Return of Organization Exempt From Income Tax

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

11100	THE TICTO	ine del vice				0 (1011								
A	For the	2017 calendar year, or tax year beginning , 2017, and end	ing		, 20									
В	Check r	applicable: C Name of organization Christian Services Inc of America	-	D Empl	oyer identification	number								
		change Doing business as		64-0730835										
	Name c		E Telept	E Telephone number										
$\overline{\sqcap}$	Initial re													
$\overline{\Box}$		rn/terminated City or town, state or province, country, and ZIP or foreign postal code	<u> </u>	601-582-5683										
7		d return Hattiesburg, MS 39403	G Gmss	receipts \$	846897									
ñ		ion pending F Name and address of principal officer James D. Prout, Executive Director/Cl	EO WAL		or subordinates? Y									
u	Applica	150 Dove Hollow, Petal, MS 39465	* .	tes included?	_									
	T		7 4 '		n a list. (see instruc									
<u>-</u>	Website				•	,								
7				Group exemption										
_	art	<u> </u>	auon	1986 M Sta	te of legal domicile	· MS								
	_	Summary		f Christian C										
•	1	Briefly describe the organization's mission or most significant activities: The n												
Governance	1	of bondage, bring hope, & change lives through the practical demonstration of God												
E		assistance, residential homeless/recovery program, self-improvement classes, thrif												
8	2	Check this box ▶☐ if the organization discontinued its operations or disposed			of its net assets	i.								
						21								
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)			17								
ij	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5		19								
Ę	6	Total number of volunteers (estimate if necessary)		6		500								
ĕ	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7 a		0								
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b		0								
	Ì		Pı	rior Year	Current	Year								
•	8	Contributions and grants (Part VIII, line 1h)		77987	8	664407								
Š	9	Program service revenue (Part VIII, line 2g)		17011	7	173911								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and (A)	$-\sigma$	14	3	1330								
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c (Pic, and 11e)	78	1835	6	7249								
6 0	12	Total revenue—add lines 8 through 11 (must equal Part VIII), column (A), line 028	191	96849	4	846897								
2018	13	Grants and similar amounts paid (Part IX, column (A), ines 1-8).	LIOI	11224	1	99673								
	14	Benefits paid to or for members (Part IX, column (A), line 4) QQDEN. LIT	ᄖ		o	0								
s 4		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5 19)		43519	7	391184								
Se T	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0								
DEC 1 Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ► 8105			Ť									
\Box	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		36815	0	335783								
Ω	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		91559		826640								
Ш	19	Revenue less expenses. Subtract line 18 from line 12		5290		20257								
Z		Transfer and a superior of the sum of the su	Beginning	of Current Yea										
250	20	Total assets (Part X, line 16)		102852	 	1064315								
ASS	21	Total liabilities (Part X, line 26)		2729	1	42830								
O E	22	Net assets or fund balances. Subtract line 21 from line 20		100122										
D	art II	Signature Block	L	100122	<u>oj</u>	1021485								
_				ad to the best o	f and to an all and an	ad ballati at ia								
		tites of perjury, I declare that I have examined this retum, including accompanying schedules and stat t, and complete. Declaration of preparer (other than officer) is based on all information of which prepar			iny knowledge al	iu bellet, it is								
_		I Coolair Trout												
Sig	nn.	Signature of officer		Date		· · · · · · · · · · · · · · · · · · ·								
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пе	i e			·	130 120	10								
_		Type or print name and title Print/Type preparer's name Preparer's signature C	Date	T	PTIN									
Pa	id	Print/Type preparer's name Preparer's signature	ATIC	Check										
Pr	epare				nployed									
Us	se Onl			Firm's EIN ▶										
-	AL . AT	Firm's address >		Phone no										
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		<u></u>	<u>□</u> Y ∈	es 🗌 No								

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2017)

Part	
- (Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of Christian Services is to break chains of bondage, bring hope, & change lives through the practical demonstration of
	God's love - through feeding programs, emergency assistance, residential homeless/recovery program, self-improvement classes,
	thrift store, food distribution & community events. Our goal is to see a unified Body of Christ reaching souls and helping those in
	need.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$190675 including grants of \$0) (Revenue \$0)
	SOUP KITCHEN: One hot meal is served 5 days each week in a centrally located dining room called The Soup Kitchen, from a mobile
	feeding truck called The Compassion Van, and delivered to the home-bound elderly and disabled through our Meals on Wheels
	program. In 2017, 184,673 meals were served together with love, compassion and prayer. The Soup Kitchen program is manned
	primarily by over 350 local volunteers, Liberty Ministry students, and community service workers, guided by a Kitchen Manager,
	Assistant Manager, and a Food Service Director.
4b	(Code:) (Expenses \$121746 including grants of \$) (Revenue \$)
	LIBERTY MINISTRIES: The Homeless Lodging & Recovery Program provides a safe loving, disciplined environment for homeless or
	addicted men to live, learn, and break free from life-controlling problems. In 2017, 74 men were housed for 4944 nights. The Executive
	Director of Christian Services is a graduate of the program and has been working in this field for 18 years. He is assisted by a
	Program Director and two residential staff members. Students commit to one year of residential recovery and participate daily in
	designated studies, counseling, and work-therapy programs. Senior students are taught leadership skills and encouraged to mentor
	the newer students. Program fees of \$4727.00 were received to help offset expenses.

4c	(Code:) (Expenses \$118475 including grants of \$58273) (Revenue \$10000)
	LOVING HANDS MINISTRY: Our Benevolence Fund provided emergency aid for groceries, utility assistance, medicine, etc. to 1967
	individuals in 768 families during 2017. Over 150 applications were processed each month. Costs include operational expenses,
	specific assistance to individuals of \$55,473 and grants to other agencies of \$2,800.00. Applications for assistance are taken by
	volunteers, who compassionately gather information regarding a client's circumstances and are able to pray with the client as well.
	Applications are processed and approved by the CSI staff. A special utility grant from PRVEPA helped to cover some of the specific
	assistance expenses.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 357033 including grants of \$ 41400) (Revenue \$ 236148)
40	Total program service expenses

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Part	IV Checklist of Required Schedules					
			Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"					
_	complete Schedule A	2	1	<u>. </u>		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to					
3	candidates for public office? If "Yes," complete Schedule C, Part I					
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1		
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		√		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1		
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		√		
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		1		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.					
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	**		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1		
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	√			
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	-	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓		
14 a	,,,,,,,,,,	14a		✓		
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		√		
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		1		
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		· ·		
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		<u>·</u>		
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	1			
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		√		

Part	Checklist of Required Schedules (continued)			
1			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	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	1	
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	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u> </u>
	\$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		✓
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	ings Tig		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	EV- VIII		THIS.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	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	330		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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,		- [/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
-	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
			990	(2017)

