efile	e Pu	ıblic Visı	al Render ObjectId: 202122089349300837 - Submission	n: 202	1-07	-27	т	IN: 33-0826951
			Return of Organization Exempt From					OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it may	ions)	2020			
Department of the Treasury Internal Revenue Service Go to <u>www.irs.gov/Form990</u> for instructions and the latest infor					•			Open to Public Inspection
A Fe	or th	ne 2020 ca	l alendar year, or tax year beginning 01-01-2020), and ending 12-31	-2020		_		
_		applicable:	C Name of organization Christian Solidarity International Inc			D Employe	r identi	fication number
		change hange				33-0826	951	
		-	Doing business as					
_		rn/terminated ed return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit			E Telephone	numbei	r
		ion pending	Number and street (or P.O. box if mail is not delivered to street address) Room/suit 870 Hampshire Road	e		(805) 77	7-7107	7
			City or town, state or province, country, and ZIP or foreign postal code					
			Westlake Village, CA 91361			G Gross rec		,615,058
			F Name and address of principal officer:			a group ret	urn for	
			870 Hampshire Road T Westlake Village, CA 913616038			dinates? I subordinate	es	UYes ≤No
I Tax	-exer	mpt status:	✓ 501(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □ 527		includ If "No		st (see	Yes └─No instructions)
JW	ebsi	te: www	w.csi-usa.org			exemption i	-	-
K Forn	n of o	organization:	Corporation 🗌 Trust 🗌 Association 🗌 Other 🕨	L Year o	f forma	tion: 1998	M State	of legal domicile: CA
Pa	art I	Sum	mary					
			cribe the organization's mission or most significant activities: Solidarity International, Inc. is a Christian Human Rights organization promo	امت معا		liberty The		ation funda musuidas
e		aid to, and brings awareness of victims of religious repression, victimized children and victims of disaster.						acion runus, provides
an								
лөл								
Activities & Governance		2 Check this box ► □ 3 Number of voting members of the governing body (Part VI, line 1a)					3	5
×ð	4		of independent voting members of the governing body (Part VI, line 1a)		• •	_	4	5
ttle	5		ber of individuals employed in calendar year 2020 (Part V, line 22)				5	5
Stiv	6	Total num	ber of volunteers (estimate if necessary)				6	
Ă	7a	Total unre	elated business revenue from Part VIII, column (C), line 12				7a	0
	b	Net unrel	ated business taxable income from Form 990-T, line 39			,	7b	
					Pri	or Year		Current Year
9	8	Contribut	ions and grants (Part VIII, line 1h)			1,587,8	88	1,613,153
Revenue		-	service revenue (Part VIII, line 2g)					0
Ren			nt income (Part VIII, column (A), lines 3, 4, and 7d)			4,6	29	1,905
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,592,5	17	0 1,615,058
			ad similar amounts paid (Part IX, column (A), lines 1–3)			1,002,0		0
			paid to or for members (Part IX, column (A), line 4)					0
\$2	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			333,6	18	272,950
Exp enses	16a	a Professio	nal fundraising fees (Part IX, column (A), line 11e)			19,2	05	39,316
be	b	Total fundra	aising expenses (Part IX, column (D), line 25) 136,897					
Ω	17	Other exp	oenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,207,1	73	1,193,573
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,559,9		1,505,839
. 07	19	Revenue	less expenses. Subtract line 18 from line 12	<u> </u>		32,5		109,219
Net Assets or Fund Balances				Begi	nning	of Current Ye	ar	End of Year
sset 3ala	20	Total asse	ets (Part X, line 16)			399,9	09	568,128
ot A nd E	21	Total liabi	lities (Part X, line 26)					147,862
ž	22	Net asset	s or fund balances. Subtract line 21 from line 20			399,9	09	420,266
Pa	rt II	Sign	ature Block					

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

		anature of officer			2021-07-27	
-					Date	
Here	NC.					
	V ¹ y		Dronororio cionoturo	Data	1	DTIN
Paid	I	Print/Type preparer's name	Preparer s signature	Date	Check if self-employed	P11N P00088993
		Firm's name 🕨 Folkers & Associa	ites An Acct Corp		Firm's EIN 🏲 2	0-1564366
Use	Only	Firm's address 🕨 18818 TELLER AV	/E STE 275		Phone no. (949) 399-1040
		IRVINE, CA 9261	12			
May th	ne IRS disc	uss this return with the preparer	shown above? (see instructions)		
Sign Here Signature of officer Date Robert F Davis II CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN P00088993 Preparer Use Only Firm's name Folkers & Associates An Acct Corp Firm's EIN 20-1564366 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no. (949) 399-1040 Yes No For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (Form 990 (2020					
Form 9	990 (2020					Page
			ce Accomplishments			raye .
i citi		-	•	Port III		
1						0
-	,	5		romotina reliaious liber	ty. The organiz	ation funds, provides aid to.
					c):e e.ga	
			ant program services during the	year which were not li	sted on	
	•					🗌 Yes 🕑 No
			make significant changes in how	it conducts, any progra	am	
						. 🗆 Yes 🗶 No
-		2				
	Section 50)1(c)(3) and 501(c)(4) organizati	ons are required to report the a			
4a	•				,,	,
					gamzation runus,	provides ald to, and brings
4b	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)
4.	(Cada)) (Evenences d	induding grants	of #) (Devenue t)
40	(coue.) (Expenses \$		UI \$) (Revenue \$)
44	Other pro	gram services (Describe in Schod	lule ())			
Ξu			-) (Revenue	\$)
40				, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
E		ALAIN SCIVICE CADEIISES	1,207,320			

Form	990 (2020)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A 50 .	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete</i>			No
7	Schedule D,Part I 😼	6		
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🐿	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😨	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗐	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 10.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🗐	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 🗐	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😨	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🐿	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🔞	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
71	Did the excenization report more than #E 000 of grante ar other assistance to any demostic excenization or demostic	I I		Ma

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	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			

Form 990 (2020)

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete Schedule K. If</i> " <i>No</i> ," <i>go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L</i> , Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
		28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
			Yes	No

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
 1a

 https://projects.propublica.org/nonprofits/organizations/330826951/202122089349300837/full

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b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	1						
с	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?							
		Form 990 (2020)						

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Form	990 (2020)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots .	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
_	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a h	Gross income from members or shareholders			
D	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			

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с	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No
	For	m 990 (2020)	

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		lines V
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		No
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe 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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
- AK , AL , AR , AZ , CA , CO , CT , DC , FL , GA , HI , IL , KY , MA , MD , ME , MI , MN , MS , NC , NH , NJ , NM , NY , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WI
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►Theresa Kettler 870 Hampshire Rd Suite T Westlake Village, CA 91361 (805) 777-7107

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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 . .

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

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

Page 7

	List all of the orga	anization's curren	t officers, directo	ors, trustees	(whether	individuals o	r organizations),	regardless of	f amount
of	compensation. Enter	r -0- in columns ([D), (E), and (F) i	f no compen	sation wa	s paid.			

