efile Public Visual Render ObjectId: 202311939349300941 - Submission: 2023-07-12 TIN: 33-0826951 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

	nent of the Treasury Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions a	nd the la	test informa	ition.		Inspection
A F	or the 2022 c	alendar year, or tax year beginning 01-01-2022 $$, and endin	ng 12-31-	2022			
O Ad	ck if applicable: dress change	C Name of organization Christian Solidarity International Inc			D Employe 33-0826		fication number
	me change tial return	Doing business as					
	al return/terminated nended return		Room/suite		E Telephone	numbe	r
	plication pending	OZO Harvada - Barida	rtoom, saice		(805) 77	77-7107	7
		City or town, state or province, country, and ZIP or foreign postal code Westlake Village, CA 91361			G Gross rec	eipts \$ 1	1,682,038
		F Name and address of principal officer:		H(a) Is this	a group ret	urn for	
		870 Hampshire Road T		subord H(b) Are all	inates?	200	☐Yes ✓ No
T Tax	-exempt status:	Westlake Village, CA 913616038		include	ed?		☐ Yes ☐No
		$501(c)(3)$ \bigcirc $501(c)()$ (insert no.) \bigcirc 4947(a)(1) or \bigcirc	527	If "No, H(c) Group			instructions.
J W	ebsite: 🕨 ww	w.csi-usa.org	exemption	nambe.			
K Forn	n of organization	: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L	Year of format	ion: 1998	M State	of legal domicile: CA
Pa	art I Sum	mary			<u> </u>		
Activities & Governance	4 Number 5 Total nur	is box ▶ □ of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line nber of individuals employed in calendar year 2022 (Part V, line 2a)	e 1b) .			3 4 5	5 5 4
Ac		related business revenue from Part VIII, column (C), line 12			•	7a	0
	b Net unre	lated business taxable income from Form 990-T, Part I, line 11 .				7b	
				Prio	r Year		Current Year
9	8 Contribu	tions and grants (Part VIII, line 1h)			1,937,1	61	1,680,243
Revenue	_	service revenue (Part VIII, line 2g)	•				0
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d) venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•		1	13	1,795 0
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line	a 12)		1,937,2	74	1,682,038
-		nd similar amounts paid (Part IX, column (A), lines 1–3)			7 7		0
		paid to or for members (Part IX, column (A), line 4)					0
88	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines	5-10)		284,0	74	304,058
Expenses	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)			6,3	51	0
άx	b Total fund	raising expenses (Part IX, column (D), line 25) 95,551					
ш		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	i		1,411,9		1,376,696
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			1,702,4	_	1,680,754
Ses Ses	19 kevenue	less expenses. Subtract line 18 from line 12	•	Beginning o	234,80 f Current Ye	_	1,284 End of Year
Net Assets or Fund Balances	20 Total ass	ets (Part X, line 16)			692,5	37	674,761
t As		oilities (Part X, line 26)			37,4		21,540
Š		ts or fund balances. Subtract line 21 from line 20			655,1		653,221

Signature Block

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

	- Ik				2023-07-12	
Sign	Sig	gnature of officer			Date	
Here		tty McClain COO				
	Ту	pe or print name and title				
		Print/Type preparer's name	Preparer's signature	Date	Check if PTI	
Paid	d				self-employed	088993
	parer	Firm's name Folkers & Associates	s An Acct Corp		Firm's EIN 20-15	64366
Use	Only	Firm's address 18818 TELLER AVE	STE 275		Phone no. (949) 399	9-1040
		IRVINE, CA 92612			, ,	
May t	he IRS disc	cuss this return with the preparer sl	nown above? See Instructions			✓ Yes □ No
		Reduction Act Notice, see the s			No. 11282Y	Form 990 (2022
						, , , , ,
			———— Page 2 —			
_						
	990 (2022)	•				Page 2
Pai		atement of Program Service	•			
		eck if Schedule O contains a respor scribe the organization's mission:	ise or note to any line in this Pa	rt III		<u> U</u>
1 Christ	•	•	Human Dights organization pro	motina roliaious libor	ety. The even pization	s funda providas aid ta
		ity International, Inc. is a Christian eness of victims of religious repress			rty. The organization	i runus, provides aid to,
2	Did the or	ganization undertake any significan	t program services during the y	ear which were not li	isted on	
	the prior F	Form 990 or 990-EZ?				🗆 Yes 🛮 No
	•	escribe these new services on Sche				
3	Did the or	ganization cease conducting, or ma	ke significant changes in how it	conducts, any progr	am	
	services?					Yes No
	•	escribe these changes on Schedule				
4	Describe t Section 50	he organization's program service a D1(c)(3) and 501(c)(4) organizatior	accomplishments for each of its as are required to report the am	three largest prograr ount of grants and al	n services, as meas llocations to others.	ured by expenses. the total expenses.
	and reven	ue, if any, for each program service	e reported.		,	, , , , , , , , , , , , , , , , , , ,
4a	(Code:) (Expenses \$	1,354,279 including grants of	: ¢) (Revenue \$)
+ a	,	blidarity International, Inc. is a Christian				ides aid to, and brings
		of victims of religious repression, victimiz		,	3	, , , , , , , , , , , , , , , , , , ,
4b	(Code:) (Expenses \$	including grants of	* \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of	· \$) (Revenue \$)
4d		gram services (Describe in Schedul	•			
	(Expenses	s \$ inclu	ding grants of \$) (Revenue	\$)

Form **990** (2022)

– Page 3 *–*

Form 990 (2022) Page **3**

Par	rt 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 $\textcircled{3}$	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? <i>If "Yes," complete Schedule C, Part I</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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	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	
	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		No
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		No
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		

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

21 No

Form **990** (2022)

Page 4

	990 (2022)			Page 4
Pai	rt 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	res	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	204		Na
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28b 28c		No 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? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3		162	110

b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0	1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	No

Form **990** (2022)

— Раде 5 **—**

orm	990 (2022)			Page 5
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	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)?	4a		No
b	If "Yes," enter the name of the foreign country:			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
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			
•	Enter the amount of recenves on hand			

	4:56 PM Christian Solidarity International Inc - Full Filing- Nonprofit Explorer - ProPublica			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	F	orm 99	0 (2022)
				, ,
	Page 6			
Form	990 (2022)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I	Vo" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection 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	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			
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		T -
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	<u> </u>
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 on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	<u> </u>
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	<u> </u>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

Chri	ction Sc	didority	International	Inc	Full	Filing	Monnro	fit Ev	nlorer	DroE	Jublice	,
Cnri	suan 50	onarity	international	inc -	run	Filling-	Nonbro	пех	. morer -	· Prop	unnca	ì

/4/24,	4:56 PM Chr.	istian Solidarity Internationa	Inc - Full Filing- Nonprofit Explorer - ProPublica			
b	If "Yes," did the organization follow a written poli in joint venture arrangements under applicable for status with respect to such arrangements? •	ederal tax law, and take s	teps to safeguard the organization's exempt	16b		
Se	ction C. Disclosure					
17	List the states with which a copy of this Form 990	O is required to be filed▶	AK, AL, AR, AZ, CA, CO, CT, DC, FL, MD, ME, MI, MN, MS, NC, NH, NJ, PA, RI, SC, TN, UT, VA, WA, WI			
18	Section 6104 requires an organization to make it $501(c)(3)s$ only) available for public inspection. I					
	Own website Another's website	Upon request 🔲 Other	(explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) policy, and financial statements available to the p					
20	State the name, address, and telephone number Theresa Kettler 870 Hampshire Rd Suite T W					
				F	orm 99	0 (2022
		Page 7				
Form	990 (2022)					Page 7
Par	Compensation of Officers, Directers and Independent Contractors	ors,Trustees, Key En	nployees, Highest Compensated Em	ployee	es,	