The Critical Number reported in Box 3 of Form 1096. Enter-0- if not applicable Enter the number of Forms W-2G included in line 1s. Enter-0-if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled of the calendary year ending with or within the year covered by this return 19 If a least one is reported on line 2s, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to efficise en instructions) If If Yes, The sum of lines 1s and 2s is greater than 250, you may be required to efficise en instructions) If Yes, The strip of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. If Yes, The strip of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Sae instructions for fifting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). If Yes, The strip of the organization has a party to a prohibited tax shelter transaction at any time during the tax year? Sa I have the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Sa I have the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Sa I have the organization solicit any contributions that were required to fine Squ of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? Sa I have the organization solicit any contributions that were required to file form 2832? If Yes, The organization shell the organization of the value of the goods or services provided? If the organization shell the organi	Fart	Check if Schedule O contains a response or note to any line in this Part V			Ш
b Enter the number of Forms W-2G included mine 1st. Enter -O- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withough on the payment of the paymen		Officer if Outleading Officering a response of flote to any fine in this rait v		Yes	No
b Enter the number of Forms W-2G included mine 1st. Enter -O- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withough on the payment of the paymen	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
reportable gaming (gambling) wronnings to prize winners? 2 Enter the number of employees reported on From W-3, Transmittal of Wage and Tax 3 Statements, filed for the calendar year ending with or within the year covered by this return 3 I at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions). 3 I if Yes, Files is filed a Form 990-T for this year? If I'm'0 for line 3b, provide an explanation in Schedule O. 4 At any time during the calendar year, did the organization have an interest in, or a signature or other functions over, a financial account in a foreign country; were a financial account and a foreign country; were a financial account and a foreign country; were seen instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If Yes, enter the name of the foreign country: 6 V organization shell the organization file Form 8866-17? 6 V organization solicid any contributions that it was or is a party to a prohibited tax shelter transaction? 6 If Yes, of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Organizations that may receive deductible contributions under section 170(c). 9 If Yes, indicate the number of Forms 8282 filed during the year 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 9 If Yes, indicate the number of Forms 8282 filed during the year 9 Sponsoring organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8898 as required? 10 If Yes, indicate the number of F	b		1	- 1	i
2a Enter the number of employees reported on Form W-3, Transmittat of Wage and Tax Statements, fleaf 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 I/ Wake. If this sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a I/ Yes, "has if filed a form 1992 if the organization and the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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; or other authority over, a financial account in a foreign country; levels as a bank account, securities account, or other financial accounts; figBAR). 5a If "Yes," enter the name of the foreign country; levels as a bank account, securities account, or other financial accounts; figBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," enter the name of the foreign accounts; figBAR. 5a Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," did the organization infer form 886-7? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid the organization section section section \$100,000, and did the organization section that way receive deductible as charitable contributions? 6b If "Yes," did the organization make a third wevery solicitation an express statement that such contributions or gift were not tax deductible; 7c Organizations that may receive deductible contributions under section 1904. 7d If "Yes," did the organization make a dist	C				
Statements, filed for the calendar year ending with or within the year covered by this return 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, , 	1c	✓	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 980-1 for this year? If 'NO' to line 3b, provide an explanation in Schedule O. 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; level as a bank account, securities account, or other financial accounts accounts? Tyes," enter the name of the foreign country: level as a bank account, securities account, or other financial accounts for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts financial accounts for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts financial accounts for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts financial accounts for grants are organization and party for a prohibited tax shelter transaction? If "Yes" to line 5 ao r5b, did the organization file Form 8886-1? Did any taxable party notify the organization file Form 8886-1? If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If "Yes," 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? If "Yes," indicate the number of Forms 8282 filed during the year file property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during	2a		Ī		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Diff the organization have unrelated business gross income of 31,000 or more during the year? 3b If "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country; lew as a bank account, securities account, or other financial accounts (FAR). 5b If "Yes," enter the name of the foreign country; lew See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Official organization appray notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions fave error tax deductible as charitable contributions? 5c Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution of the were not tax deductible as charitable contributions? 6c Dess the organization shall may receive deductible contributions under section 170(c). 7c Organizations that may receive deductible contributions under section 170(c). 8d Organization shall may receive deductible contributions under section 170(c). 9d Organization shall may receive deductible contributions under section 170(c). 9d Organization shall may receive deductible contributions under section 170(c). 9d Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Organization shall prop			<u></u>		
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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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_		12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Ida Ida Ida Ida Ida Ida Ida Ida Ida Ida Ida					
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			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	-				\neg
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in which	- 1	l	j
14a Did the organization receive any payments for indoor tanning services during the tax year?		100			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b					
		en de la companya de			<u>✓</u>
	D	ir res, has it lied a Form 720 to report these payments? Ir Ivo, provide an explanation in Schedule O .		990	(2017)

Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S								
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u>· ·</u>	•	<u> </u>					
Secti	on A. Governing Body and Management		Yes	No					
10	Enter the number of voting members of the governing body at the end of the tax year 1a 21		165	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21 If there are material differences in voting rights among members of the governing body, or	1							
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.								
ь	b Enter the number of voting members included in line 1a, above, who are independent . 1b 17								
2	<u> </u>								
	any other officer, director, trustee, or key employee?								
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		1					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1					
6	Did the organization have members or stockholders?	6		✓					
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?								
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		-					
ь	stockholders, or persons other than the governing body?	7b		1					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			 • 					
	the year by the following:			}					
а	The governing body?	8a	<u> </u>						
b	Each committee with authority to act on behalf of the governing body?	8ь	1						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at								
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u>-</u>	✓					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	uo C		$\overline{}$					
40-	Did the averagination have lead about on bysoches, an afflicted?	40-	Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a		-					
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			,					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1						
13	Did the organization have a written whistleblower policy?		1						
14	Did the organization have a written document retention and destruction policy?	14	1						
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		✓	ļ					
b	Other officers or key employees of the organization	15b	✓	ļ					
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		√					
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IVa		-					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b							
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► Mississippi								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)					
	✓ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest (oolicy	, and					
	financial statements available to the public during the tax year.	•	_						
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstruction.	cords:	>						
	Cookie Prout, 301 East 2nd Street, Hattiesburg, MS 39401 601-582-5683								

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Form	000	1201	71

		-3
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
•	Independent Contractors	