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		one bo	ox, ι n of tor/t	t ch unle: ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Robert F Davis II CEO	22.00			x				24,436	0	0
(2) John Eibner President	10.00 0.00	х		x				5,004	0	0
(3) Markus Weber Cfo	2.00	х		x				0	0	0
(4) Rev Gerald Bell Board Member	2.00	х						0	0	0
(5) Val Sawelenko Board Member	2.00	х						0	0	0
(6) Joel Veldkamp Secretary	0.00	х		x				0	0	0

	-	_	-	-	 	8	_
							Form 990 (2020)

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Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations		ne b	ox,ι n of	t che unles ficer	ss pers and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total	art VII, Section				I	* * *		29,440		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

Yes No з Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 No For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual • . • • . . . 4 No

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		
	services rendered to the organization?If "Yes," complete Schedule J for such person	5	No

	(A)	year ending with or wit		(B)	(C)	
compensation from the organization > 0 Form 990 (Page 9 m 990 (2020) Page 9 Check if Schedule O contains a response or note to any line in this Part VIII	Name and business address		Desc	ription of services	Compensation	
Form 990 (Page 9 Form 990 (Page 9 Page 9 Page 9 Compensation from the organization > 1 Check if Schedule O contains a response or note to any line in this Part VIII Control revenue						
Compensation in the organization is 0 Form 990 (2020) Page 9 Page 9 Check if Schedule Q contains a response or note to any line in this Part VIII Check if Schedule Q contains a response or note to any line in this Part VIII Check if Schedule Q contains a response or note to any line in this Part VIII Check if Schedule Q contains a response or note to any line in this Part VIII Check if Schedule Q contains a response or note to any line in this Part VIII Check if Schedule Q contains a response or note to any line in this Part VIII Check if Schedule Q contains a response or note to any line in this Part VIII Officient Response or note to any line in this Part VIII Check if Schedule Q contains a response or note to any line in this Part VIII Check if Schedule Q contains a response or note to any line in this Part VIII Check if Schedule Q contains a response or note to any line in this Part VIII Check if Schedule Q contains a response or note to any line in this Part VIII Check if Schedule Q contains a response or note to any line in this Part VIII Check if Schedule Q contains and this Part VIII Intermetin Contributions <td colspan<="" th=""><th></th><th></th><th></th><th></th><th></th></td>	<th></th> <th></th> <th></th> <th></th> <th></th>					
Form 990 (Page 9 Page 9 Page 9 One of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII One of this Part V						
Page 9 m 990 (202) Part VIII Statement of Revenue Theck if Schedule O contains a response or note to any line in this Part VIII. The control of Revenue The control of Re		ited to those listed abov	e) who received mo	ore than \$100,000	of	
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Check if Schedule O contains a response or note to any line in this Part VIII Total revenue Realized or sevenue Unrelated bise Unrelated bise C(P) Unrelated bise revenue 1a gendership dues 1b gendership dues 1c gendership dues 1c gendership dues 1c gendership dues 1c gendership and the start of the start o					Page	
(A) (B) (C) (D) Total revenue Reladed or exempt Uncertain the second prevenue Image: Second transformed second transfo					\Box	
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4 Income from investment of tax-exempt bond proceeds 0 5 Royalties 0	3 Investment income (including dividends, interest, and other	1.005	1.005			
5 Royalties			1,905		+	
					+	
	(i) Real (ii) Personal				+	

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6a	Gross rents	6a							
b	Less: rental expenses	6b							
с	Rental income or (loss)	6c							
d	Net rental income	or (loss)	• •	-	0			
	ſ		(i) Securit	ies	(ii) Other				
7a	Gross amount from sales of assets other than inventory	7a							
b	Less: cost or other basis and sales expenses	7b							
с	Gain or (loss)	7c							
	Net gain or (loss)			•	.	0			
Other Revenue	Gross income from fur (not including \$ contributions reported	on l	of ine 1c).						
é	See Part IV, line 18	•		8a					
с ь	Less: direct expens	es		8b					
le c	Net income or (loss	s) fro	om fundraisin	g eve	nts 🕨	0			
G	Gross income from g See Part IV, line 19		ng activities.	9a					
b	Less: direct expens	es		9b					
c	Net income or (loss	s) fro	om gaming a	ctivitie	es 🕨	0			
	Gross sales of inver returns and allowar	nces	• •	10a					
b	Less: cost of goods	sol	d	10b					
	Net income or (loss			ivento		0			
11	Miscellaneo a	us R	levenue		Business Code				
b									
c									
d	All other revenue	•							
e	Total. Add lines 11	a-1	1d	• •	•	0			
12	Total revenue. Se	e in	structions .	·	· · · 🕨	1,615,058	1,905		

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Form 990 (2020) Page 10 Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). -Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraising (C) Management and Do not include amounts reported on lines 6b, (A) 7b, 8b, 9b, and 10b of Part VIII. Total expenses general expenses expenses 1 Grants and other assistance to domestic organizations and 0 domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See 0 Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign 0 governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members . . 0 26 996 5 Compensation of current officers directors trustees and 29 440 2 444

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-	key employees		_0,000	-, · · ·	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	221,890	190,981	23,659	7,250
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	21,620	18,751	2,245	624
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	39,316			39,316
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	41,598	205	41,393	
12	Advertising and promotion	11,292	10,357	300	635
13	Office expenses	6,079		6,079	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	14,913	4,971	4,971	4,971
17	Travel	6,819	30	6,260	529
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	5,381		5,381	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Broadcasting	328,066	262,148		65,918
	b Food & Livestock - FP	122,390	122,390		
	c Medical Supplies - SL	112,420	112,420		
	d Publicity Costs	69,522	49,759	3,404	16,359
	e All other expenses	475,093	408,312	65,486	1,295
25	Total functional expenses. Add lines 1 through 24e	1,505,839	1,207,320	161,622	136,897
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

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Page **11**

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX $$.			🗆
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	380,879	1	547,193
2	Savings and temporary cash investments	15,757	2	17,662
з	Pledges and grants receivable, net		3	0
4	Accounts receivable, net		4	0

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	5	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor, d	or 35% controlled entity	5	0
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section			6	0
s	7	Notes and loans receivable, net			7	0
ssets	8	Inventories for sale or use			8	0
Ass	9	Prepaid expenses and deferred charges		1,31	99	1,319
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	22,360		
	b	Less: accumulated depreciation	10b	22,360	10c	0
	11	Investments—publicly traded securities .			11	0
	12	Investments-other securities. See Part IV, line	11 .		12	0
	13	Investments-program-related. See Part IV, line	11 .		13	0
	14	Intangible assets			14	0
	15	Other assets. See Part IV, line 11		4 15	1,954	
	16	Total assets. Add lines 1 through 15 (must equal to the second se	ual line	33)	9 16	568,128
	17	Accounts payable and accrued expenses		17	135,961	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
ŝ	21	Escrow or custodial account liability. Complete F	of Schedule D	21		
_iabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons	or 35% controlled entity	22		
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	23	
	24	Unsecured notes and loans payable to unrelated	l third p	parties	24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	to related third parties,	25	11,901	
	26	Total liabilities. Add lines 17 through 25 .			0 26	147,862
Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck h			
ala	27	Net assets without donor restrictions	•			-100,181
d B	28	Net assets with donor restrictions	• •		5 28	520,447
Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	heck here 🕨 🗌 and			
or	29	Capital stock or trust principal, or current funds	· · · · .	29	<u> </u>	
ets	30	Paid-in or capital surplus, or land, building or ec	nt fund	30	<u> </u>	
Assets	31	Retained earnings, endowment, accumulated in		31		
	32	Total net assets or fund balances	•			420,266
Net	33	Total liabilities and net assets/fund balances .		9 33	568,128	

