIGHWAY #755	-				CHRISTIAN RELIEF		-
ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	504 (5) (3)		SERVICES		
· · · · · · · · · · · · · · · · · · ·	CARRITABLE	ARIZONA	501(C)(3)	LINE 10	CHARITIES, INC.	<u> </u>	Х
CRSC RESIDENTIAL, INC 54-2041807	-				CHRISTIAN RELIEF		
· · · · · · · · · · · · · · · · · · ·	CHARITABLE		554 (4) (2)		SERVICES	1	١
ALEXANDRIA, VA 22309 CRS HOUSING PRESERVATION, INC 71-1031988	CRARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHARITIES, INC.	-	X
8301 RICHMOND HIGHWAY #450	-				CHRISTIAN RELIEF	1	
ALEXANDRIA VA 22309	CHARITABLE	VIRGINIA	501 (5) (3)		SERVICES		l
CHRISTIAN RELIEF SERVICES/21ST CENTURY	CRARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHARITIES, INC.		X
CAMPAIGN, INC 54-1748859, 8301 RICHHOND	┥				CHRISTIAN RELIEF SERVICES		
HIGHWAY #600 ALEXANDRIA VA 22309	CHARITABLE	VIRGINIA	501(C)(3)		1		
CRS PEORIA HOUSING CORPORATION - 46-1511494	CHARITABLE	VIRGINIA	201(C)(3)	LINE 12A, I	CHARITIES, INC.		X
	-				CHRISTIAN RELIEF		
8301 RICHMOND HIGHWAY, \$764	CHARITABLE	7777011	F01 (0) (1)		SERVICES		
ALEXANDRIA, VA 22309 CRS SOMERSET PLACE HOUSING CORPORATION -	CHARITABLE	ARIZONA	501(C)(3)	LINE 10	CHARITIES, INC.	 	X
46-3979740, 8301 RICHMOND HIGHWAY, \$768,	-				CHRISTIAN RELIEF		
		37770113	501 (0) (1)	7377 10	SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 10	CHARITIES, INC.		X

032222 04-01-20

:	Continuation of Identification of Related Tax-Exempt Organizations
Partill	Continuation of identification of Related Lay-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	cent	g) 512(b)(13) rolled
or related organization		foreign country)	section	status (if section 501(c)(3))	entity		zation?
CRS PALMS HOUSING CORPORATION - 81-0850789				55.(5)(5)/	CHRISTIAN RELIEF	Yes	No
8301 RICHMOND HIGHWAY, \$770	†			İ	SERVICES		
ALEXANDRIA, VA 22309		ARIZONA	501(C)(3)	LINE 10	CHARITIES INC.		х
CRS BROOKMONT HOUSING CORPORATION -				10	CHRISTIAN RELIEF	-	
81-1158715, 8301 RICHMOND HIGHWAY, #460,	4				SERVICES		
ALEXANDRIA VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHARITIES INC.		x
CRS MCCLELLAN HOUSING CORPORATION -			1		CHRISTIAN RELIEF		_ A
81-4283891, 8301 RICHMOND HIGHWAY, \$774	7	1			SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 10	CHARITIES, INC.		х
CRS IRONWOOD HOUSING CORPORATION -					CHRISTIAN RELIEF	1	<u> </u>
82-0955164, 8301 RICHMOND HIGHWAY, \$775,	1	***			SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 10	CHARITIES, INC.	1	x
CRS PETERSBURG HOUSING CORPORATION, INC					CHRISTIAN RELIEF		
82-2442874, 8301 RICHMOND HIGHWAY, #784,					SERVICES	ĺ	
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHARITIES, INC.		x
CRS SKYLINE HOUSING CORPORATION - 83-2720270					CHRISTIAN RELIEF	†	
8301 RICHMOND HIGHWAY	7				SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHARITIES, INC.		х
CRS GARDEN PINES HOUSING CORPORATIONS -					CHRISTIAN RELIEF	 	
83-3955056, 8301 RICHMOND HIGHWAY,	7			Ì	SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHARITIES, INC.		х
CRS FLORENCE HOUSING CORPORATION -					CHRISTIAN RELIEF	<u> </u>	
85-3849183, 8301 RICHMOND HIGHWAY,	1				SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHARITIES, INC.		х
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032222 04-01-20

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34	, because it had one or more related
40 (111	organizations treated as a partnership during the tax year.	•		

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	{	h)	(i)	(ii) [(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total income	Share of end-of-year	Disproportiona		Code V-UBI Genera		al or	Percentage	
or related organization		(state or foreign	Sinty	(related, unrelated, excluded from tax under	RICOITIE	assets		tions?	amount in box partne		1077	ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No		
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Identification of Related Or	ganizations Taxable a	s a Corpo	ration or Trust. Co	mplete if the organizat	ion answered "Yes	s" on Form 990 Pa	art IV	line 34	because it had o	ne or	· mo	ra related	
art IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.													

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont ent	(i) ction (b)(13) trolled tity?
		country)	conupy)					Yes	No
									
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Schedule R (Farm 990) 2020 COPY

032162 10-28-20

Part V	Transactions With Related Organizations	Complete if the organization appropria	I "Yes" on Form 990, Part IV, line 34, 35b, or 36.
	Transcools Tribinista Organizacións.	Complete it the organization allawared	1 165 Off FORM 990, Fall 19, line 34, 350, 0136.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parte list? 1 Report of pil interest, filly anvalless, filly repulsives, or filly and the following transactions with one or more related organizations listed in Parte list? 1 During the tax year, did the organization organization organization organization organization from elated organization from elated organization o		omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
b Giff, grant, or capital contribution from related organization(s) c Giff, grant, or capital contribution from related organization(s) d Leans or loan guarantees to or for related organization(s) e Leans or loan guarantees by related organization(s) f Dividend from related organization(s) g Sale of assets to related organization(s) h Purchase of assets to related organization(s) f Dividend from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) f Exchange of assets with related organization(s) f Exchange of assets with related organization(s) f Exchange of assets with related organization(s) f Dividend from related from related from related from rela	1 Du	ing the tax year, did the organization engage in any of the following transaction:	s with one or more r	elated organizations listed in	Parts II-IV?				
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Schedule R (Form 990) 2020 COPY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(o) Are all partners a Son(c)(3 orgs.? You No	(f) Share of total income	(g) Share of end-of-year assets	(h Dispre Son Mocat Yos	por- its ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner Yes N	(k) Percentage ownership
	111										

Schedule R (Form 990) 2020

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Schedule R	(Form 990) 2020	CHRISTIAN	RELIEF	SERVICES,	INC.	54-1884868	Page 5
Part VII	(Form 990) 2020 Supplemental Infor	rmation					
	Provide additional inform	ation for responses t	o auestions or	n Schedule R. See in	etrictions		
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