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Officer this box if fletther the organization	The drift relate	<u> </u>	Q1 112		C)	onipo	1100	lica any oaner		, or trustee.
(A)	(B)	۱			ition			(D)	(E)	(F)
Name and Title	Average		not check more ti unless person is					Reportable	Reportable	Estimated
	hours per week (list any			dad		or/trus		compensation from	compensation from related	amount of other
	hours for	일	ins	Officer	3	多量	집	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	cer	Key employee	best	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or ±	onal		3	8 8		(44-2/1099-14113C)		and related
	line)) ste	Ę		9	F F				organizations
		6	stee			Highest compensated employee				
							-			
(1) Jimmy Franklin]							
Chairman, Board of Directors		✓	Ш		L		<u> </u>	0	0	<u> </u>
(2) Kathryn Franklin										
Member, Board of Directors		1			ļ	ļ	L	0	0	0
(3) George Azar										
Member, Board of Directors		✓	Ш					0	0	0
(4) Debbie Azar							ŀ	1		
Member, Board of Directors		✓	Ш	Ш			L_	0	0	0
(5) Adam Calhoun							Ì			
Member, Board of Directors		✓					<u> </u>	0	0	0
(6) Leanna Calhoun					1		l		!	
Member, Board of Directors		✓			Ш		ļ	0	0	0
(7) Cornell Malone		,					l			
Member, Board of Directors		✓_					ļ	0	0	0
(8) Olivia Malone		,]		
Member, Board of Directors		✓					ļ	0	0	0
(9) Tom Montgomery			ŀ							
Member, Board of Directors		-	\vdash				ļ	0	0	0
(10) Linda Montgomery										
Member, Board of Directors		/						0	0	0
(11) Debi Myrick		,								
Member, Board of Directors		✓	\vdash				<u> </u>	0	0	0
(12) Bill Prout II										
Member, Board of Directors		√	\vdash					0	0	0
(13) Tabbatha Prout		,								
Member, Board of Directors		✓	$\vdash \dashv$				_	0	0	0
(14) Larry Selllers		,		1						
Member, Board of Directors		✓			ليبا			. 0	0	0

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(C)												
	(A)	(B)	(do n	at ch		rtion more	e than c	ne	(D)	(E)	•	(F)	
	Name and title	Average	- Dev., Gillood porder: 10 2021 2					an	Reportable	Reportable		mated ount of	
		hours per week (list any		_			or/trust		compensation	compensation from related		other	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	불	Former	the	organizations	,	ensatio	n
		related organizations	e d	럁	eq.	9	o est	릴	organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the unization	1
		below dotted	학교	onal		P oy	8 cg		(11 2 1003 111100)		and	related	
		line)	List E	켩		8	per		ļ		orga	nızatıon	s
			ď	it e			Highest compensated employee						
(45)	D. Ab. Callana							-					
	Ruth Sellers		1						0	0			۸
	Member, Board of Directors		<u> </u>	H		\vdash		\vdash	-	0			
	Glenn Galey Member, Board of Directors	 	1						0	0			0
	Coulo Colou	 											_
	Member, Board of Directors	†	1						0	0			0
	Milliana Daniel		<u> </u>					H					
	William Prout President Emeritus	† -	1		1				11350	0			340
	Stella Prout	 		 	\vdash			 	11000				
	Vice-President/Chief Financial Officer		1		1				11750	o			352
	James D. Prout												
	Executive Director/Chief Executive Officer	<u> </u>	✓		1				37100	o			1113
	Maggie Prout												
	Chief Administrative Officer		✓		✓.				27760	0			833
(22)													
								L					
(23)													
				<u> </u>				_					
(24)								l					
				L	ļ			L					
(25)													
		L	l			<u> </u>	L	<u>L</u> _			··		
1b	Sub-total	 .//// Cardia		•	•		•		87960.	0			2638
C	Total from continuation sheets to Part			•	•		•		87960				<u>0</u> 2638
d	Total (add lines 1b and 1c)						abov.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			l of		2030
~	reportable compensation from the organi		ו נט נו	IUSE	: แรเ	.eu	above	=) W	no received m	ore than \$100,00	,o oi		
	Toporadio compensation nem tile et gain											Yes	No
3	Did the organization list any former of	fficer, direc	tor, c	r tr	uste	ee,	key e	emp	oloyee, or high	est compensate	ed 📗		
	employee on line 1a? If "Yes," complete	•	-			-	-				3	-	7
4	For any individual listed on line 1a, is the	sum of rei	portal	ble (con	nper	nsatio	n a	nd other comp	ensation from the	ne 🗀		
-	organization and related organizations	greater that	an \$1	150,	000	i? h	f "Ye	s, "	complete Sch	edule J for suc	ch		
	individual										4		1
5	Did any person listed on line 1a receive of	or accrue co	mpe	nsat	tion	froi	m any	un un	related organiz	ation or individu	al		
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedu	ıle J f	for s	such person		5		1
Section	on B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within the o	rganizati	on's ta	ЭX
	year.									· · · · · · · · · · · · · · · · · · ·			
	(A)	4							(B)		(C)		
	Name and business add							\vdash	Description of s	01 AIC62	Compen		
								-					
								\vdash					
						_		-					
		 											
	Total number of independent contractor	ors (includir	a bi	nt n	ot I	imit	ed to) th	ose listed abo	ove) who	· ····· <u> ·</u>		
_	received more than \$100,000 of compens							• • • • • • • • • • • • • • • • • • • •					j
											For	m 990	(2017)