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– Page 12 –

Form 990 (2020) Page **12** Part XI **Reconcilliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI \checkmark 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,615,058 Total expenses (must equal Part IX, column (A), line 25) 2 1,505,839 2 3 3 109,219 399,909 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . 4 . 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities . . . 6 6 7 7 Investment expenses 8 -88,862 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 420,266

Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Securated Conternation Conte			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

3b Form **990** (2020)

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Additional Data

 Software ID:
 20011551

 Software Version:
 2020v4.0

Form 990, Special Condition Description:

Special Condition Description

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		ULE A		Public (Charity Statu	s and Pul	olic Supp	ort	OMB No. 1545-0047
(For	m 990	or 990EZ)	Con		rganization is a sect	ion 501(c)(3)	organization or		2020
Depart	ment of t	he Treasury			4947(a)(1) nonexe Attach to Form				
Interna	ll Revenu	e Service		Go to <u>www.irs</u>	<u>.gov/Form990</u> for ii	nstructions and	I the latest info	ormation.	Open to Public Inspection
		ne organiza						Employer identif	
Christ	ian Soli	darity Internat	ional Inc					33-0826951	
	rt I				us (All organization			See instructions.	
	organiz				e it is: (For lines 1 thro	. .		(•) (:)	
1					sociation of churches			(A)(I).	
2					1)(A)(ii). (Attach Sch	-			
3	\Box	•	•	•	vice organization desc			-	
4	\cup		and state:	inization operati	ed in conjunction with	a nospital descri	ibed in section .	170(D)(1)(A)(III).	Enter the hospital's
5		170(Ď)(1)	(A)(iv). (Co	mplete Part II.)					ribed in section
6					governmental unit de				
7	\checkmark			rmally receives (vi). (Complete		s support from a	governmental u	init or from the gene	ral public described in
8		A commun	ity trust desc	ribed in section	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9									llege or university or a
10	\square	5	5	2	ee instructions. Enter (1) more than $33_{1/3}\%$			5 1	
	0	investment	income and	unrelated busin	actions—subject to cert less taxable income (le omplete Part III.)				upport from gross organization after June
11					d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		more publi	cly supported	organizations of		09(a)(1) or se	ction 509(a)(2). See section 509(he purposes of one or (a)(3). Check the box
а		Type I. A solution organization	supporting or n(s) the pow	ganization oper er to regularly a	appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically b	y giving the supported anization. You must
b	\square			tions A and B.	vervised or controlled i	n connection wit	h its supported o	vraanization(s) by h	aving control or
5	\cup	manageme	nt of the sup		ation vested in the san				
С					supporting organizatio ions). You must com				ated with, its
d		functionally	/ integrated.	The organizatio	d. A supporting organi n generally must satis rt IV, Sections A and	fy a distribution	requirement and		anization(s) that is not quirement (see
е		Check this	box if the org	anization receiv	ved a written determir integrated supporting	ation from the I		pe I, Type II, Type I	II functionally
f	Enter	the number	of supported	d organizations				· · · · · · · · - <u>-</u>	
g		de the follow Name of supp		on about the su (ii) EIN	upported organization((iii) Type of		anization listed	(v) Amount of	(vi) Amount of
	(1)	organizatio			(described on lines 1- 10 above (see instructions))		ing document?	(see instructions)	
						Yes	No		
Tota	l								
For	Paperv	work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 11285	5F S	Schedule A (Form	990 or 990-EZ) 2020
					_				
					Pa	ge 2			
Sche	dule A	(Form 990 c	or 990-EZ) 20)20					Dage 3
	rt II		,		zations Described	in Sections 1	.70(b)(1)(A)	(iv) and 170(b)(Page 2
_		(Compl	ete only if y	ou checked th		or 8 of Part I of	or if the organi	zation failed to qu	alify under Part III.
		A. Public		1	· -	· ·	,	· ·	
Cali	andar	VAST		I		1	1	I	

	4, 4:55 PM		Solidarity Internation			 ProPublica 	
	r fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
ì	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	1,104,146	1,199,056	1,503,576	1,587,888	1,613,153	7,007,819
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
3	The value of services or facilities furnished by a governmental unit to						0
4	the organization without charge Total. Add lines 1 through 3	1,104,146	1,199,056	1,503,576	1,587,888	1,613,153	7,007,819
5	The portion of total contributions by each person (other than a governmental unit or publicly	_, ,	_,,				
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.						7,007,819
	ection B. Total Support						
	r fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4.	1,104,146	1,199,056	1,503,576	1,587,888	1,613,153	7,007,819
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	607	1,158	-1,075	4,629	1,905	7,224
11	Total support. Add lines 7 through 10						7,015,043
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for t	-					ization, check
	this box and stop here			<u></u>	<u></u>		
	Public support percentage for 2020 (li			column (f))			99.900 %
14	Public support percentage for 2019 Sc					14	
15	33 1/3% support test—2020. If the					15	99.920 %
LOa	and stop here. The organization qual 33 1/3% support test—2019. If the	ifies as a publicly s e organization did	supported organiza not check a box o	ation n line 13 or 16a, a	and line 15 is 33 1/	3% or more, checl	🕨 🗹 k this
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets	t-2020. If the ore on meets the "facts"	ganization did not s-and-circumstanc	check a box on lir es" test, check thi	ne 13, 16a, or 16b s box and stop he	, and line 14 ere. Explain	
b	organization	st—2019. If the o zation meets the "	rganization did no facts-and-circums	t check a box on l tances" test, chec	ine 13, 16a, 16b, o k this box and sto	or 17a, and line p here.	▶⊔
18	supported organization	ion did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	
	instructions						► 🗆
					Schedu	le A (Form 990 o	or 990-EZ) 2020
			Page 3				

Schedule A (Form 990 or 990-EZ) 2020

Schee	Schedule A (Form 990 or 990-EZ) 2020 Page 3								
Pa	(Complete on	nly if you cl	hecked the b	ox on line 10 o		9(a)(2) organization fa complete Part		nder Part II. If	
Se	ection A. Public Suppor	t							
	endar year fiscal year beginning in) 🖡	•	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, membership fees received. include any "unusual grants	(Do not							
2	Gross receipts from admiss merchandise sold or service performed, or facilities furn any activity that is related to organization's tax-exempt p	es ished in to the							
3	Gross receipts from activitie not an unrelated trade or b								