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersor ector	n is r/tru	both a	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) Robert F Davis II	22.00			Х				95,400	0	0
CEO	0.00			^				93,400	U	
(2) John Eibner	10.00	Х		х				5,004	0	0
President	0.00			^				3,004	· ·	
(3) Markus Weber	2.00	х		х				0	0	0
Cfo	0.00			^				U	U	
(4) Joel Veldkamp	2.00	х		Х				0	0	0
Secretary	0.00									
(5) Rev Gerald Bell	2.00	х						0	0	0
Board Member	0.00							•	,	, and the second
(6) Val Sawelenko	2.00	Х						0	0	0
Board Member	0.00									

			-			+			+							_		
									+									
																Form	990	(202
						- Pag	ge 8	_										
n 990 (2022)																	Page
art VII	Section A. Officers	Directors	, Tru	ustees	, Key Eı	mploy	/ees	s, a	nd Hi	ghe	st C	om	pensated	l Emp	oloyees (co	ontinued	()	rage
		1		1							1							
	(A) Name and title	(B) Averag	ıe	Positio	on (do no	(C) ot ched	k m	ore	than d	one			(D) ortable	R	(E) eportable	Fs	(F) stima) ated
		hours p	er		unless pe	erson i	is bo	th a	n offic			mp	ensation	cor	npensation	amou	unt o	f other
		week (I any hou		0 -	and a d					I	org		m the ation (W-	org	om related ganizations		rom t	sation the
		for relat		Individual trustee or director	Institut Trustee	tional	Ħ	Key employee	Highest compensated employee	Former	мт		1099- 099-NEC)		V-2/1099- C/1099-NEC		nizati relate	on and
		below do		8 5	Trustee	:;	ě	em	est	ner	1112	, , , ,	oss NEC,	1115	S/ 1033 NEC	·		ations
		line)		ğ. 5π				엉	9 O									
				นร				99	npe									
				6					nsa									
									ted									
										t						+		
					-											_		
									-							+		
					 			1								_		
								├						-				
							L	L		L								
								T										
								-		1						+		
									•	•								
	rom continuation shee								•	Ŀ			100.404			<u> </u>		
	(add lines 1b and 1c)								. •	•			100,404					
	number of individuals (in portable compensation fr					listed	abo	ve) ı	who re	eceiv	/ed m	ore	than \$100	0,000				
0. 10	r table compensation if	the orge	<u>L</u> U															
											_				_	Ye	25	No
	he organization list any f 1a? <i>If "Yes," complete Sc</i>									nigh •	est c	omp	ensated e	mploy -	ree on			
										•					·	3	\dashv	No
For a orgai	iny individual listed on lin nization and related orga	e 1a, is the nizations ar	sum eater	of repo than \$	ortable co 150,000	mpen ? <i>If "Y</i>	satio es,"	on a	na oth <i>plete</i>	er c Sch	ompe edule	ensa J fo	ition from i or such	tne				
	idual											. `				<u>, </u>		Nο

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

8/4/24, 4:56 PM

5 Did any p	erson listed	d on l	line 1a receive or	accrue compensatior	n from any unrelated	d organizati	on or ind	ividual for	-	110
services r	endered to	the	organization? <i>If "Yo</i>	es," complete Schedi	ule J for such persoi	7			5	No
			t Contractors	managated independ	dont contractors tha	t received r	noro tha	2 #100 000 of com	noncatio	n
from the	organizatioi	n. Re	port compensatio	mpensated independ n for the calendar ye	ear ending with or w	ithin the or	ganizatio	n's tax year.	perisatio	П
			(A Name and bus	A) siness address			Desc	(B) cription of services	Co	(C) ompensation
								·		
2 Total number	er of indepe	ender	nt contractors (inc	luding but not limited	d to those listed abo	ove) who re	ceived m	ore than \$100,000	of	
			anization 🕨 0 `			•				n 990 (2022)
									1011	11 990 (2022)
					Page 9					
Form 990 (2022	2)									Page 9
	•	ıt of	Revenue							1 age 2
(Check if Sch	nedul	le O contains a res	sponse or note to any		1			<u> </u>	. 🗆
					(A) Total revenue	(B Relate		(C) Unrelated	F	(D) Revenue
						exer funct		business revenue		luded from nder sections
Federated o	ampaice :		14-			reve				12 - 514
Contributions,	.ampaigns	•	. <u>1a</u>							
Sifts, Grants, ar h i Membership	p dues .		1b							
OtherAmt Similar			<u> </u>							
Ar R otingstraising	events .		1c							
d Deleted over			1							
d Related org	Janizations		1d							
e Government	grants (contr	ibutio	ns) 1e							
			<u> </u>							
f All other cont and similar a			nd .							
above										
1,680,24										
g Noncash cont lines 1a - 1f:		luded	in 1g							
			<u> </u>							
h Total. Add	lines 1a-1f									
ii Totali Add		•	· · · · ·	1,680,243 Business Code		<u> </u>		1	1	
2a										
e										
Service Revenue										
æ ——										
<u> </u>			_							
Se										
			_							
Program										
	r program s	servi	ce revenue.							
9 Total.	Add lines 2	a-2f		0	1	1		ı	1	
				nterest, and other	1,795		1,795			
	mounts) . rom investr		of tax-exempt bo	nd proceeds	1,793		1,793		+	
5 Royalties				nu proceeus	0				+	
·	ſ		(i) Real	(ii) Personal						
Ī		1 [i	1		1	I	

4 Benefits paid to or for members .

	Compensation of current officers, directors, trustees, and key employees	100,404	100,404		
(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	181,974	149,934	22,500	9,540
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 (Other employee benefits	0			
LO F	Payroll taxes	21,680	19,229	1,721	730
L1 F	Fees for services (non-employees):				
a i	Management	0			
b l	Legal	0			
c A	Accounting	0			
d l	Lobbying	0			
e F	Professional fundraising services. See Part IV, line 17	0			
f I	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	157,027	30,530	126,497	
L2 /	Advertising and promotion	16,574	16,431	143	
L3 (Office expenses	0			
L4 1	Information technology	0			
L5 F	Royalties	0			
L6 (Occupancy	14,992	4,997	4,998	4,997
L7 T	Travel	0			
	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
L9 (Conferences, conventions, and meetings	0			
20 1	Interest	0			
21 F	Payments to affiliates	0			
22 [Depreciation, depletion, and amortization	0			
23]	Insurance	3,177		3,177	
1	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.)				
а	Slave Liberation Programs	723,615	723,615		
b	Broadcasting	415,141	306,202	30,045	78,894
c	Bank Charges/Processing Fees	28,841		28,841	
d	Licenses and permits	4,266	1,919	2,206	141
е	All other expenses	13,063	1,018	10,796	1,249
25]	Total functional expenses. Add lines 1 through 24e	1,680,754	1,354,279	230,924	95,551
1	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).				