Part VIII		Statement of Reve Check if Schedule O	, ,			any lina in this	Dort VIII		
		Check if Schedule C	contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns		1a	73601				
Gra	b	Membership dues .		1b					}
Contributions, Gifts, Grants and Cther Similar Amounts	C	Fundraising events .		1c	24388				
, Gil	d	Related organizations Government grants (con		1d 1e					ĺ
crs Sin	e f	All other contributions, gi		16			1]
buti ther	_	and similar amounts not inc		1f	566418		}		
ntri d C:I	g	Noncash contributions includ	led in lines 1a		88170	1	ŀ		1
္မွ န	h	Total. Add lines 1a-1	f		▶	664407			
nue					Business Code				
eve	2a	Fees from Liberty Stud	lents		623990	4727	4727		
S B	b	Sale of Donated Items			453310	169184	169184		
ervi	d				1				
E S	e								
Program Service Revenue	f	All other program sen	vice revenu	e .					
Pre	9	Total. Add lines 2a-2				173911			
	3	Investment income			_ 1	ł	ļ		
		and other similar amo	•			148			148
	4 5	Income from investment Royalties		npt be	ona proceeas				
		noyalues	 (i) Real	• •	(ii) Personal				
	6a	Gross rents	_	4800					
	þ	Less: rental expenses				į	1		
	С	Rental income or (loss)	480	<i>X</i> 0			·	~~~ · · · · · · · · · · · · · · · · · ·	
	d	Net rental income or		· · ·		4800			4800
1	7 a	Gross amount from sales of assets other than inventory	(i) Secunti		(ii) Other		}		
	ь	Less: cost or other basis		2282	5500		'		•
		and sales expenses .		2350	4250		ĺ		
	С	Gain or (loss)		(68)					
	d	Net gain or (loss) .			▶	1182			1182
Other Revenue		Gross income from fuevents (not including \$ of contributions reporte See Part IV, line 18 . Less: direct expenses	2431 ed on line 10	c). · a					
0		Net income or (loss) fi				2449	_		2449
		Gross income from ga	ming activi	ues.					
		See Part IV, line 19 .		_		ļ			
		Less: direct expenses							
		Net income or (loss) for Gross sales of in			vities ▶				
	IVa	returns and allowance					l		:
	ь	Less: cost of goods s		_			l		
		Net income or (loss) f							
		Miscellaneous R	levenue		Business Code				
	11a								
	b								
	C	AH _ AL							
,	d	All other revenue .		•	<u> </u>				
	е 12	Total. Add lines 11a- Total revenue. See in				846897	173911		8579
		. Juli 164611dc. Jee II	10ti 40ti0118.		• • • • •	84689/	1/3911		Form 990 (2017)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21	44200	44200		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	55473	55473		
3	Grants and other assistance to foreign			+	
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	58410	53600	3310	1500
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	255385	249337	4380	1668
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6685	6000	685 954	0
10	Payroll taxes	47673 23031	46719 22288	538	205
11	Fees for services (non-employees):	23031	22200	330	203
a	Management				
b	Legal				•
C	Accounting	6500	5500	1000	0
d	Lobbying [
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column			į	
40	(A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	10242	4366 83322	1144 3546	4732 0
14	Information technology	86868 2011	1810	201	
15	Royalties	2011	1010	201	
16	Occupancy	115904	111195	4709	0
17	Travel	50285	45440	4845	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings .	265	0	265	0
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	62695	57679	5016	0
24	Other expenses. Itemize expenses not covered		<u> </u>		
	above (List miscellaneous expenses in line 24e. If			1	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Staff Training	1013	1000	13	0
b					
C					
đ					
e	All other expenses				 .
25	Total functional expenses. Add lines 1 through 24e	826640	787929	30606	8105
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 129780 171788 2 Savings and temporary cash investments 2 3 3 4

	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L		5	
ļ		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ş		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	4992	8	7256
	9	Prepaid expenses and deferred charges	3843	9	23377
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1646951			
	b	Less: accumulated depreciation 10b 798177	889905	10c	848774
ł	11	Investments—publicly traded securities	0	11	13120
ł	12	Investments—other securities. See Part IV, line 11		12	
i	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
l	15	Other assets. See Part IV, line 11		15	
$ \bot $	16	Total assets. Add lines 1 through 15 (must equal line 34)	1028520		1064315
	17	Accounts payable and accrued expenses	24859	17	42830
	18	Grants payable		18	
1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	2433	21	0
es l	22	Loans and other payables to current and former officers, directors,		- 1	
≝		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		_	
1		<u> </u>		25	
	26	Total liabilities. Add lines 17 through 25	27292	26	42830
Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	995297	27	1014499
Ba	28	Temporarily restricted net assets	5931		6987
힐	29	Permanently restricted net assets		29	
Net Assets or Fun		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>§</u>	33	Total net assets or fund balances	1001228	33	1021485
	34	Total liabilities and net assets/fund balances	1028520	34	1064315

Page	1	2
ı ayo		

Part	art XI Reconciliation of Net Assets					
,	Check if Schedule O contains a response or note to any line	in this Part XI		<u> </u>	<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		1			46897
2			2		8	<u> 26640</u>
3			3		;	20257
4		, ,,	4		100	01228
5	· · · · · · · · · · · · · · · · · · ·		5			
6			6			
7			7			
8	•		8			
9			9			
10	· · · · · · · · · · · · · · · · · · ·					
	33, column (B))		10		102	<u> 21485</u>
Part	art XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line	in this Part XII	<u> </u>	• •		
_	A				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accounting from a prior		olojo je	۱ ۲		″ 4
	Schedule O.	year or checked Other, ex	Jiain in			,
20	Were the organization's financial statements compiled or reviewed by	an independent accountant?		2a		ــــــــــــــــــــــــــــــــــــــ
20	If "Yes," check a box below to indicate whether the financial state			Za		1
	reviewed on a separate basis, consolidated basis, or both:	ments for the year were comp	med of			J
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated a	nd senarate hasis		1	4	j
b	b Were the organization's financial statements audited by an independent	•		2b	7	—
	If "Yes," check a box below to indicate whether the financial stater		dona	1	•	
	separate basis, consolidated basis, or both:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.	.
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated a	nd separate basis				
C	the state of the s		ersight		_	
	of the audit, review, or compilation of its financial statements and sele			2c	1	
	If the organization changed either its oversight process or selection p	process during the tax year, ex	plain in			
	Schedule O.	-				l
3a	a As a result of a federal award, was the organization required to und	ergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?			3a	İ	✓
b	b If "Yes," did the organization undergo the required audit or audits? If					
	required audit or audits, explain why in Schedule O and describe any	steps taken to undergo such a	ıdits.	3b		
			<u> </u>	Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

. 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.

| 2017

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name	of the organization					Employer Identification	n number
Chris	tian Services Inc of America					64-07	30835
Par	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The c	organization is not a private founda	ition because it i	s: (For lines 1 through	12, ched	k only or	ne box.)	
1	A church, convention of churc		•		_	•	-1
2	☐ A school described in section						+
3	A hospital or a cooperative ho					1 2	ł
4	A medical research organization		•			,, ,, ,	(iii) Enter the
4	hospital's name, city, and state	•	onjunction with a nost	pilai uesc	indea in a	secuon mologinges	(iii). Litter tite
_	· · · · · · · · · · · · · · · · · · ·						- 10 10 10 10 10 10 10 10 10 10 10 10 10
5	An organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
	section 170(b)(1)(A)(iv). (Com	plete Part II.)					
6	☐ A federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally	receives a subs	tantial part of its sup	port from	a govon	nmontal unit or fron	n the general public
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)	•	_		_
8	☐ A community trust described in			Part II.)			
9	An agricultural research organi		• • • • • • • • •		aratad In	conjunction with a l	and_urani cullacia
3	or university or a non-land-gra						
	university:	in conege or agr	iculture (see mstructio	Jiisj. Liite	i the nan	ile, city, and state of	the conege of
40	An organization that normally	university was			m contri	sullana mambarah	
10	receipts from activities related	to its exempt fu	e man 3373% of its st	apport ire	ontions	and (2) no more tha	n 331 m% of its
	support from gross investment	t income and uni	related business taxal	ble incom	ne (less s	ection 511 tax) from	businesses
	acquired by the organization a						
11	An organization organized and	operated exclus	sively to test for public	c safety.	See sec ti	ion 509(a)(4).	
12	☐ An organization organized and	operated exclus	ively for the benefit of	f. to perfe	orm the fu	unctions of, or to cal	ry out the purposes
	of one or more publicly suppo						
	Check the box in lines 12a thre						
_	☐ Type I. A supporting organ	•	• • • •		•	•	-
а							
	the supported organization					ne directors or trust	ees or the
	supporting organization. You	•					
b	Type II. A supporting organ						
	control or management of	tho supporting o	rganization vested in	the same	persons	that control or man	age the supported
	organization(s). You must	complete Part f	V, Sections A and C.	•			
c	☐ Type III functionally integ	rated. A support	ling organization oper	rated in c	onnectio	n with, and functiona	illy integrated with,
	its supported organization(•
d	☐ Type III non-functionally i	•	•				orted organization(s)
<u> </u>	that is not functionally integ						
	requirement (see instruction						d all attentiveness
	· · · · · · · · · · · · · · · · · · ·	-					
е	☐ Check this box if the organ	ization received	a written determination	on from the	ne IRS th	at it is a Type I, Type	e II, Type III
	functionally integrated, or ?						
f	Enter the number of supported of						· · <u> </u>
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10		r governing ment?	support (see	other support (see
			above (see instructions))	0000	ricit;	instructions)	instructions)
				Yes	No	İ	
							·····
A)							
							