0/4/24,		Christian St		ai me - Puil Phing-					
4	Tax revenues levied for the								
	organization's benefit and either paid								
5	to or expended on its behalf The value of services or facilities								
5	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons Amounts included on lines 2 and 3								
D D	received from other than disgualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
~	13 for the year. Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
0	from line 6.)								
Se	ction B. Total Support				·	-			
Cale	ndar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(6) Total	
-	fiscal year beginning in) 🕨	(a) 2010	(b) 2017	(c) 2010	(u) 2019	(e) 2020	U.		
9	Amounts from line 6.								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business						T		
	activities not included in line 10b, whether or not the business is								
	regularly carried on.								
12									
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
15	11, and 12.).								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) o	rganiz	ation,	
	check this box and stop here							► 🛛	
Se	ction C. Computation of Public	Зиррогі Регсе	entage						
<u>Se</u> 15	Public support percentage for 2020 (lir			column (f))		15			
		ne 8, column (f) d	livided by line 13,			15 16			
15 16	Public support percentage for 2020 (lin Public support percentage from 2019 S	ne 8, column (f) d Schedule A, Part I	livided by line 13, II, line 15						
15 16	Public support percentage for 2020 (lin	ne 8, column (f) d Schedule A, Part I ment Income	livided by line 13, II, line 15 Percentage						
15 16 Se	Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest	ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colu	livided by line 13, II, line 15 Percentage mn (f) divided by	line 13, column (f))	16			
15 16 Se 17 18	Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2	ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colu 019 Schedule A,	livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	line 13, column (f))	16 17 18	ine 17	is not	
15 16 Se 17 18 19a	Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the o	ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colu 019 Schedule A, prganization did n	livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . iot check the box	line 13, column (f))	16 17 18 33 1/3%, and			
15 16 5e 17 18 19a	Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2	ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colu 019 Schedule A, organization did n stop here. The o	livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box rganization qualifi	line 13, column (f))	16 17 18 33 1/3%, and ion			18 is
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- **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) purposes.
- 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 (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
 10b

Schedule A (Form 990 or 990-EZ) 2020

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

10a

Page 5

Sche	edule A (Form 990 or 990-EZ) 2020		F	Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly			

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

Section C. Type II Supporting Organizations

1

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).

Section D. All Type III Supporting Organizations

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

organization maintained a close and continuous working relationship with the supported organization(s).

Section E. Type III Functionally-Integrated Supporting Organizations

- 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. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b \square
- С \square The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a **b** Did the activities described in line 2a 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See \square instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c

https://projects.propublica.org/nonprofits/organizations/330826951/202122089349300837/full

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of			
	1		

Yes

2

з

No

Yes No 2b 3a 3b

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Schedule A (Form 990 or 990-EZ) 2020

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d Total (add lines 1a 1b and 1c)

Christian Solidarity International Inc - Full Filing- Nonprofit Explorer - ProPublica

Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	1d		1	
Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
Acquisition indebtedness applicable to non-exempt use assets	2			
Subtract line 2 from line 1d	3			
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
Multiply line 5 by 0.035	6			
Recoveries of prior-year distributions	7			
Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current	Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1			
Enter 85% of line 1	2			
Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
Enter greater of line 2 or line 3	4			
Income tax imposed in prior year	5			
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.0356Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, Column A)1Enter 85% of line 12Minimum asset amount for prior year (from Section B, line 8, Column A)3Enter greater of line 2 or line 34Income tax imposed in prior year5Distributable Amount.5Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)6	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.0356Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, Column A)1Enter 85% of line 12Minimum asset amount for prior year (from Section B, line 8, Column A)3Enter greater of line 2 or line 34Income tax imposed in prior year5Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)6	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.0356Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable AmountCurrent NAdjusted net income for prior year (from Section A, line 8, Column A)1Enter 85% of line 12Minimum asset amount for prior year (from Section B, line 8, Column A)3Enter greater of line 2 or line 34Income tax imposed in prior year5Distributable Amount. Subtract line 5 from line 4, unless subject to emergency6

instructions)

Schedule A (Form 990 or 990-EZ) 2020

—— Page 7 —

Schedule A (Form 990 or 990-EZ) 2020

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Part V Type III Non-F	unctionally Integrated	1 509(a)(3) Supporting	Organizations (con	ntinued)	
Section D - Distributions	Current Year					
1 Amounts paid to supported	organizations to accomplish	exempt purposes		1		
	 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 					
3 Administrative expenses pa	id to accomplish exempt pur	rposes of supported organization	ons	3		
4 Amounts paid to acquire ex	empt-use assets			4		
5 Qualified set-aside amounts	s (prior IRS approval require	d - provide details in Part VI))	5		
6 Other distributions (<i>describ</i>	e in Part VI). See instructio	ons		6		
7 Total annual distributions	. Add lines 1 through 6.			7		
	 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions 					
9 Distributable amount for 20	20 from Section C, line 6			9		
10 Line 8 amount divided by Lin	ne 9 amount			10		
Section E - Distribu (see instru		(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020	
1 Distributable amount for 202	20 from Section C, line 6					
2 Underdistributions, if any, fo (reasonable cause required- See instructions.						
3 Excess distributions carryove	er, if any, to 2020:					
a From 2015						
b From 2016						
c From 2017						
d From 2018						
e From 2019						
f Total of lines 3a through e						
g Applied to underdistribution						
h Applied to 2020 distributab						
 Carryover from 2015 not ap instructions) 	pplied (see					
j Remainder. Subtract lines 3g						
A Distributions for 2020 from C						
4 Distributions for 2020 from S \$						

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. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016		
b Excess from 2017		
c Excess from 2018		
d Excess from 2019		
e Excess from 2020		

Page 8

Schedule A (Form 990 or 990-EZ) 2020

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

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990 or 990-EZ) 2020

Additional Data

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Software ID: 20011551 **Software Version:** 2020v4.0

efile Public Visual Rend	er Objectld: 202122089349300837 - Submission: 2021-07-27		TIN: 33-0826951
Schedule B (Form 990, 990-EZ,	Schedule of Contributors	OMB No. 1545-0047	
or 990-PF) Department of the Treasury	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.		2020
Internal Revenue Service			
Name of the organization Christian Solidarity Interna	ational Inc	Employer id	entification number
		33-0826951	
Organization type (cheo	ck one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foun	dation	
	□ 527 political organization		
Form 990-PF	\Box 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	วท	
	\Box 501(c)(3) taxable private foundation		

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

General Rule

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

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part I

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional sp	bace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	· · · · · · · · · · · · · · · · · · ·	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

- Page 3 -

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of or Christian Se	ganization olidarity International Inc	Employer identificatio 33-0826951	n number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received

8/4/24, 4:55 P	M Christi	an Solidarity International Inc - Full Filin	ng- Nonprofit Explorer - ProPubl	ica
-			\$_	
(-)			(5)	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
			Schedule B (Form	n 990, 990-EZ, or 990-PF) (2020)
		5	· ·	, , , ,, ,
		Page 4		
Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 4
Name of or Christian So	ganization olidarity International Inc		Employer iden 33-0826951	tification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) th e total of <i>exclusively</i> religious, ch structions.) ► \$	rough (e) and the following	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held
_				
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	Relationship of transferor to	transferee
			·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held
-				
F	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	Relationship of transferor to	transferee
Γ				
(a)				
No from	(h) Durnage of gift			tion of how aift in hold

(a) No from (b) Durness of sift https://projects.propublica.org/nonprofits/organizations/330826951/202122089349300837/full

3/4/24, 4:55 PM	Christian S	Solidarity International Inc - Full Filing- Nonp	rofit Explorer - ProPublica
Part I	(b) Fulbose of gift	(c) use of gift	
		(e) Transfer of gift	
	Transferee's name, address, and ZIF	P 4 Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ =			
	Transferee's name, address, and ZIF	(e) Transfer of gift P 4 Relation:	ship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Additional Data