———— Page 11 ——

Form 990 (2022) Page **11**

Рап Х	Balance Sneet			
	Check if Schedule O contains a response or note to any line in this Part IX			\square
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	671,489	1	655,191
2	Savings and temporary cash investments	17,775	2	19,570
3	Pledges and grants receivable net		3	0

/4/24	4:56		n Solida	arity International Inc - Full Filing- N	onprofit Explorer - P	roPubl	ica
	*	Accounts receivable, riet	•			4	U
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	0
	6	Loans and other receivables from other disquali					
		section $4958(f)(1)$), and persons described in s	ection	4958(c)(3)(B)		6	0
2	7	Notes and loans receivable, net				7	0
Assets	8	Inventories for sale or use				8	0
As	9	Prepaid expenses and deferred charges			1,319	9	0
	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			13	0	
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11		1,954	15	0	
	16	Total assets. Add lines 1 through 15 (must eq	ual line	2 33)	692,537	16	674,761
	17	Accounts payable and accrued expenses			24,570	17	9,731
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
S	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .			22		
<u>"</u>	23	Secured mortgages and notes payable to unrela	ated thi	ird parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables	·	12,835	25	11,809
	26	Total liabilities. Add lines 17 through 25 .			37,405	26	21,540
es		Organizations that follow FASB ASC 958, cl	heck h	ere 🕨 🗸 and			
2		complete lines 27, 28, 32, and 33.					
Balances	27	Net assets without donor restrictions			136,527	27	430,023
	28	Net assets with donor restrictions			518,605	28	223,198
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds		check here and		29	
Assets or	30	Paid-in or capital surplus, or land, building or ed		nt fund		30	<u> </u>
set	31	Retained earnings, endowment, accumulated in		<u></u>		31	
	32	Total net assets or fund balances	come,	or other runus	655,132	32	653,221
Net	33	Total liabilities and net assets/fund balances	•		692,537	33	674,761
~	33	iotal naunities and het assets/fund balances	•		092,007	33	074,701

Form **990** (2022)

Form	990 (2022)		Page 12
Pai	Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,682,038
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,680,754
3	Revenue less expenses. Subtract line 2 from line 1	3	1,284
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	655,132
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-3,195
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Not accord or fund halances at and of year Combine lines 3 through 9 (must equal Part Viline 32, column (R))	10	652 221

10	net assets of fully parametes at end of year. Combine lines 5 through 5 (must equal) at 7, line 52, column (b))			الكرين الكاري
Pari	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	
	ſ		Yes	No
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
	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.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
	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		
		F	orm 99	0 (2022)
orm '	990 (2022)			
Ad	ditional Data R	eturi	n to Fo	rm
	Software ID: 22015553			
	Software Version: 2022v5.0			
Form	990, Special Condition Description:			
	Special Condition Description			

efile Public Visual Render

ObjectId: 202311939349300941 - Submission: 2023-07-12

TIN: 33-0826951

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

		ne organization					Employer identific	ation number
Christi	an Soli	darity International Inc					33-0826951	
	rt I	Reason for Public					See instructions.	
_	rganiz	ration is not a private four		•	•			
1		A church, convention of	•			. ,, ,	(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital or a cooperat	ive hospital ser	vice organization descr	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organame, city, and state:	nization operat	ed in conjunction with	a hospital descr	bed in section 1	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			sity owned or op	perated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	-		scribed in sectio	on 170(b)(1)(A	۱)(v).	
7	An organization that normally receives a substantial part of its support from a governme section 170(b)(1)(A)(vi). (Complete Part II.)						init or from the genera	al public described in
8		A community trust desc	ribed in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college of						ege or university or a
10		An organization that not from activities related to investment income and 30, 1975. See section !	its exempt fun unrelated busin	ections—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	pport from gross
11		An organization organize	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		An organization organizemore publicly supported on lines 12a through 12	organizations of	described in section 5	09(a)(1) or se	ction 509(a)(2)). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I'	porting organiza	ation vested in the san				
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and		
е		Check this box if the orgintegrated, or Type III n	ganization receiv on-functionally	ved a written determir integrated supporting	ation from the I organization.	RS that it is a Ty	pe I, Type II, Type III	functionally
f		the number of supported	_				· · · · · · · · <u> </u>	
<u>g</u>		de the following informati Name of supported	on about the su	upported organization((iii) Type of		anization listed	(v) Amount of	(vi) Amount of
	(1)	organization	(II) LIN	organization (described on lines 1- 10 above (see instructions))		ing document?	monetary support (see instructions)	other support (see instructions)
					Yes	No		
			-					
Tota	1							
		work Reduction Act Not	tice, see the I	nstructions for	Cat. No. 11285	I 5F	Schedule	A (Form 990) 2022
Form	990	or 990-EZ.	•					
				B-	~ ?			
					ge 2 ———			
Schoo	dulo ^	(Form 990) 2022						
	rt II	<u> </u>	e for Organia	ations Described	in Sections 1	.70(b)(1)(Δ)	(iv) and 170(h)(1	Page 2 .)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

If the organization failed to qualify under the tests listed below, please complete Part III.)

	4, 4:56 PM	Christian	Solidarity Internation	nal Inc - Full Filing-	Nonprofit Explorer	- ProPublica	
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	1,503,576	1,587,888	1,613,153	1,937,161	1,680,243	8,322,021
2	organization's benefit and either paid						0
3	to or expended on its behalf The value of services or facilities furnished by a governmental unit to						0
	the organization without charge						Ü
4	Total. Add lines 1 through 3	1,503,576	1,587,888	1,613,153	1,937,161	1,680,243	8,322,021
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						0
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						8,322,021
9	Section B. Total Support						
	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(o 7	r fiscal year beginning in) Amounts from line 4	1,503,576	` '	1,613,153	1,937,161	1,680,243	8,322,021
8	_	1,303,370	1,307,000	1,013,133	1,557,101	1,000,243	0,322,021
	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		-1,075	4,629	1,905			5,459
11							8,327,480
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for t	he organization's	first, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and stop here					▶ □	
_	Section C. Computation of Public						
14				column (f))		14	99.930 %
15						15	99.920 %
	33 1/3% support test—2022. If the						
	and stop here. The organization quali	ifies as a publicly	supported organiza	ation			> 🗸
ŀ	33 1/3% support test—2021. If the	-		•		•	
17	box and stop here. The organization a 10%-facts-and-circumstances test and if the organization meets the "fact	t—2022. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	meets the "facts-and-circumstances" t	est. The organiza	tion qualifies as a	- publicly supported	l organization		▶□
Ŀ	10%-facts-and-circumstances tes	st—2021. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line 15	5 is 10% or
	more, and if the organization meets t		•				_
	meets the "facts-and-circumstances"						🕨 🗆
18	_		•		•		
	instructions						▶□
						Schedule A (I	Form 990) 2022
_			Page 3				
Sch	nedule A (Form 990) 2022						Page 3
	Part III Support Schedule for	or Organizatio	nc Doccribod i	n Soction E00	(2)(2)		rage 3
	(Complete only if you					d to qualify und	er Part II If
	the organization fails						ci i dic II. Ii
-	Section A. Public Support	, , , , , , , , , , , , , , , , , , , ,		, p	Г	,	
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(o 1		(a) 2010	(6) 2013	(6) 2020	(u) 2021	(6) 2022	(1) Total
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
							<u> </u>
3	Gross receipts from activities that are	е					
3	Gross receipts from activities that are not an unrelated trade or business	е					
3	Gross receipts from activities that are not an unrelated trade or business under section 513	e 					