B)							
							
C)				l			
				ļ			
D)		ĺ		1			
E)							
-/				1			
			 	 			

Schedule A (Form 990 or 990-EZ) 2017 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) **Section A. Public Support** Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and

	include any "unusual grants.")	769866	740929	733700	744234		514305	3603034
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge	:						
4	Total. Add lines 1 through 3	769866	740929	733700	744234	6	14305	3603034
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4					<u> </u>		3603034
	on B. Total Support	(a) 2013	/b) 2014	(c) 2015	(d) 2016	(e) 20	017	(f) Total
Calen 7	dar year (or fiscal year beginning in)	(a) 2013 769866	(b) 2014 740929	733700	744234		14305	3603034
8	Gross income from interest, dividends.	709000	740929	733700	744234	 	714303	3003034
	payments received on securities loans, rents, royalties, and income from similar sources				-04		440	2000
_		2184	751	86	121		148	3290
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							3606324
12	Gross receipts from related activities, etc.					12		178711
13	First five years. If the Form 990 is for th	_			, or fifth tax ye	oar as a	section	n 501(c)(3)
Casti	organization, check this box and stop her			<u> </u>		• •		•••
<u>Secu</u>	on C. Computation of Public Suppor Public support percentage for 2017 (line 6			1 column (f)		14		99,9 %
15	Public support percentage for 2017 (line of Public support percentage from 2016 Sch					15		99.9 %
16a	331/3% support test—2017. If the organi	zation did not	check the box	on line 13, ar	nd line 14 is 33	31/3% or	more,	check this
	box and stop here. The organization qual	lifies as a publi	cly supported	organization				🕨 🗸
b	33^{1} n% support test -2016 . If the organization this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on			▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts-	and-circumsta	ances" test, ch	eck this box a	and stop	here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition m ee ts the neets the "fact	e "facts-and-c o and circumo	ircumstances' stances" test.	'test, check ' The organizati · · · · ·	this box on quali	and sifies as	top here. a publicly ▶ □
18	Private foundation. If the organization di	d not check a l	box on line 13,	16a, 16b, 17a	, or 17b, chec	k this bo	x and:	see ►⊓

Public support percentage from 2016 Schedule A, Part III, line 15	Part	Support Schedule for Organiza						
Section A. Public Support Calendar year for fiscal year beginning in 1		(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	nization failed	to qualify und	der Part II.
Calendar year (or fiscal year beginning In) 1			under the te	sts listed bel	ow, please co	omplete Part	II.)	
1 Gifts grants, contributions, and membership files received. (Do not include any "unsusal grants.") 2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's base-retained surface and the organization's base-retained either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1.2, and 3 received from other than disqualified persons. b Amounts included on lines 2.2 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 7 and 70. 8 Public support. (Subtract line 7c from line 6.5). 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from semilar sources. b Unrelated business taxable income (less section 511 taxes) from businessis regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support. (Agfd lines 9, 10c, 11, and 112) 14 First five yeags. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization/chock this box and stop here Section C. Configutation of Public Support Percentage 15 Public support percentage from 2016 Schedule A, Part III, line 15, column (ff) 17 18 Investment income percentage from 2016 Schedule A, Part III, line 17, and 112, and	Secti	on A. Public Support						<u>/</u>
received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandes sold or services performed, or facilities furnshed in any activity that is related to the organization's bax-exempt purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues leaved for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1.2, and 3 received from disqualified persons b Amounts included on lines 1.2 and 3 received from 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.) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalites, and norme from smaller sources. b Unrelated business taxable income (less section 511 taxes) from businesses section 511 taxes) from businesses section 511 taxes from businesses activities not included in line 10½ whether or not the business is regulately carried on 12. Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 13 Total support. (Agid lines 9, 10c, 11, and 12). 14 First five yeags. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization/check this box and stop here Section C. Confluxation of Public Support Percentage 15 Public support percentage for 2017 (line 3s, column (f) divided by line 13, column (f)) 17 16 Public Support percentage for 2017 (line 10c, column (f) divided by line 13, column (fi) 17 17 Amvestment income percentage for 2017 (line 10c, column (f) divided by line 13, column (fi) 1. 18 Investment income percentage for 2017 (fine 10c, column (f) divided by line 13, column (fi) 1.	Calen		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2 Cross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's bar-external purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total Add lines 1 through 5	1				:			
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons but accessed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 and 7b . Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 10 . 9 Amounts from line 6 . 10a Gross income from interest, dividends, payments received on securines loars, rents, royahes, and income from smilar sources. b Unrelated business taxable lincome (less section 511 taxes) from businesses accivities not included in line 105 whether or not the business is regularly carned on 12 Other income. Do not upclude gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization/check this box and stop here Section C. Configuration of Public Support Percentage Section C. Configuration of Public Support Percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . 15 16 Public support percentage from 2016 Schedule A, Part III, line 15 17 18 19 19 19 19 19 19 19	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
organization's benefit and either paid to or expended on its behalf is the value of services or facilities furnished by a governmental unit to the organization without charge	3	Gross receipts from activities that are not an						
furnished by a governmental unit to the organization without charge	4	organization's benefit and either paid to or expended on its behalf						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b/, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of/ capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization/check this box and stop here Section C. Copfputation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2016 Schedule A, Part III, line 17 Investment income percentage from 2016 Schedule A, Part III, line 17 Investment income percentage from 2016 Schedule A, Part III, line 17 Investment income percentage from 2016 Schedule A, Part III, line 17 Investment income percentage from 2016 Schedule A, Part III, line 17 Investment income percentage from 2016 Schedule A, Part III, line 17 Investment income percentage from 2016 Schedule A, Part III, line 17 Investment income percentage from 2016 Schedule A, Part III, line 17 Investment income percentage from 2016 Schedule A, Part III, line 17 Investment income percentage from 2016 Schedule A, Part III, line 17 Investment income percentage from 2016 Schedule A, Part III, line 17 In part 201	5	furnished by a governmental unit to the organization without charge						
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		Amounts included on lines 1, 2, and 3 received from disqualified persons .						
8 Public support. (Subtract line 7c from line 6.)	b	received from other than disqualified persons that exceed the greater of \$5,000						
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization/ check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))		Public support. (Subtract line 7c from						
Calendar year (or fiscal year beginning in) Amounts from line 6	Secti		· · · · · · · · · · · · · · · · · · ·	/	1	. 	1	
9 Amounts from line 6			(a) 2013/	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b; whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization/check this box and stop here Section C. Conjoutation of Public Support Percentage 15 Public support percentage from 2016 Schedule A, Part III, line 15 16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2016 Schedule A, Part III, line 17 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 Investment income percentage from 2016 Schedule A, Part III, line 17 19 33/a/% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33/a/%, and line				1		1		
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-	Gross income from interest, dividends, payments received on securities loans, rents,		:				
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)	b	section 511 taxes) from businesses						
activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	C	Add lines 10a and 10b // .						
loss from the sale of capital assets (Explain in Part VI.)	11	activities not included in line 10b, whether						
Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	12	loss from the sale of capital assets						
organization check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	13	Total support. (Add lines 9, 10c, 11, and 12.)						
Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)		organization, check this box and stop he	re					
Public support percentage from 2016 Schedule A, Part III, line 15	Secti							
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	15							<u>%</u>
17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))					<u> </u>	<u> </u>	16 \	%
Investment income percentage from 2016 Schedule A, Part III, line 17							\	
19a 331/2% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than 331/2%, and line								%
19a 33'3% support tests—2017. If the organization did not check the box on line 17, and line to is more than 33'3%, and line		Investment income percentage from 2010	5 Schedule A,	Part III, line 17			1 ".". 1	% and line
	19a	33'n% support tests—2017. If the organ	ion bib noisesii and cook hare	. The organizati	ion qualifies es	anuthich euro	orted organizativ	u, autu tiric
and at the same that the state of the state								
	Þ	line 18 is not more than 331m% check this	tation did not (hox and stop I	nece. The order	inio in or ino ization oualdies	roa, and into it	supported organi	zation \
	20							