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 Software ID:
 20011551

 Software Version:
 2020v4.0

efi	le Public Visua	l Render	ObjectId: 2021220	089349300837 - Submission: 2	2021-07-2	27	TIN: 33-0826951
SC	HEDULE D		Supplamar	ntal Financial Stateme	nte		OMB No. 1545-0047
(For	m 990)		Supplemen	ital Fillalicial Statellie	1115		2020
				ganization answered "Yes," on Fo LO, 11a, 11b, 11c, 11d, 11e, 11f, 1			2020
	tment of the Treasury			Attach to Form 990.	-		Open to Public
_	al Revenue Service me of the organ		o to <u>www.irs.gov/Forn</u>	1990 for instructions and the lates			Inspection ification number
	istian Solidarity Inter					• •	
Da	rt I Organi	Tations Mai	ntaining Donor Advi	sed Funds or Other Similar Fu		0826951	
Pd				sed Funds of Other Similar Fusions" on Form 990, Part IV, line 6.	Inus of AC	counts.	
				(a) Donor advised funds		(b) Funds a	nd other accounts
1							
2			ns to (during year)				
3 4	Aggregate value	-					
4 5		•		rs in writing that the assets held in do	anor advised	funde are the	
5				clusive legal control?		iulius ale the	Yes 🗌 No
6	Did the organiza	ation inform al	I grantees, donors, and do	onor advisors in writing that grant fun	ds can be us	ed only for	
	charitable purpo	ses and not fo	or the benefit of the donor	or donor advisor, or for any other pu	rpose confer		
D-	•	vation Ease			••		🗌 Yes 🗌 No
Pd				s" on Form 990, Part IV, line 7.			
1	Purpose(s) of co	onservation ea	sements held by the orga	nization (check all that apply).			
	Preservation	on of land for p	public use (e.g., recreation	n or education) 🛛 🗍 Preservation	n of an histo	rically import	ant land area
	Protection	of natural hab	itat		n of a certifie	ed historic str	ucture
		on of open spa	ce				
2				qualified conservation contribution in	the form of	a conservatio	n
	easement on the	•	,		1 -	Held at t	he End of the Year
a					2a		
b	-			c structure included in (a)	· · 2b 2c		
c d				ired after 7/25/06, and not on a histor			
u	structure listed i	n the National	Register				
3	Number of constax year	ervation easer	nents modified, transferre	d, released, extinguished, or terminal	ted by the or	rganization du	Iring the
4	Number of state	s where prope	erty subject to conservation	on easement is located >			
5			written policy regarding the transmitten policy regarding the transmitted in the transmitted in the transmitted the transmitted in the transmitted	he periodic monitoring, inspection, has s?	ndling of vio	lations,	Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of violations, and enfor	rcing conserv	vation easeme	
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing	conservatior	n easements o	luring the year
8	Does each conse	ervation easen	— nent reported on line 2(d)	above satisfy the requirements of se	ction 170(h)	(4)(B)(i)	
							Yes 🗌 No
9	balance sheet, a	and include, if		rervation easements in its revenue and footnote to the organization's financi ts.			
Par				of Art, Historical Treasures, o	or Other S	imilar Asse	ets.
1a				s" on Form 990, Part IV, line 8. SC 958, not to report in its revenue sta	atement and	balance shee	et works of art.
14	historical treasu Part XIII, the te	res, or other s xt of the footn	imilar assets held for pub ote to its financial statem	lic exhibition, education, or research i ents that describes these items.	n furtheranc	e of public se	rvice, provide, in
b	historical treasu following amour	res, or other s its relating to	imilar assets held for pub these items:	SC 958, to report in its revenue staten lic exhibition, education, or research i	n furtheranc	e of public se	rvice, provide the
((i) Revenue includ	ed on Form 99	90, Part VIII, line 1			. ►\$	
(i	ii)Assets included	in Form 990,	Part X			. ►\$	
2				cal treasures, or other similar assets f ASC 958 relating to these items:	for financial	gain, provide	the
а	Revenue include	ed on Form 99	0, Part VIII, line 1			. ►\$	
b							
For	Paperwork Redu	ction Act No	tice, see the Instructio	ns for Form 990. C	at. No. 5228	3D Sched	ule D (Form 990) 2020