8/4/24	4:56 PM	Christian So	olidarity Internation	nal Inc - Full Filing-	Nonprofit Explorer -	ProPublica			
	organization's penerit and either paid					1	1		
5	to or expended on its behalf The value of services or facilities								
•	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
_	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ction B. Total Support					•			
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
(or)	fiscal year beginning in) Amounts from line 6			+			+		
10a	Gross income from interest,								
100	dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources Unrelated business taxable income								
b	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
C	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.)	<u> </u>	6	1.6 11 601	<u> </u>	504()(2)	1		
14	First 5 years. If the Form 990 is for the	=			-				_
	this box and stop here								ightharpoons
	ction C. Computation of Public	Support Perce	ntage	(0)					
15	Public support percentage for 2022 (lin					15			
16	Public support percentage from 2021 S	Schedule A, Part I	II, line 15			16			
Se	ction D. Computation of Invest								
17	Investment income percentage for 202	,	. ,	,	• • •	17			
18	Investment income percentage from 2	021 Schedule A,	Part III, line 17 .			18			
19a	33 1/3% support tests-2022. If the	organization did r	not check the box	on line 14, and li	ne 15 is more thar	n 33 1/3%, and lin	ne 17	is not	
	more than 33 1/3%, check this box and	stop here. The	organization qua	ifies as a publicly	supported organiz	ation	1	▶ 🗌	
b	33 1/3% support tests—2021. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	3% ar	nd line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	licly supported org	anization	🕨	► □	
20	Private foundation. If the organization							_	
	i in organization		2 20% 011 11110 2 17	134, 0. 135, 000.	t till box alla bee	Schedule A (2022
								7	
			Page 4						
			Page 4						
Sche	dule A (Form 990) 2022							Р	age 4
Par	t IV Supporting Organization	s						-	
1 611	(Complete only if you checked a		of Part I. If you ch	necked box 12a, of	f Part I, complete S	Sections A and B	. If vo	u chec	ked
	box 12b, of Part I, complete Se	ctions A and C. If	you checked box						
_	12d, of Part I, complete Section		omplete Part V.)						
Se	ction A. All Supporting Organiz	ations					1		
						-		Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the st			ated. If designated	l by class or purpo	se,			
	describe the designation. If historic an	d continuing relat	ionship, explain.				1		
2	Did the organization have any support	ed organization th	nat does not have	an IRS determina	ation of status und	er section			
	509(a)(1) or (2)? If "Yes," explain in F	Part VI how the o	rganization deter	mined that the su	pported organizati	on was			
	described in section $509(a)(1)$ or (2) .					Ī	2		
За	Did the organization have a supported	organization desc	cribed in section	501(c)(4) (5) or	(6)? If "Yes " ansv	ver lines 3h and			
Ja	3c below.	organization dest	andea in section	30±(c)(¬), (3), 01	(0). 11 103, 01131	.c. mics 55 and	2-		
				=6::	(-)(4) (5)		3a		
b	Did the organization confirm that each the public support tests under section								
	determination.	555(u)(Z): II TE	o, acochoe in Pa	viicii aiiu II	on the organization	made the	2 L		<u> </u>
						(B) -	3b		
С	Did the organization ensure that all su	nnort to such ora	anizations was us	ed exclusively for	section $170(c)(2)$	(B) nurnoses?			l

/24,	4:56 PM Christian Solidarity International Inc - Full Filing- Nonprofit Explorer - ProPublica		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	
la	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.		
L	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a	<u> </u>
b	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c	
ā	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с	
5	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 .		
	organization's supported organizations? If Yes, provide detail in Part VI.	6	
,	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
		7	
•	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
)a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"		
	provide detail in Part VI.	9a	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	, ,	9b	
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	0-	-
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	9c	

10b Schedule A (Form 990) 2022

10a

D∍	Δ	

Schedule A (Form 990) 2022 Page **5**

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	the organization accepted a gift or contribution from any of the following persons? Is son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the rning body of a supported organization? In which is supported organization? In the organization of a person described on 11a above? In the organization of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part or 11c, provide detail	11a		ĺ
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	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 of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	approximation and the same of	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		

answer line 10b below.

the organization had excess business holdings).

No

/4/24,	24, 4:56 PM Christian Solidarity International Inc - Full Filing- Nonprofit Explorer - ProPublica								
	each of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed to			1					
Se	ction D. All Type III Supporting Organizations								
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durir Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the		Yes	No			
_				1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e.	xplain in Part VI how the	2					
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's i	ncome or assets at all times	3					
Se	ction E. Type III Functionally-Integrated Supporting Organizations								
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):					
а	The organization satisfied the Activities Test. Complete line 2 below.								
b	The organization is the parent of each of its supported organizations. Complete	line	3 below.						
c		u supp	ported a government entity (see	instru	ctions)				
2	Activities Test. Answer lines 2a and 2b below.				Yes	No			
а	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the substantially all of its activities.	Part \ oses, i	/I identify those supported how the organization was	2a					
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.								
3	Parent of Supported Organizations. Answer lines 3a and 3b below.								
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>								
b	Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? If "Yes," describe in Part VI. the role played by the organizations			3b					
	Page 6 ————		Schedule A	(Forn	n 990)	2022			
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying tru			/I). Se		age 6			
	instructions. All other Type III non-functionally integrated supporting organization	tions i							
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r			
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
	Section B - Minimum Asset Amount	Ī	(A) Prior Year		rent Yea onal)	r			
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1							
	Average monthly value of securities	1a							
	Average monthly cash balances Fair market value of other non-exempt-use assets	1b							