Part IV Supporting Organizations

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

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		- "	
	organization was described in section 509(a)(1) or (2).	2	L	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	===		
	designated in the organization's organizing document?	5b 5c		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	36		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described	<u> </u>		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	-	<u> </u>
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	The state of the s		·	
-	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44	 	
.	below, the governing body of a supported organization?	11a 11b		<u> </u>
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1110	<u> </u>	L
	on on type to depot any organization.		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	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	'		1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
_	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,] 1		
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed] !		
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	لــنــل		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		i	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
Ь	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity ('000 ID	ntm .nt	ono)
С	The organization supported a governmental entity. Describe in Fait vi now you supported a government entity (see ms	SUUCI	0113).
2	Activities Test. Answer (a) and (b) below.	لـــــا	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1 1		} }
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,]		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1 1		1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI	20		
.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			_
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	-		
factors (explain in detail in Part VI):	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of pnor-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<u> </u>	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	<u></u>	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	tegrated Type III supporti	ing organization (see

Part		o Supporung Organi	zauons (continued)	
	on D - Distributions		, , , , , , , , , , , , , , , , , , , 	Current Year
1_	Amounts paid to supported organizations to accomplish			· · · · · · · · · · · · · · · · · · ·
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			<u> </u>
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets			
<u>5</u> _				<u> </u>
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		(:)	/:::\
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2017			
<u>a</u>			· · · · · · · · · · · · · · · · · · ·	
	From 2013			
С	From 2014	<u> </u>	···	· · · · · · · · · · · · · · · · · · ·
d	From 2015			
	From 2016		· · · · · · · · · · · · · · · · · · ·	
<u>f</u>	Total of lines 3a through e			
g_	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
_ <u>i</u> _	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			··
4	Distributions for 2017 from Section D, line 7: \$			
	Section D, line 7: \$ Applied to underdistributions of prior years			
	Applied to underdistributions or prior years Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
Ь	Excess from 2014	-		
_ c	Excess from 2015			
d	Excess from 2016			
0	Excess from 2017			
		_	Cabadida	A (Form 990 or 990-F2) 2017

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

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SCHEDULE D (Form 990)

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Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year. 2 Aggregate value of grants from (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control?	Christ	ian Services Inc of America		64-0730835
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and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·	2(d) above satisfy the requirements of	section 170/h\/4\/R\/i\
In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X	0			
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, oducation, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X				ariola statements that accombes the
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	Dart	¥		Other Similar Assets
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	rait			
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public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance cheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	ıa			
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		public service provide in Part XIII, the text of the f	ootnote to its financial statements tha	t describes these items.
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	h			
public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	O			
(i) Revenue included on Form 990, Part VIII, line 1			·	
 (ii) Assets included in Form 990, Part X		•	_	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1		fii) Assats included in Form 900 Part Y		• • • • • • • • • • • • • • • • • • •
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1	2	If the organization received or held works of art	historical treasures or other similar	assets for financial gain, provide the
a Revenue included on Form 990, Part VIII, line 1	-			
	a	. ,	· · · · · · · · · · · · · · · · · · ·	

Part							
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	e following that are	a significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je programs	
Ь	☐ Scholarly research		e	☐ Other	, 		
C	☐ Preservation for future generations	3					
4	Provide a description of the organizat XIII.	tion's collections a	and expla	ain how t	hey further	the organization's ex	cempt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						
Part	V Escrow and Custodial Arra						
	Complete if the organization 990, Part X, line 21.						
1a	Is the organization an agent, trustee, included on Form 990, Part X?						not -
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:		Amount
_	Desires belongs					10	701100110
C	Beginning balance					1c	
d	Additions during the year						
e	Distributions during the year					1e 1f	
f	Ending balance						ib.2
2a	Did the organization include an amoun						
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	xpianatioi	n nas been	provided on Part XIII	
Par	 Endowment Funds. Complete if the organization 	anamoral Was	" an Far	000 F	Dort IV line	- 10	
	Complete if the organization	(a) Current year		or year	(c) Two year		pack (e) Four years back
4	Decimend of very belongs	(a) Current year	(5) 1 11	oi yeai	(c) Two year	S Buck (b) 111100 years t	(c) i dai yeare caek
_	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of t			e (line 1g	, column (a)) held as:	
а	Board designated or quasi-endowmen	nt ▶	%				
b	Permanent endowment ▶						
C	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.				
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held	and administered for	· the
	organization by:						Yes No
	(i) unrelated organizations						. 3a(i)
	(ii) related organizations						. 3a(ii)
Ь	If "Yes" on line 3a(II), are the related o	rganizations listed	as requi	red on So	chedule R?		. 3b
4	Describe in Part XIII the intended uses	s of the organization	n's endo	owment fo	unds.		
Part			,				
	Complete if the organization	answered "Yes'	on For	m 990, F	Part IV, line	e 11a. See Form 99	0, Part X, line 10.
	Description of property	(a) Cost or other		1 ' '	or other basis ther)	(c) Accumulated depreciation	(d) Book value
1a	Land			[69500		69500
b	Buildings				1326305	599892	726413
C	Leasehold improvements						
d	Equipment				251146	198285	52861
e	Other						
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part	X, column	(B), line 10)c.)	848774