						e 2 ——							
					Tag	C 2							
		(Form 990) 2020					_						Page
art	III	Organizations M											
	items	the organization's acc (check all that apply)		n, and other	records, ch		f the fo	llowing t	hat are a	significant	use of its	collection	
3	\Box	Public exhibition				d 🗌			ange prog				
)		Scholarly research				e 🗌	Othe	r					
:		Preservation for futur	e generations										
	Provid Part X	le a description of the IIII.	organization's col	llections and	explain how	w they furt	ther the	e organiz	ation's ex	kempt purpo	ose in		
		g the year, did the org s to be sold to raise fu									🗌 Ye	s 🗆 M	No
ar	t IV	Escrow and Cust Complete if the or line 21.			on Form	990, Parl	t IV, lir	ne 9, or	reporte	d an amou			-
1		organization an agen											
	include	ed on Form 990, Part	X?								🗌 Ye	s 🗆 M	No
_	TC 11)/							Í					
)		s," explain the arrange		-		-			1c	,	Amount		
Í	-	ning balance							1d				
		ons during the year .							10 1e				
•		outions during the yea							16 1f				
	Ending	g balance							11				
	Did th	e organization include	e an amount on Fo	orm 990, Part	: X, line 21,	for escro	w or cu	istodial a	iccount lia	ability?	🗌 Ye	s 🗆 M	No
)	If "Yes	s," explain the arrange	ement in Part XIII	. Check here	if the expla	anation ha	is been	provideo	d in Part >	(III			
ar	t V	Endowment Fun	de										
		Complete if the or									1		
		·	ganization answ	vered "Yes" (a) Curren		990, Parl (b) Prior ye			ears back	(d) Three ye	ears back	(e) Four yea	ars bacl
	-	ing of year balance	ganization answ						ears back	(d) Three ye	ears back	(e) Four yea	ars bacl
0	Contrib	ing of year balance . utions	ganization answ						ears back	(d) Three ye	ears back	(e) Four yea	ars bac
	Contribu Net inve	ing of year balance utions estment earnings, gai	ns, and losses						ears back	(d) Three ye	ears back	(e) Four yea	ars bac
• C	Contribu Net inve	ing of year balance . utions	ns, and losses						ears back	(d) Three ye	ears back	(e) Four yea	ars bac
	Contribu Net inve Grants o Other e	ing of year balance utions estment earnings, gai	rganization answ						ears back	(d) Three ye	ears back	(e) Four yea	ars bac
	Contribu Net inve Grants o Other e and pro	ing of year balance utions estment earnings, gai or scholarships expenditures for faciliti	ganization answ ns, and losses ies						ears back	(d) Three ye	ears back	(e) Four yea	ars bac
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b () c 1 c	Contribu Net inve Grants o Dther e and pro Adminis End of y Provid Board Perma	ing of year balance utions estment earnings, gai or scholarships expenditures for faciliti ograms strative expenses year balance le the estimated perce designated or quasi-e anent endowment	rganization answ	(a) Curren	t year	(b) Prior ye		(c) Two y		(d) Three ye	ears back	(e) Four yea	ars back
b () c 1 c	Contribu Net inve Grants o Dther e and pro Adminis End of y Provid Board Perma Term e	ing of year balance utions estment earnings, gai or scholarships expenditures for faciliti ograms strative expenses year balance le the estimated perce designated or quasi-e anent endowment	rganization answ	(a) Curren	balance (lii	(b) Prior ye		(c) Two y		(d) Three ye	ears back	(e) Four yea	ars bacl
) ()) () ()) () ()) () () () () () () () () () () () () ()	Contribu Net investigation Grants of Other e and pro Adminis End of y Provid Board Perma Term e The pe Are th	ing of year balance utions	rganization answ ns, and losses ies entage of the curre endowment ►	(a) Curren	balance (lin	(b) Prior ye	umn (a	(c) Two y	s:		ears back		
) ()) () ()) () ()) () () () () () () () () () () () () ()	Contribu Net inve Grants o Other e and pro Adminis End of y Provid Board Perma Term e The pe Are th organi	ing of year balance utions	rganization answ ns, and losses ies entage of the curre endowment ► a, 2b, and 2c shous not in the posses	(a) Curren	balance (lin	(b) Prior ye	umn (a	(c) Two y	s:			Yes	No
• () • ()	Contribu Net inve Grants o Other e and pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un	ing of year balance utions	rganization answ ns, and losses ies entage of the currendowment ► a, 2b, and 2c shou not in the posses	(a) Curren	balance (lin	(b) Prior ye	umn (a	(c) Two y	s:		3	Yes	
	Contribu Net inve Grants of Other e and pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re	ing of year balance utions	rganization answins, and losses ies entage of the currendowment ►	(a) Curren	balance (lin	(b) Prior ye	umn (a	(c) Two y)) held a d admini	s:		3a 3a	Yes a(i) (ii)	
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	Contribu Net investigation Grants of Other eard pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re If "Yes Descrip Descrip	ing of year balance . utions estment earnings, gai or scholarships expenditures for faciliti ograms strative expenses . year balance . le the estimated perce designated or quasi-e anent endowment . endowment . endowment . ercentages on lines 2a here endowment funds ization by: melated organizations elated organizations s' on 3a(ii), are the re- ibe in Part XIII the int Land, Buildings, Complete if the or- ption of property	rganization answins, and losses ies ies a, 2b, and 2c shou not in the posses and in the posses and ended uses of the and Equipme ganization answing (a) Cost or other	(a) Curren	balance (lin 	(b) Prior ye	held an	(c) Two y (c) Two y)) held a d admini 	s: istered fo See For	r the	. 3a 3a . 3	Yes a(i) (ii) 3b e 10.	No
	Contribu Net investigation Grants of Other eard pro- Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re If "Yes Descrip Descrip 	ing of year balance utions	rganization answins, and losses ies ies a, 2b, and 2c shou not in the posses and in the posses and ended uses of the and Equipme ganization answing (a) Cost or other	(a) Curren	balance (lin 	(b) Prior ye	held an	(c) Two y (c) Two y)) held a d admini 	s: istered fo See For	r the	. 3a 3a . 3	Yes a(i) (ii) 3b e 10.	No
	Contribu- Contribu- Net inve Grants of Other e and pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re If "Yes Descrip E VI Descrip Building	ing of year balance . utions . estment earnings, gai or scholarships . expenditures for faciliti ograms . strative expenses . year balance . le the estimated perce designated or quasi-e anent endowment . ercentages on lines 2a here endowment funds ization by: melated organizations elated organizations s'' on 3a(ii), are the re ibe in Part XIII the int Land, Buildings, Complete if the or ption of property	rganization answins, and losses ies ies a, 2b, and 2c shou not in the posses and in the posses and ended uses of the and Equipme ganization answing (a) Cost or other	(a) Curren	balance (lin 	(b) Prior ye	held an	(c) Two y (c) Two y)) held a d admini 	s: istered fo See For	r the	. 3a 3a . 3	Yes a(i) (ii) 3b e 10.	No
	Contribu- Contribu- Net inve- Grants of Other e and pro Adminis End of y Provid Board Perma Term e Are th organi (i) Un (ii) Re If "Yes Descrip L Descrip and - Building Leaseho	ing of year balance . utions . estment earnings, gai or scholarships . expenditures for faciliti ograms . strative expenses . year balance . le the estimated perce designated or quasi-e anent endowment . endowment . ercentages on lines 2a here endowment . ercentages on lines	rganization answins, and losses ies ies a, 2b, and 2c shou not in the posses and in the posses and ended uses of the and Equipme ganization answing (a) Cost or other	(a) Curren	balance (lin 	(b) Prior ye	held an 	(c) Two y (c) Two y)) held a d admini 	s: istered fo See For	r the	. 3a 3a . 3	Yes a(i) (ii) 3b e 10.	No
a L b E c L c L c L c L c L c L	Contribu- Contribu- Net inve- Grants of Dther e and pro Adminis End of y Provid Board Perma Term e The pe Are th organi (i) Un (ii) Re If "Yes Descrip Land . Building Leaseho Equipmo	ing of year balance . utions . estment earnings, gai or scholarships . expenditures for faciliti ograms . strative expenses . year balance . le the estimated perce designated or quasi-e anent endowment . ercentages on lines 2a here endowment funds ization by: melated organizations elated organizations s'' on 3a(ii), are the re ibe in Part XIII the int Land, Buildings, Complete if the or ption of property	rganization answins, and losses ies ies a, 2b, and 2c shou not in the posses and in the posses and ended uses of the and Equipme ganization answing (a) Cost or other	(a) Curren	balance (lin 	(b) Prior ye	held an	(c) Two y (c) Two y)) held a d admini 	s: istered fo See For	r the	. 3a 3a . 3	Yes a(i) (ii) 3b e 10.	No

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV, lin	ne 11b.	See Form 990, Pa	art X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value		(c) Method Cost or end-of-	d of va	aluation:
(1) Financial derivatives					
(2) Closely-held equity interests					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(1)					
	•				
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV lin	o 11c	See Form 990 P	ort V	line 13
(a) Description of investment	raitiv, iii		(b) Book value	(c)	Method of valuation: t or end-of-year market value
(2)					Value
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		¥			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F (a) Description	Part IV, line	e 11d.	See Form 990, Part	X, lin	e 15. (b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				٨	
Part X Other Liabilities.					

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability (b) Book value

1.