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

e Discount claimed for blockage or other factors

(0)	plain in detail in Part VI):					
<u> </u>	quisition indebtedness applicable to non-exempt us	a accete	2			
	btract line 2 from line 1d	e assets	3			
1 Cas	sh deemed held for exempt use. Enter 0.015 of line tructions).	e 3 (for greater amount, see	4			
_	,	rom lino 2)	5			
	t value of non-exempt-use assets (subtract line 4 f	rolli lille 3)	6			
	coveries of prior-year distributions		7			
	nimum Asset Amount (add line 7 to line 6)		8			
	ection C - Distributable Amount					Current Year
	justed net income for prior year (from Section A, li	no 9 Column A)	1			- Carrone roan
	ter 85% of line 1	ne o, Column A)	2			
	nimum asset amount for prior year (from Section B	line 8 Column A)	3			
	ter greater of line 2 or line 3	, line o, column A)	4			
	come tax imposed in prior year		5			
	stributable Amount. Subtract line 5 from line 4, u	inless subject to emergency	6			
	nporary reduction (see instructions)	amess subject to emergency				
	Check here if the current year is the organization	on's first as a non-functionally-	integrat	ed Type III s	upporting	organization (see
	A (Form 990) 2022	Page 7	Organi	zations (Pa
art V	Type III Non-Functionally Integrated	_	Organi	zations (continued	Pa
art V ection	Type III Non-Functionally Integrated D - Distributions	d 509(a)(3) Supporting	Organi	zations (continued	Pa
art V ection	Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organi	zations (Pa
Amou	Type III Non-Functionally Integrated D - Distributions	d 509(a)(3) Supporting n exempt purposes			continued	Pa
Amou excess	Type III Non-Functionally Integrated D - Distributions unts paid to supported organizations to accomplish unts paid to perform activity that directly furthers	d 509(a)(3) Supporting n exempt purposes exempt purposes of supported	organiz		continued	Pa
Amou excess	Type III Non-Functionally Integrated In D - Distributions unts paid to supported organizations to accomplish unts paid to perform activity that directly furthers so of income from activity inistrative expenses paid to accomplish exempt pu	d 509(a)(3) Supporting n exempt purposes exempt purposes of supported	organiz		continued 1	Pa
Amou	Type III Non-Functionally Integrated D - Distributions unts paid to supported organizations to accomplish unts paid to perform activity that directly furthers ss of income from activity inistrative expenses paid to accomplish exempt puunts paid to acquire exempt-use assets	d 509(a)(3) Supporting n exempt purposes exempt purposes of supported rposes of supported organization	organiz		1 2 3 4	Pa
Amou excess Admi Amou Quali	Type III Non-Functionally Integrated In D - Distributions unts paid to supported organizations to accomplish unts paid to perform activity that directly furthers so of income from activity inistrative expenses paid to accomplish exempt puunts paid to acquire exempt-use assets ified set-aside amounts (prior IRS approval require	d 509(a)(3) Supporting exempt purposes exempt purposes of supported rposes of supported organization and a provide details in Part VI	organiz		1 2 3 4 5	Pa
Amou excess Admi Amou Quali	Type III Non-Functionally Integrated D - Distributions unts paid to supported organizations to accomplish unts paid to perform activity that directly furthers ss of income from activity inistrative expenses paid to accomplish exempt puunts paid to acquire exempt-use assets	d 509(a)(3) Supporting exempt purposes exempt purposes of supported rposes of supported organization and a provide details in Part VI	organiz		1 2 3 4	Pa
Amore excess Admir Amore Quality	Type III Non-Functionally Integrated In D - Distributions unts paid to supported organizations to accomplish unts paid to perform activity that directly furthers so of income from activity inistrative expenses paid to accomplish exempt puunts paid to acquire exempt-use assets ified set-aside amounts (prior IRS approval require	d 509(a)(3) Supporting exempt purposes exempt purposes of supported rposes of supported organization and a provide details in Part VI	organiz		1 2 3 4 5	Pa
Amore excess Admir Amore Quality Othe Total	Type III Non-Functionally Integrated In D - Distributions unts paid to supported organizations to accomplish unts paid to perform activity that directly furthers are of income from activity inistrative expenses paid to accomplish exempt pure unts paid to acquire exempt-use assets ified set-aside amounts (prior IRS approval required are distributions (describe in Part VI). See instructions	d 509(a)(3) Supporting n exempt purposes exempt purposes of supported rposes of supported organization ed - provide details in Part VI	organiz ons	ations, in	1 2 3 4 5 6	Pa
Amou Amou excess Admi Amou Quali Othe Total	Type III Non-Functionally Integrated In D - Distributions unts paid to supported organizations to accomplish unts paid to perform activity that directly furthers are of income from activity inistrative expenses paid to accomplish exempt puunts paid to acquire exempt-use assets ified set-aside amounts (prior IRS approval required adistributions (describe in Part VI). See instructions I annual distributions. Add lines 1 through 6.	d 509(a)(3) Supporting n exempt purposes exempt purposes of supported rposes of supported organization ed - provide details in Part VI	organiz ons	ations, in	1 2 3 4 5 6 7	Pa
Amore Admir Amore Quali Othe Total Distriction	Type III Non-Functionally Integrated in D - Distributions unts paid to supported organizations to accomplish unts paid to perform activity that directly furthers are of income from activity inistrative expenses paid to accomplish exempt pure unts paid to acquire exempt-use assets ified set-aside amounts (prior IRS approval required a distributions (describe in Part VI). See instruction I annual distributions. Add lines 1 through 6. Tibutions to attentive supported organizations to whils in Part VI). See instructions aributable amount for 2022 from Section C, line 6	d 509(a)(3) Supporting n exempt purposes exempt purposes of supported rposes of supported organization ed - provide details in Part VI	organiz ons	ations, in	1 2 3 4 5 6 7 8	Pa
Amore Admir Amore Admir Amore Quali Othe Total Distriction Editor	Type III Non-Functionally Integrated In D - Distributions unts paid to supported organizations to accomplish unts paid to perform activity that directly furthers are of income from activity inistrative expenses paid to accomplish exempt pure unts paid to acquire exempt-use assets ified set-aside amounts (prior IRS approval required are distributions (describe in Part VI). See instruction annual distributions. Add lines 1 through 6. Tibutions to attentive supported organizations to whils in Part VI). See instructions	d 509(a)(3) Supporting n exempt purposes exempt purposes of supported rposes of supported organization ed - provide details in Part VI	ons)	ations, in	1 2 3 4 5 6 7 8 9 10	Current Year (iii) Distributable
Amore Admir Amore Admir Amore Quali Othe Total Distriction Line 8	Type III Non-Functionally Integrated In D - Distributions unts paid to supported organizations to accomplish unts paid to perform activity that directly furthers are of income from activity inistrative expenses paid to accomplish exempt pure unts paid to acquire exempt-use assets are distributions (describe in Part VI). See instruction annual distributions. Add lines 1 through 6. Tibutions to attentive supported organizations to while in Part VI). See instructions Tibutable amount for 2022 from Section C, line 6 8 amount divided by Line 9 amount Section E - Distribution Allocations	d 509(a)(3) Supporting n exempt purposes exempt purposes of supported proses of supported organization and - provide details in Part VI pons nich the organization is respon	ons)	ations, in ovide (ii) derdistribut	1 2 3 4 5 6 7 8 9 10	Current Year
Amore Amore Admir Amore Qualic Othe Total District District Qualic Qualic District Qualic Qualic District Qualic Qual	Type III Non-Functionally Integrated in D - Distributions unts paid to supported organizations to accomplish unts paid to perform activity that directly furthers are of income from activity inistrative expenses paid to accomplish exempt pure unts paid to acquire exempt-use assets are distributions (describe in Part VI). See instructions and distributions. Add lines 1 through 6. Tibutions to attentive supported organizations to while in Part VI). See instructions are instructions are instructions around the field of the part VI). See instructions around divided by Line 9 amount Section E - Distribution Allocations (see instructions)	d 509(a)(3) Supporting n exempt purposes exempt purposes of supported proses of supported organization and - provide details in Part VI pons nich the organization is respon	ons)	ations, in ovide (ii) derdistribut	1 2 3 4 5 6 7 8 9 10	Current Year (iii) Distributable

a From 2017. . . .

f Total of lines 3a through e

g Applied to underdistributions of prior years
 h Applied to 2022 distributable amount
 i Carryover from 2017 not applied (see

a Applied to underdistributions of prior years

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.4 Distributions for 2022 from Section D, line 7:

b From 2018. . . c From 2019. . . d From 2020. . . e From 2021. . .

instructions)

\$

Return Reference			Schedule A (Form 990) 202
Return Reference			
		Explanation	
	Facts And Circum	stances Test	
	F (A 10:		
Section A, lines 1, 2, 3b, 3c, 4 Part IV, Section D, lines 2 and	4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, d 3; Part IV, Section E, lines 1c, 2a, and Part V, Section E, lines 2, 5, and	and 11c; Part IV, Section B, I 2b, 3a and 3b; Part V, line 1;	lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
Schedule A (Form 990) 2022	Provide the explanations required	by Part II line 10: Part II lin	Page ne 17a or 17b; Part III, line 12; Part IV,
	Page 8	3 —	Schedule A (Form 990) (202
e Excess from 2022			Schodulo A (Form 000) (202
d Excess from 2021			
c Excess from 2019			
a Excess from 2018 b Excess from 2019			
8 Breakdown of line 7:			
7 Excess distributions carryover to 2 0 3j and 4c.	023. Add lines		
6 Remaining underdistributions for 2022. lines 3h and 4b from line 1. If the amount than zero, explain in Part VI. See inst	ount is greater		
5 Remaining underdistributions for years 2022, if any. Subtract lines 3g and 4a If the amount is greater than zero, ex. See instructions.	from line 2. Eplain in Part VI .		
	rom line 4.		
c Remainder. Subtract lines 4a and 4b fr	rom line 4		