Ĉ

(3) Other (A) (B) (C)	Complete if the organization answered " (a) Description of security or category (including name of security) derivatives) Book value	(c) Method of valuation Cost or end-of-year market	n.
(2) Closely-h (3) Other (A) (B) (C)	eld equity interests				
(3) Other (A) (B) (C)					
(A) (B) (C)					
(B) (C)					
(C)					
(D)					
(D)					
(E)					
(F) (G)				 .	
(G) (H)					· · · · ·
	Newstagus Fam 000 Part V and (P) Inc 12)				
Part VIII	n) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.				
Part VIII	Complete if the organization answered "	Yes" on Form 99	n Part IV line	11c See Form 990 Part	X line 13
	(a) Description of investment		Book value	(c) Method of valuatio	
	(a) Description of investment		DOOK VALUE	Cost or end-of-year market	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b	n) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization answered "	Yes" on Form 99	0, Part IV, line		
	(a) Description	on		(b) Bo	ok value
(1)			-		
(2)					<u>.</u>
(3)					
(4)					
_(5)					
(6)					
<u>(7)</u>					
(8)					
(9)	mn (b) must equal Form 990, Part X, col. (B) line	e 15.)		•	
Part X	Other Liabilities.	, , , , , , , , , , , , , , , , , , , 	· · · · · · ·		· · · · · · · · · · · · · · · · · · ·
raitA	Complete if the organization answered "	Yes" on Form 99	0 Part IV line	11e or 11f. See Form 990	Part X
	line 25.		o, i ai i v, iii o	110 01 111. 000 1 0111 000	, , , ,
1.		b) Book value			
(1) Federal inc					
(2)					
(3)					
(4)					
(4) (5)	J				
		i			
(5)					
(5) (6)					
(5) (6) (7) (8) (9)	o) must equal Form 990, Part X, col. (B) line 25.) ▶				

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		20	
1	Total revenue, gains, and other support per audited financial statements		za.	846897
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,		040897
a	Net unrealized gains (losses) on investments	2a		
Ь	Donated services and use of facilities	· · · · · · · · · · · · · · · · · · ·		
c	Recovenes of pnor year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	•
3	Subtract line 2e from line 1			846897
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i . i		040037
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	•
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			846897
_	XII Reconciliation of Expenses per Audited Financial State			646697
· art	Complete if the organization answered "Yes" on Form 990,		-	
1		, i artiv, inte i	1	826640
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			820040
a	Donated services and use of facilities	2a		
b	Pnor year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	•
3	Subtract line 2e from line 1		 	826640
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i i i i i		020040
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	ł a l	
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	O
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			826640
	XIII Supplemental Information.	,		020040
; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par		additional information.	

SCHEDULE G (Form 990 or 990-EZ)

a . P.

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

A	· · · · · · · · ·						A
	ian Services Inc of America Fundraising Activities	Complete if t	ho organiz	ation analy	vored "Vee" on		0730835 line 17
Par	Form 990-EZ filers are				vereu res on	ronn 990, Fan IV,	ine 17.
1	Indicate whether the organizati				owing activities. C	hook all that apply	
	_	on raised iurius			ion of non-govern		
a	Mail solicitations		. =		_	•	
þ	Internet and email solicitation	ons			ion of governmen	•	
C	✓ Phone solicitations		g Ŀ	Special Special	fundraising events	5	
ď	✓ In-person solicitations	_					•
2a	Did the organization have a wr						
	or key employees listed in Form	•	-		=	_	
b	If "Yes," list the 10 highest paid			draisers) pu	ursuant to agreen	nents under which th	e fundraiser is to be
	compensated at least \$5,000 b	y the organization	on.				
_							
			(iii) Did fur	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
	,	1	Contri	outions?	1 1	col (i)	organization
			Yes	No			
1				† · · · · ·			
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8		}	}	Ì	1		}
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9		1					
		ļ	_				
10		1	1		1 1		
		<u> </u>	1	L	 		<u> </u>
							1
Total	List all states in which the orga	<u> </u>	· · · · ·	<u> ▶ </u>			<u> </u>
3		anization is regi	stored of lic	ensed to s	olicit contribution	s or has been notific	ed it is exempt from
	registration or licensing.						
Miss	sissippi						
					************	**********************	

مراحه الد

Pa	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" on and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1 a	18, or reported more nd 6b. List events with
		3.000	(a) Event #1 Banquet (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
une				(event type)	(total number)	
Revenue	1	Gross receipts	38308			38308
	2	Less: Contributions Gross income (line 1 minus	24388			24388
		line 2)	13920			13920
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Expe	7	Food and beverages	8460			8460
Direct Expenses	8	Entertainment				
	9	Other direct expenses .	3011			3011
	10	Direct expense summary. Ac				11471
Pa	11 rt III	Net income summary. Subtra Gaming. Complete if the	e organization answer	red "Yes" on Form 99	► 90, Part IV, line 19, or ı	2449 reported more
		than \$15,000 on Form 9	90-EZ, line 6a.	(b) Pull tabs/instant	T	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				· · · · · · · · · · · · · · · · · · ·
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
۵	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ine 1, column (d)		
	. En	nter the state(s) in which the or	ganization conducts da	ming activities		
•	a is	the organization licensed to c	-	s in each of these state		🗌 Yes 🗌 No
40	 	ere any of the organization's g	aming licaneae rayeloo	l suspended or termin	ated during the tay year	Yae Na
10		"Voc " ovoloin:	Jaming licenses revoked			

Schedu	ule G'(Form 990 or 990-EZ) 2017				Page 3
11 12	Does the organization conduct gaming activities with nonmembers?	entity		'es ☐ 'es ☐	
13	Indicate the percentage of gaming activity conducted in:				
а		13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and			
	Name ▶				
	Address ▶		******		
15a	Does the organization have a contract with a third party from whom the organization receives garevenue?		□ Y	es [] No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:	ie			
С					
	Name ►				
	Address ►				
16	Gaming manager information:				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	□ Director/officer □ Employee □ Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceed			_	
	retain the state gaming license?		⊔ Y	es 🗆	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	ins or			
	spent in the organization's own exempt activities during the tax year ▶ \$	/:::\ <u>-</u>			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona See instructions.				