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	11,901

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

— Page 4 —

Schedule D (Form 990) 2020

Scheo	dule D (Form 990) 2020		Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn.	
1	Total revenue, gains, and other support per audited financial statements	1	1,615,058
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,615,058
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,615,058
Par	TXII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
1	Total expenses and losses per audited financial statements	1	1,505,839
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,505,839
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,505,839
Par	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	t V, line 4; Par	t X, line 2; Part XI,
	Return Reference Explanation		

Return to Form

 Software ID:
 20011551

 Software Version:
 2020v4.0

efile Public Visual Render	ObjectId: 202	1220893493	00837 - Submission:	2021-07-27	TIN: 33-0826951
SCHEDULE F Sta	tement of A	Activities	Outside the Un	ited States	OMB No. 1545-0047
(Form 990) ► Cor	nplete if the organi		Yes" to Form 990, Part IV, to Form 990.	line 14b, 15, or 16.	2020
Department of the Treasury nternal Revenue Service	► Go to <i>www.irs.</i>		instructions and the latest i	nformation.	Open to Public Inspection
Name of the organization				Employer ide	ntification number
Christian Solidarity International Inc				33-0826951	
Part I General Informatic Form 990, Part IV, lir		Outside the	United States. Comple	ete if the organization a	answered "Yes" on
 For grantmakers. Does the other assistance, the grantee to award the grants or assist For grantmakers. Describe 	es' eligibility for thance?	e grants or assi	stance, and the selection	a criteria used	Yes No
outside the United States. Activites per Region. (The follow	wing Part I, line 3	table can be dupl	icated if additional space is	s needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program	(e) If activity listed in (d) is program service, describe specific type of	 (f) Total expenditures for and investments in the region
South Sudan	0	0	Humanitarian Aid	Program services	476,13
Nigeria	0	0	Humanitarian Aid	Program Services	100,00
Middle East	0	0	Humanitarian Aid	Program Services	207,00
3a Sub-total .					783,13
 b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 	•				783 13

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

Schedule F (Form 990) 2020

Page 2

Page **2**

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

Cat. No. 50082W

Schedule F (Form 990) 2020

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number	er of recipie	nt organizations	listed above t	hat are recog	nized as	charities by t	he foreian	country, r	ecognized a	as tax-			
exempt by the IR	S, or for wh	nich the grantee of	or counsel has	provided a se	ection 50)1(c)(3) equiv	valency let	ter		🕨	-		
3 Enter total number	er of other o	organizations or e	entities							🕨		dule F	(Form 990) 2020
						D 2							
						- Page 3 —							
Schedule F (Form 990)		r Assistance to	Individual	s Outside th	e Unite	d States. C	omplete if	f the orga	nization an	swered "	Yes" on Form 9	990. P	Page 3 art IV. line 16.
Part III	can be dup	licated if addition	onal space is	needed.				1		isticica			
(a) Type of grant or as	sistance	(b) Region	(c) Number of recipients	(d) Amou cash gra		(e) Manner disburse		non	ount of cash stance	of	Description noncash sistance		 (h) Method of valuation (book, FMV, appraisal, other)
											Sche	dule F	(Form 990) 2020

		(Form 990) 2020 Foreign Forms		Page 4
1	Was orga	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the nization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see ructions for Form 926)	□ _{Yes}	No
2	to se Gifts	he organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required parately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign , and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms) and 3520-A; don't file with Form 990)	□ Yes	No
3	may	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. Instructions for Form 5471)	□ Yes	No
4	fund	the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a eholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .	□ _{Yes}	No No
5	may	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see uctions for Form 8865)	□ Yes	No 🖉
6	orga	the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the nization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 3; don't file with Form 990).	□ Yes	🖌 No

— Page 5 —

Page 5

Schedule F (Form 990) 2020 Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting Part V

method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
	Schedule F (Form 990) 2020

Additional Data

 Software ID:
 20011551

 Software Version:
 2020v4.0

efile Public Visual Rend	ler ObjectId: 2	021220893493	00837 - Submission	: 2021-07-27		TIN: 33-0826951
SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19,						OMB No. 1545-0047
					he	2020
Department of the Treasury Internal Revenue Service	Department of the Treasury organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public P					
Name of the organization Christian Solidarity Internation	al Inc			Emp	loyer ide	ntification number
				33-08	826951	
-	ctivities. Complete lers are not required	•	n answered "Yes" on F part.	Form 990, Part I	IV, line 1	7.
1 Indicate whether the org	anization raised funds	through any of the	following activities. Checl	k all that apply.		
a 🖌 Mail solicitations			e Solicitation of no	n-government gra	ants	
b 🖌 Internet and email so	olicitations		f Solicitation of go	vernment grants		
c Phone solicitations			g 🗌 Special fundraisir	ng events		
d 🗌 In-person solicitation	S					
			lividual (including officers ion with professional func			es 🗸 No
b If "Yes," list the 10 higher to be compensated at least	est paid individuals or e ast \$5,000 by the orga	entities (fundraisers nization.) pursuant to agreements	s under which the		
(i) Name and address of indiv or entity (fundraiser)	idual (ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount p (or retained fundraiser list col. (i)	l by) ted in	(vi) Amount paid to (or retained by) organization
	FR Counsel	Yes No	_			
BBS & Associate Inc 130 Springside	i k Couriser	No			36,565	
Akron, OH 44333						
-						
 Total					36,565	
3 List all states in which the licensing.	organization is registe	red or licensed to se	blicit contributions or has	been notified it is	exempt f	rom registration or
AL, AK, AR, CA, CO, CT, DC, FL	_, GA, HI, IL, KY, ME, N	1D, MA, MI, MN, MS	, NH, NJ, NM, NC, ND, OF	H, OK, OR, PA, RI,	, SC, TN,	UT, VA, WA, WI, NY
For Paperwork Reduction Act No	otice, see the Instructio	ns for Form 990 or 9	90-EZ. Cat. No	o. 50083H Sc	hedule G ((Form 990 or 990-EZ) 2020
		F	Page 2			
Schedule G (Form 990 or 990-	EZ) 2020					Page 2

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

	gross receipts greater than \$:	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Jue					
Revenue					
à					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
s	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
ă	7 Food and beverages				
ect	8 Entertainment				
à	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 t				
Pai	11 Net income summary. Subtract line 10t III Gaming. Complete if the organism		••••••••••••••••••••••••••••••••••••••	V line 19 or reported	more than \$15,000
1 011	on Form 990-EZ, line 6a.				
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
eve			5		(2) amougn con(2))
	1 Gross revenue				
nses	2 Cash prizes				
Exper	3 Noncash prizes				
Direct B	4 Rent/facility costs				
ā	5 Other direct expenses				
		□ Yes%	□ Yes%	□ Yes%	
	6 Volunteer labor	🗌 No	Νο	🗌 No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d):			
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati	ion conducts gaming activ	ities:		
а	Is the organization licensed to conduct ga				🗌 Yes 🗌 No
b	If "No," explain:				
	· · · · · · · · · · · · · · · · · · ·				
		censes revoked, suspende	d or terminated during the		
10a	Were any of the organization's gaming lic	censes revoked, suspende	d or terminated during the	e tax year?	Yes No
10a	Were any of the organization's gaming lice If "Yes," explain:	censes revoked, suspende	d or terminated during the	e tax year?	Yes No