Software ID: 22015553 **Software Version:** 2022v5.0

Schedule B		ssion: 2023-07-12	TIN: 33-0826951
	Schedule of	Contributors	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 99 ► Go to <u>www.irs.gov/Form99</u>	2022	
Name of the organization Christian Solidarity Internatio	nal Inc		Employer identification number 33-0826951
Organization type (check o	ne):		33 0020731
Filers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)() (enter number) organizati	on	
	4947(a)(1) nonexempt charitable tru	st not treated as a private foundati	on
	☐ 527 political organization		
Form 990-PF	☐ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable tru	st treated as a private foundation	
	☐ 501(c)(3) taxable private foundation		
contributions.			letermining a contributor's total
contributions.			letermining a contributor's total
contributions. Special Rules For an organization under sections 509(a received from any organization any organization)	described in section 501(c)(3) filing Form 9 a)(1) and 170(b)(1)(A)(vi), that checked Sche contributor, during the year, total contributor, or (ii) Form 990-F7 line 1. Complete Par	edule A (Form 990 or 990-EZ), Pa utions of the greater of (1) \$5,000 c	upport test of the regulations rt II, line 13, 16a, or 16b, and that
contributions. Special Rules For an organization under sections 509(received from any or 990, Part VIII, line 1) For an organization during the year, tota	a)(1) and 170(b)(1)(A)(vi), that checked Sch	redule A (Form 990 or 990-EZ), Pautions of the greater of (1) \$5,000 of the I. Ing Form 990 or 990-EZ that receively for religious, charitable, scientif	upport test of the regulations rt II, line 13, 16a, or 16b, and that or (2) 2% of the amount on (i) Form
contributions. Special Rules For an organization under sections 509(received from any organization during the year, total purposes, or for the purpose. Don't company to the purpose.	a)(1) and 170(b)(1)(A)(vi), that checked Sche contributor, during the year, total contributor, or (ii) Form 990-EZ, line 1. Complete Pardescribed in section 501(c)(7), (8), or (10) for contributions of more than \$1,000 exclusives.	ledule A (Form 990 or 990-EZ), Pautions of the greater of (1) \$5,000 or its I and II. ling Form 990 or 990-EZ that receively for religious, charitable, scientific Complete Parts I, II, and III. ling Form 990 or 990-EZ that receive, etc., purposes, but no such contreer received during the year for an elule applies to this organization becomes.	upport test of the regulations rt II, line 13, 16a, or 16b, and that or (2) 2% of the amount on (i) Form wed from any one contributor, fic, literary, or educational eved from any one contributor, ributions totaled more than \$1,000 acclusively religious, charitable, etc ause it received nonexclusively
contributions. Special Rules For an organization under sections 509(in received from any on 990, Part VIII, line 11) For an organization during the year, tota purposes, or for the purposes, or for the purpose. Don't compare ligious, charitable, caution: An organization the 990-EZ, or 990-PF), but it mor on its Form 990PF, Part I	a)(1) and 170(b)(1)(A)(vi), that checked Sche contributor, during the year, total contributor, or (ii) Form 990-EZ, line 1. Complete Pardescribed in section 501(c)(7), (8), or (10) for contributions of more than \$1,000 exclusive prevention of cruelty to children or animals. Idescribed in section 501(c)(7), (8), or (10) for ibutions exclusively for religious, charitabled, enter here the total contributions that we oblete any of the parts unless the General R	ledule A (Form 990 or 990-EZ), Pautions of the greater of (1) \$5,000 or its I and II. ling Form 990 or 990-EZ that receively for religious, charitable, scientific Complete Parts I, II, and III. ling Form 990 or 990-EZ that receive, etc., purposes, but no such contreer received during the year for an example applies to this organization becoming the year	upport test of the regulations rt II, line 13, 16a, or 16b, and that or (2) 2% of the amount on (i) Form eved from any one contributor, fic, literary, or educational eved from any one contributor, ibutions totaled more than \$1,000. xclusively religious, charitable, etc ause it received nonexclusively edule B (Form 990, of its Form 990-EZ
contributions. Special Rules For an organization under sections 509(in received from any organization during the year, total purposes, or for the purposes, or for the purpose. Don't compare ligious, charitable, caution: An organization the spo-EZ, or 990-PF), but it mor on its Form 990PF, Part I 990-EZ, or 990-PF).	a)(1) and 170(b)(1)(A)(vi), that checked Sche contributor, during the year, total contributor, or (ii) Form 990-EZ, line 1. Complete Pardescribed in section 501(c)(7), (8), or (10) for contributions of more than \$1,000 exclusive prevention of cruelty to children or animals. Indescribed in section 501(c)(7), (8), or (10) for ibutions exclusively for religious, charitabled, enter here the total contributions that we lete any of the parts unless the General R etc., contributions totaling \$5,000 or more lat isn't covered by the General Rule and/or lust answer "No" on Part IV, line 2, of its Follows, see the Instructions	ledule A (Form 990 or 990-EZ), Pautions of the greater of (1) \$5,000 or its I and II. ling Form 990 or 990-EZ that receively for religious, charitable, scientific Complete Parts I, II, and III. ling Form 990 or 990-EZ that receive, etc., purposes, but no such contreer received during the year for an example applies to this organization becoming the year	upport test of the regulations rt II, line 13, 16a, or 16b, and that or (2) 2% of the amount on (i) Form eved from any one contributor, fic, literary, or educational eved from any one contributor, ibutions totaled more than \$1,000. xclusively religious, charitable, etc. ause it received nonexclusively edule B (Form 990, of its Form 990-EZ
contributions. Special Rules For an organization under sections 509(in received from any on 990, Part VIII, line 11) For an organization during the year, tota purposes, or for the purposes, or for the purpose. Don't compreligious, charitable, caution: An organization the 990-EZ, or 990-PF), but it more sections.	a)(1) and 170(b)(1)(A)(vi), that checked Sche contributor, during the year, total contributor, or (ii) Form 990-EZ, line 1. Complete Pardescribed in section 501(c)(7), (8), or (10) for contributions of more than \$1,000 exclusive prevention of cruelty to children or animals. Indescribed in section 501(c)(7), (8), or (10) for ibutions exclusively for religious, charitabled, enter here the total contributions that we lete any of the parts unless the General R etc., contributions totaling \$5,000 or more lat isn't covered by the General Rule and/or lust answer "No" on Part IV, line 2, of its Follows, see the Instructions	ledule A (Form 990 or 990-EZ), Pautions of the greater of (1) \$5,000 or its I and II. ling Form 990 or 990-EZ that receively for religious, charitable, scientific Complete Parts I, II, and III. ling Form 990 or 990-EZ that receive, etc., purposes, but no such contrete received during the year for an exalter applies to this organization becoming the year	upport test of the regulations rt II, line 13, 16a, or 16b, and that or (2) 2% of the amount on (i) Form eved from any one contributor, fic, literary, or educational eved from any one contributor, sibutions totaled more than \$1,000. **xclusively** religious, charitable, etc ause it received **nonexclusively** ** \$\int_{\text{edule B}}\$ (Form 990, of its Form 990-EZ rm 990,

Schedule B (Form 990) (2022)

Page 2

Name of organization

Employer identification number

22-0050221

D. d.I		<u> </u>	
Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE	,	\$ 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) (2022)
Schedule F	Page 3 ———————————————————————————————————		Page 3
Name of or		Employer identification 33-0826951	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-			-	\$			
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received		
-			- - -	\$			
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received		
-			- - -	\$_			
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received		
-			- - -	\$_			
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received		
-			- - -	\$_			
(a) No. from Part I	(b) Description of noncash		(c) or estimate) instructions)	(d) Date received			
-			- - -	\$_			
Schedule	B (Form 990) (2022)	Page 4 ———			Page 4		
Name of or	rganization Solidarity International Inc			Employer identi			
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Complete columns (total of exclusively religious tructions.) \(\) \(\) \(\)	a) through (e)	and the following	line entry. For		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Descript	ion of how gift is held		
-	Transferee's name, address, and 2	(e) Transfer of gift Transferee's name, address, and ZIP 4					
(a)				ı			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Descript	ion of how gift is held		
-		(e) Transfer of g	ift				
-	Transferee's name, address, and 2		Relationshi	p of transferor to t	ransferee		
(a)	(h) Burnoss of sift	(a) Has of gift		(d) Descript	ion of how gift in held		

(b) Fulpose of glit	(c) use or grit	
	(c) 000 01 g	(u) Description of now gift is neig
		_
Transferee's name, address, and	(e) Transfer of gift ZIP 4 Re	elationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, and a	ZIP 4 Re	lationship of transferor to transferee
		Schedule B (Form 990) (202
	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift (e) Transfer of gift