SCHEDULE (Form 990)

-11. 1. 61

Name of the organization

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

20-1	Open to Public Inspection
	- 1

OMB No. 1545-0047

Employer identification number 64-073085

Christian Services Inc of America	on Grants and	Assistance					64-073085	
Does the so	ain records to subsaward the grants	stantiate the amou or assistance?	nt of the grants or	assistance, the g	rantees' eligibility (amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e, and	و ا
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring t	the use of grant fur	nds in the United	States.			
Partill Grants and Other Assistance to Domestic Org	ssistance to Do	mestic Organiz	ations and Dom	estic Governm Part II can be de	ents. Complete	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV line 21 for any recipient that received more than \$5,000 Part II can be dualicated if additional space is needed.	rered "Yes" on Form	
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) Petal Children's Task Force Petal, MS 39465	64-0897384	501(c)3		14100	14100 Est. \$.15 per lb	Salvade Food	Feeding Clients	
(2)								
(3)								
(4)								
(5)				:				1
(9)								
(i)	,			i.				
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number of section 501(c)(3) and government org3 Enter total number of other organizations listed in the line 1	n 501(c)(3) and gov organizations listed	vernment organizat in the line 1 table	anizations listed in the line 1 table table	ine 1 table			1	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (201	(201

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) (f) Description of noncash assistance, Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Salvage Food (e) Method of valuation (book, FMV, appraisal, other) 5250 Est. \$.15 per lb (d) Amount of noncash assistance 49805 276 142 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 760 families 95 families 8 families 1 family (a) Type of grant or assistance 1 Utility Assistance 3 Special Needs 4 Groceries 2 Medicine ß 9

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization

Employer identification number

Chris	tian Services Inc of America					6	4-0730	B35		
Part										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on		lethod ash cor			
1	Art-Works of art									
2	Art—Historical treasures									
3	Art—Fractional interests									
4	Books and publications									
5	Clothing and household									
	goods	/					-Cost		ds So	ld
6	Cars and other vehicles	/	2 vehicles		1000	Nom	inal Val	ue		
7	Boats and planes									
8	Intellectual property									
9	Securities—Publicly traded	/	340 Shares of Stock		15407	Mark	et Valu	<u>e </u>		
10	Securities—Closely held stock . Securities—Partnership, LLC,	<u> </u>								
11	or trust interests									
12	Securities—Miscellaneous									
13	Qualified conservation	ļ								
10	contribution—Historic									
	structures									
14	Qualified conservation									
	contribution—Other									
15	Real estate-Residential									
16	Real estate - Commercial									
17	Real estate—Other									
18	Collectibles									
19	Food inventory	1	446425 lbs of salvage food		66964	Est. v	value - :	\$.15 pe	r lb.	
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► (New Toys)	/	480 new toys		4800	Est.	value -	510 ea	<u>ch</u>	
26 27	Other ()	-								
27	Other ()									
28 29	Other ► () Number of Forms 8283 received	by the or	panization during the tax v	ear for contribu	itions for					 -
	which the organization completed					29	l	2		
				J	,		·		Yes	No
30a	During the year, did the organization	tion receive	by contribution any prope	erty reported in I	Part I, lines	1 th	rough			
-	28, that it must hold for at least t	hree years	from the date of the initial	contribution, and	d which isr	't rec	ured			
	to be used for exempt purposes							30a		√
ь	If "Yes," describe the arrangemen	t in Part II.								
31	Does the organization have a	gift accep	stance policy that require	es the review	of any no	onsta	ndard	<u> </u>]
	contributions?							31	✓	
32a	•	e third part	ies or related organization	s to solicit, pro	cess, or se	ll nor	ncash			
							•	32a		✓
b	If "Yes," describe in Part II.			_						
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which o	column (a) i	s che	cked,	Į		

describe in Part II.

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I, Line	5: The value of clothing & household items donated for sale in Bargains & Blessings is reduced by the sale value as cost of
	goods sold, resulting in a net revenue of -0

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**17**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Go to www.irs.gov/Form990 for the latest information.

64-0730835 **Christian Services Inc of America** Part III, Line 4d Other Program Expenses: 1. BARGAINS & BLESSINGS: (Expenses \$...151206...including grants of \$...0...) (Revenue \$...169184...) Donated clothing, furniture, appliances and miscellaneous items are sold at low prices in a loving environment so that families with low or modest incomes can stretch their available dollars by purchasing nice, needed items that are within their budgets. In 2017, over 23,000 shoppers received free or greatly reduced items. Job interview outfits were provided for individuals looking for employment. The thrift store is manned by volunteers, Liberty Ministry students, community service workers, and 2 staff members. Revenue from the sale of donated items helps to offset expenses. Excess revenue, if any is used to meet the needs of other areas of the CSI ministry. 2. TEACHING/SPECIAL EVENTS/THRIVE: Expenses \$...95939...including grants of \$...0...) (Revenue \$...0...) Bible Studies are held daily for Liberty Ministry students. Devotion books, tracts & Bibles are provided for Liberty Students & others in need. THRIVE activities include Monthly Money Management Classes, Individual Financial Counseling, ProBono Legal Assistance, Assisted Tax Preparation, & other self-improvement programs attended by over 200 adults. Special Events for Thanksgiving, Christmas & Easter were attended by over 4000 children, youth, & adults. 3. FOOD DISTRIBUTION: (Expenses \$...109888... including grants of \$...41400...) (Revenue \$...66964...) In 2017, 446,425 lbs. of donated food was received and sorted for use in The Soup Kitchen, Loving Hands, and other agencies. Costs include staff, truck expenses, and grants of \$41,400 (the estimated value of 276,000 lbs of food redistributed to 31 other ministries/agencies). Part IV, Line 38, Part VI, Line 11b: Before filing the Form 990, it is presented and fully explained to the governing body by the CFO. All questions are discussed, and changes, if any are needed, are made prior to filing. Part VI, Line 12c: The Board of Directors is made aware by the CEO of any possible conflict of interest. If there is any possibility of conflict, it is disclosed, discussed, and approved by the Board prior to proceeding with any action. Part VI, Line 15a and 15b: Compensation for the CEO, top management officials, and key employees are discussed by the Board of Directors and compared to salaries know to be paid by other similar non-profit organizations. Decisions regarding compensation are also based on expected available funds and have always been lower than the industry standard. Part VI, Line 19: Governing Documents, Conflict of Interest Policy, and Financial Statements are available to the public by request.