			Page 3 ———						
Sche	dule G (Form 990 or 990-EZ) 2020							F	Page 3
11	Does the organization conduct gami	ng activities with nonmember	rs?				🗌 Yes		
12	Is the organization a grantor, benefi	ciary or trustee of a trust or a	a member of a partner	rship or other	entity		U Yes		
13	formed to administer charitable gam Indicate the percentage of gaming a	5				· · ·	🗌 Yes	🗆 No	
15 a	The organization's facility					13a			%
b	An outside facility					13b			%
14	Enter the name and address of the p								
	Name 🕨 🛛								
	Address								
15a	Does the organization have a contra						_	_	
b	revenue?						∐ Yes	∐ No	
D	amount of gaming revenue retained					le			
С	If "Yes," enter name and address of	the third party:							
	Name 🕨								
	Address 🕨								
16	Gaming manager information:								
	Name 🕨								
	Gaming manager compensation > \$								
	Description of services provided								
	Director/officer	Employee	🗌 Indep	endent contra	ctor				
17	Mandatan distributions								
17 a	Mandatory distributions: Is the organization required under s	tate law to make charitable d	istributions from the (naming proces	de to				
u	retain the state gaming license?		· · · · · · ·				🗌 Yes		
b	Enter the amount of distributions re-	quired under state law distrib	uted to other exempt	organizations	or spent		<u> </u>		
	in the organization's own exempt ac	,	•						
Par	t IV Supplemental Informa III, lines 9, 9b, 10b, 15b,	tion. Provide the explanation. 15c, 16, and 17b, as app							
	Return Reference		E	xplanation					
	I, Line 2b - Fundraiser Additional mation	BBS & Associates (Fund-ra fund-raising materials tha does not have custody or	t are mailed to existin	ng Christian So					
-		· / ·	1						2020

Additional Data

Return to Form

 Software ID:
 20011551

 Software Version:
 2020v4.0

efile Public	Visual Render	r Objec	c tId: 20212208	9349300837 - Su	ıbmission: 2021-(07-27	TIN: 33-0826951
	HEDULE O m 990 or 990-EZ) ment of the Treasury 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.					OMB No. 1545-0047 2020 Open to Public Inspection	
Name of the org	ganization	-	GO to <u>minine.</u> ,	<u>IV/FUIIIJJy</u> .v		Employer identi	
Christian Solidarity	International Inc					33-0826951	
Return Reference				Explana	tion		
Form 990, Part VI, Line 11b: Form 990 Review Process	Form 990 is rev	/iewed by org	ganizational staff an	nd signer.			
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	Annual Review						
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	Annual Review						
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	Upon Request, copy of such documents will make available for the public.						
Form 990, Part IX, Line 24e: Other Expenses	: Column (A) - T Fundraising = \$		olumn (B) - Progran	n Services = \$0; Colu	ımn (C) - Management	t & General = \$0; C	Solumn (D) -
Form 990, Part IX, Line 24e: Other Expenses	Advocacy: Colu Column (D) - Fu			ı (B) - Program Servic	xes = \$7963; Column ((C) - Management	& General = \$0;
Form 990, Part IX, Line 24e: Other Expenses	Bank Charges - Column (D) - Fเ			Column (B) - Program	a Services = \$36; Colu	mn (C) - Managem	ient & General = \$0;
Form 990, Part IX, Line 24e: Other Expenses	Bank Charges: Column (D) - Fu			olumn (B) - Program S	Services = \$0; Columr	n (C) - Managemer	nt & General = \$22742;
Form 990, Part IX, Line 24e: Other Expenses	Clinic Staff - SL \$0; Column (D)			Column (B) - Program	n Services = \$23200; C	Column (C) - Mana	gement & General =
Form 990, Part IX, Line 24e: Other Expenses	Conferences : C Column (D) - Fu			mn (B) - Program Ser	vices = \$807; Column	(C) - Management	: & General = \$0;
Form 990,	Consulting: Col	iumn (A) - To	otal = \$8025; Colum	n (B) - Program Servi	ices = \$0; Column (C)	- Management & C	General = \$8025;

Form 990, Consulting: Column (A) - Total = \$8025; Column (B) - Program Services = \$0; Column (C) - Management & General = \$8025; 8/4/24, 4:55 PM

Part IX, Line 24e: Other Expenses	Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	COVID Aid : Column (A) - Total = \$12000; Column (B) - Program Services = \$12000; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Desk Support : Column (A) - Total = \$5000; Column (B) - Program Services = \$5000; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Documentation Exp - FP: Column (A) - Total = \$14402; Column (B) - Program Services = \$14402; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Documentation Exp - SL: Column (A) - Total = \$9600; Column (B) - Program Services = \$9600; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Food & Livestock - SL: Column (A) - Total = \$47750; Column (B) - Program Services = \$47750; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Internet Access: Column (A) - Total = \$1018; Column (B) - Program Services = \$0; Column (C) - Management & General = \$1018; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Licenses and permits: Column (A) - Total = \$1866; Column (B) - Program Services = \$1866; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Licenses and permits: Column (A) - Total = \$3150; Column (B) - Program Services = \$0; Column (C) - Management & General = \$3066; Column (D) - Fundraising = \$84
Form 990, Part IX, Line 24e: Other Expenses	Medical Treatment: Column (A) - Total = \$15270; Column (B) - Program Services = \$15270; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Payroll Processing : Column (A) - Total = \$957; Column (B) - Program Services = \$638; Column (C) - Management & General = \$250; Column (D) - Fundraising = \$69
Form 990, Part IX, Line 24e: Other Expenses	Payroll Processing - SL: Column (A) - Total = \$1447; Column (B) - Program Services = \$1447; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Postage and Shipping: Column (A) - Total = \$7096; Column (B) - Program Services = \$956; Column (C) - Management & General = \$5183; Column (D) - Fundraising = \$957
Form 990, Part IX, Line 24e: Other Expenses	Printing and Publications: Column (A) - Total = \$1221; Column (B) - Program Services = \$50; Column (C) - Management & General = \$1171; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Rebuilding Project: Column (A) - Total = \$6200; Column (B) - Program Services = \$6200; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Repairs & Maintenance: Column (A) - Total = \$620; Column (B) - Program Services = \$0; Column (C) - Management & General = \$620; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Sanitation Supplies: Column (A) - Total = \$1740; Column (B) - Program Services = \$1740; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

/24, 4:55 PM	Christian Solidarity International Inc - Full Filing- Nonpront Explorer - ProPublica
Form 990, Part IX, Line 24e: Other Expenses	School Expenses: Column (A) - Total = \$25000; Column (B) - Program Services = \$25000; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Shelter - FP: Column (A) - Total = \$18202; Column (B) - Program Services = \$18202; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Shelter - SL: Column (A) - Total = \$2800; Column (B) - Program Services = \$2800; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Small Business Funding: Column (A) - Total = \$57200; Column (B) - Program Services = \$57200; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Telephone: Column (A) - Total = \$3089; Column (B) - Program Services = \$0; Column (C) - Management & General = \$3089; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Transportation - FS: Column (A) - Total = \$49079; Column (B) - Program Services = \$49079; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Transportation - SL: Column (A) - Total = \$56000; Column (B) - Program Services = \$56000; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Utilities: Column (A) - Total = \$555; Column (B) - Program Services = \$185; Column (C) - Management & General = \$185; Column (D) - Fundraising = \$185
Form 990, Part IX, Line 24e: Other Expenses	Website Development: Column (A) - Total = \$20137; Column (B) - Program Services = \$0; Column (C) - Management & General = \$20137; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e: Other Expenses	Workshops & Discussion Groups: Column (A) - Total = \$50921; Column (B) - Program Services = \$50921; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part XI- Reconcilation of Net Assets, Line	During the year ended December 31, 2020, it was determined that certain broadcasting expenses incurred during the year ended December 31, 2019 were incorrectly recorded as expenses when paid in January 2020. The effect of this correction was to reduce net assets without donor restrictions by \$88,862 as of December 31, 2019 and reduce change in net assets by \$88,862 for the year ended December 31, 2019.
r Paperwork Reduc	ction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 20

Additional Data

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