 Software ID:
 22015553

 Software Version:
 2022v5.0

(Form 990)

efile Public Visual Render

ObjectId: 202311939349300941 - Submission: 2023-07-12

TIN: 33-0826951

SCHEDULE D

Supplemental Financial Statements

OMB No. 1545-0047

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Department of the Treasury Internal Revenue Service	► Go to <u>www.irs.gov/Form</u>	Attach to Form 990. 1990 for instructions a	, , ,	rmation.		n to Public spection
Name of the orga				Employer ident	ification	number
Christian Solidarity Int	ternational Inc			33-0826951		
	nizations Maintaining Donor Advilete if the organization answered "Ye					
		(a) Donor advi	,	(b) Funds a	nd other	accounts
1 Total number a	at end of year					
2 Aggregate valu	ue of contributions to (during year)					
3 Aggregate valu	ue of grants from (during year)					
4 Aggregate valu	ue at end of year					
	ization inform all donors and donor adviso property, subject to the organization's ex				_	Yes 🗌 No
charitable pur	ization inform all grantees, donors, and do poses and not for the benefit of the donor t?	or donor advisor, or for	any other purpose o		ssible	Yes □ No
	ervation Easements. lete if the organization answered "Ye	s" on Form 990, Part	IV, line 7.			
	conservation easements held by the organ					
☐ Preserva	tion of land for public use (e.g., recreation	n or education)	Preservation of an	historically import	ant land a	area
Protectio	on of natural habitat		Preservation of a c	certified historic str	ucture	
Preserva	tion of open space					
	s 2a through 2d if the organization held a	qualified conservation co	ontribution in the for	rm of a conservatio	on	
easement on t	the last day of the tax year.			Held at t	he End o	of the Year
a Total number of	of conservation easements			2a		
b Total acreage r	restricted by conservation easements			2b		
	nservation easements on a certified histori	•	•	2c		
historic structu	nservation easements included in (c) acquire listed in the National Register	, , ,		2d		
Number of cor tax year ►	nservation easements modified, transferre	ed, released, extinguished	d, or terminated by	the organization du	uring the	
4 Number of sta	ates where property subject to conservation	on easement is located 🕨				
	nization have a written policy regarding the ent of the conservation easements it holds				Yes	□ No
6 Staff and volu	nteer hours devoted to monitoring, inspec	cting, handling of violatio	ns, and enforcing co			
<u> </u>		-	_			
7 Amount of exp	penses incurred in monitoring, inspecting,	handling of violations, a	nd enforcing conser	vation easements o	during the	e year
	nservation easement reported on line 2(d) 70(h)(4)(B)(ii)?				Yes	□ No
balance sheet,	escribe how the organization reports cons , and include, if applicable, the text of the on's accounting for conservation easemen	footnote to the organiza		nse statement, and	d	_ H0
Part III Organ	nizations Maintaining Collections lete if the organization answered "Ye	of Art, Historical Tr	reasures, or Oth	er Similar Asse	ets.	
1a If the organiza	ation elected, as permitted under FASB AS sures, or other similar assets held for pub text of the footnote to its financial statem	GC 958, not to report in it lic exhibition, education,	s revenue statemer or research in furth			
b If the organiza	text of the foothote to its financial statem ation elected, as permitted under FASB AS sures, or other similar assets held for pub	SC 958, to report in its re	venue statement ar			
following amo	unts relating to these items: uded on Form 990, Part VIII, line 1			·		
	ed in Form 990, Part VIII, line 1			·		
2 If the organiza	ation received or held works of art, histori	cal treasures, or other si	milar assets for fina		the	
-	unts required to be reported under FASB ι ded on Form 990, Part VIII, line 1	•		▶\$		
	ed in Form 990, Part X					

---- Page 2 -----

Sche	dule D	(Form 990) 2022								Page 2
Part	III	Organizations Maintaining Co	llections of Art	, Historical Trea	sures, o	or Other Sin	nilar Asse	ets (contir	nued)	
3		the organization's acquisition, accessic (check all that apply):	on, and other record		following	that are a sign	nificant use	of its colle	ection	
а		Public exhibition		d _ Loa	an or exch	nange program	าร			
b		Scholarly research		e Oth	ner				•	
С		Preservation for future generations								
4	Provid Part X	de a description of the organization's co	llections and expla	in how they further t	the organi	ization's exem	pt purpose	in		
5		g the year, did the organization solicit os to be sold to raise funds rather than t						Yes		0
Par	t IV	Escrow and Custodial Arrange Complete if the organization ans line 21.		form 990, Part IV,	line 9, o	r reported a	n amount	on Form	990, I	Part X,
1a	Is the includ	organization an agent, trustee, custod led on Form 990, Part X?	ian or other interm	ediary for contribution	ons or oth	ner assets not	(Yes	□ N	0
b	If "Ye	s," explain the arrangement in Part XII	I and complete the	following table:			Amo	ount		_
c	Begin	ning balance				1c				_
d	Additi	ons during the year				1d				_
е	Distril	butions during the year				1e				
f	Endin	g balance				1f				_
2a	Did th	ne organization include an amount on F	orm 990, Part X, lir	ne 21, for escrow or	custodial	account liabilit	ty? (Yes		0
b	If "Ye	s," explain the arrangement in Part XII	I. Check here if the	explanation has bee	en provide	ed in Part XIII				
Pa	rt V	Endowment Funds.								
		Complete if the organization ans				venue baek (d)	Thurs was up	hook (a) F		en ha els
1a	Beainn	ing of year balance	(a) Current year	(b) Prior year	(C) IWO	years back (d)	Three years	Dack (e) F	our yea	S Dack
	_	outions								
		estment earnings, gains, and losses								
		or scholarships								
e	Other e	expenditures for facilities or some second s								
f	Admini	strative expenses								
g	End of	year balance								
2 a		de the estimated percentage of the curr	ent year end balan	ce (line 1g, column	(a)) held	as:		'		
b	Perma	anent endowment 🕨								
c	Term	endowment 🕨								
	The p	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3а		nere endowment funds not in the posse ization by:	ssion of the organi	zation that are held a	and admir	nistered for the	е		Yes	No
		nrelated organizations						3a(i)		
L		elated organizations	na listed as require	d on Cohodulo D2				3a(ii) 3b		
ь 4		s" on 3a(ii), are the related organizatio ibe in Part XIII the intended uses of the	•				• •	30	ļ	
	t VI	Land, Buildings, and Equipme								
		Complete if the organization ans	wered "Yes" on F	orm 990, Part IV,	line 11a	. See Form 9	90, Part)	X, line 10		
	Descri	ption of property (a) Cost or of (investm	` '	ost or other basis (other	(c) Ac	ccumulated depre	eciation	(d) Boo	ok value	!
1a	Land									
b	Buildin	gs								
c	Leaseh	old improvements								
d	Equipm	nent		22,36	50		22,360			
-										
Tota	I. Add	lines 1a through 1e. (Column (d) must	equal Form 990, Pa	art X, column (B), lir	ne 10(c).)	•				
							Sched	ule D (Fo	rm 99	n) 2022

Schedule D (Form 990) 2022 Page **3**

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV.	line 11b.See For	m 990. Part X	. line 12.
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of v or end-of-year	aluation:
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV.	line 11c. See For	m 990, Part)	(, line 13.
(a) Description of investment		(b) Book value	(c) Met	hod of valuation: of-year market value
(1)			COSE OF CHA	or year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, I	ine 11d. See For	m 990, Part X	, line 15.
(a) Description (1)	•			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X Other Liabilities.				
Complete if the organization answered 'Yes' on Form 990, P 1. (a) Description of liability	art IV, l	me 11e or 11f.Se	ee Form 990,	Part X, line 25. (b) Book value

Inc - Ful	ll Filing- Nonprofit Explo	rer - ProPublica	
			11,809
		*	11,809
to the o	rganization's financial st	tatements that	•
	=		_
) (Form 990) 2022
			Page 4
		Return.	
	ne 12a.	1	
		-	
2-			
\vdash		_	
\vdash		_	
		_	
2d		_	
		2e	_
		3	
4a			
4b			
		4c	
.) .		5	
ments	With Expenses pe	r Return.	
	ne 12a.		
		1	
2a			
2b			
2c			
2d			
		2e	
		3	
4a			
\vdash		\dashv \mid	
لــــــا		4c	
٠. د د		5	
		1 - 1	
0.)			
		m+ 1/ 15m = 4 : 5	wt V line 2: P-+1/7
d 4; Pari	t IV, lines 1b and 2b; Pa tional information.	ırt V, line 4; Pa	rt X, line 2; Part XI,
	to the o are if the ar	to the organization's financial stree if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the text of the footnote has the first street if the footnote has the first street if the footnote has the first street if the first street in the footnote has the first street in the first st	nents With Revenue per Return. rt IV, line 12a. 2a

Additional Data

Return to Form

Software ID: 22015553 **Software Version:** 2022v5.0

			bject1d: 2023								3-0826951 . 1545-0047		
SCHED (Form 9		State	ement of A	ctivit	ies (Dutside	the Uni	ted S	tates		•		
`	,		Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 1: Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information						ZUZZ				
Department of Internal Reve	of the Treasury enue Service	_									ection		
Name of t	the organization Solidarity Inter								Employer iden	tification	n number		
Part I	General	Information	on Activities	Outside	the U	nited Stat	es. Comple	te if the	33-0826951 organization a	nswered	"Yes" on		
1 Fo		, Part IV, line	14b. ganization mair	tain reco	orde to s	cuhetantiate	the amount	of its ar	ants and				
oth	her assistance,	the grantees'	eligibility for the	grants	or assis	tance, and t	he selection	criteria	used				
2 Fo	or grantmake	r s. Describe in	ce? Part V the orga						s grants and oth		res No ance		
	tside the Unite tivites per Regio		ng Part I, line 3 ta	ible can b	e duplio	cated if additi	onal space is	needed.)				
	(a) Region	1	(b) Number of offices in the region	(c) Nun employees and inde contracto regi	s, agents, pendent rs in the	region (by ty fundraising services, inves	conducted in pe) (such as, g, program tments, grants located in the	a progra sp	tivity listed in (d) is m service, describe ecific type of e(s) in the region	for an	al expenditures d investments the region		
	outh Sudan		0			Humanitaria	n Aid		services		481,796		
	igeria Iiddle East		0			Humanitaria Humanitaria			Services Services		63,435		
Ul	kraine		0		0	Humanitaria	n Aid	Program	Services		30,000		
b To		uation sheets to									575,231		
с То	art I . . . otals (add lines										575,231		
For Pape	erwork Reduct	tion Act Notice	, see the Instru	ctions fo	or Form	n 990.	Cat. I	No. 5008	2W Sched	ule F (Fo	rm 990) 2022		
					— Pa	ge 2 ——							
Schedule Part II		nd Other As										ion answered "Yes" (Page 2 on Form 990,
			'							-	nal space is neede		I
	Name of anization	(b) IRS code section and EIN (if applicable)	(c) Regior			urpose of grant	(e) Am cash		(f) Mann cash disburser		(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 E	nter total number of ot	her organiza	ations or entities			<u> </u>	<u></u>	. ► Sch	nedule F (Form 990) 2022
					— Page 3 ————				
School	ule F (Form 990) 2022				rage 3				D 3
	III Grants and C				ted States. Complete if	the organizat	tion answ	vered "Yes" on Form	Page 3 990, Part IV, line 16.
(a) T	Part III can be ype of grant or assistance		gion (c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount noncash		(g) Description of noncash	(h) Method of valuation
			·	_		assistance	е	assistance	(book, FMV, appraisal, other)
									+
								Sch	edule F (Form 990) 2022
C-b	l- F (F 000) 2022				— Page 4 ————		D 4		
Par	ule F (Form 990) 2022 IV Foreign Forms	ì					Page 4		
1			of property to a foreign co						
					to a Foreign Corporation (see	☐ Yes	✓ No		
2	Did the organization have	e an interest in	n a foreign trust during the	tax year? If "Yes," the	e organization may be require and Receipt of Certain Foreigi	ed .			
	Gifts, and/or Form 3520-	A, Annual Info	ormation Return of Foreign	Trust With a U.S. Own	and Receipt of Certain Foreigi ner (see Instructions for Form 	s	✓ No		
3			•		year? If "Yes," the organization		_ 110		
3	may be required to file Fe	orm 5471, Inf	ormation Return of U.S. Pe	rsons with Respect to	Certain Foreign Corporations.	_	✓ No		
4	Was the organization a d	irect or indired	ct shareholder of a passive	foreign investment cor	mpany or a qualified electing				
	fund during the tax year? Shareholder of a Passive	? If "Yes," the Foreign Inves	organization may be requi tment Company or Qualific	red to file Form 8621, and Electing Fund. (see 2	Information Return by a Instructions for Form 8621) .	Yes	No No		
5	Did the organization have	e an ownership	p interest in a foreign parti	nership during the tax	year? If "Yes," the organization	on			
			turn of U.S. Persons with R		ign Partnerships (see 	. 🗆 Yes	No No		
6					g the tax year? If "Yes," the				
	5713; don't file with Form	n 990)			t (see Instructions for Form	☐ Yes	No No		
					Schedu	ule F (Form 990	0) 2022	_ ,	
					— Page 5 ————				
Sched	ule F (Form 990) 2022				12900		Page 5		
Par	t V Supplemental				. Dant I line 2 column (6)	/ti			
	amounts of inve method); and P	estments vs. art III, colun	expenditures per regio nn (c) (estimated numb	n); Part II, line 1 (a	; Part I, line 3, column (f) ccounting method); Part I applicable. Also complete	II (accounting			
	ReturnReference		See instructions.	Ex	planation				
_									

8/4/24, 4:56 PM		Christian Solidarity International Inc - Full Filing- Nonprofit Explorer - ProPublica			
					
				<u></u>	
		 			
					
				<u></u>	
			Schedule F (Form 990) 20	22	
Additional D	ata				
		Software ID: 22015553			
		Software Version: 2022v5.0			
efile Public	Visual Rend	er ObjectId: 202311939349	300941 - Submission: 2023-0	7-12	TIN: 33-0826951
SCHEDUL				•	OMB No. 1545-0047
(Form 990)		Supplemental Informa	ITION TO FORM 990 OF 95 n for responses to specific questic		2022
Department of the Tre	acury.	Form 990 or 990-EZ or to p	provide any additional information	1.	
Internal Revenue Serv			Form 990 or 990-EZ. rm990 for the latest information.		Open to Public Inspection
Name of the organization Christian Solidarity International Inc				Employer identi	fication number
				33-0826951	
Return			Explanation		
Reference	Form 200 is an investigated by conscienting at the first ordering a				
Form 990, Part VI,	1 FORM 990 IS N	viewed by examinational staff and sign.			
Section B,	1 01111 000 10 11	eviewed by organizational staff and signe	er.		
I I ine 11b	1 01111 000 10 10	eviewed by organizational staff and sign	er.		
Line 11b			er.		
Form 990, Part VI,	Annual Revie		er.		
Form 990,			er.		
Form 990, Part VI, Section B, Line 15a		N	er.		
Form 990, Part VI, Section B, Line 15a Form 990, Part VI,	Annual Revie	N	er.		
Form 990, Part VI, Section B, Line 15a Form 990,	Annual Revie	N	er.		
Form 990, Part VI, Section B, Line 15a Form 990, Part VI, Section B, Line 15b Form 990,	Annual Revie	N			
Form 990, Part VI, Section B, Line 15a Form 990, Part VI, Section B, Line 15b	Annual Revie	N N			

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

Return to Form

Software ID: 22015553 **Software Version:** 2022v5.0