

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2016

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10/01, 2016, and ending 09/30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.</u> Doing Business As _____	D Employer identification number <u>13-1878704</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>2231 CRYSTAL DRIVE</u> <u>350</u>	E Telephone number <u>(703) 310-1130</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>ARLINGTON, VA 22202-3794</u>	G Gross receipts \$ <u>83,659,470.</u>
	F Name and address of principal officer: <u>ESKINDER NEGASH</u> <u>SAME AS C ABOVE.</u>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ <u>REFUGEES.ORG</u>	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>1958</u>	M State of legal domicile: <u>NY</u>
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Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	<u>11.</u>
4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>11.</u>
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<u>552.</u>
6	Total number of volunteers (estimate if necessary)	<u>500.</u>
7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>0.</u>
7b	Net unrelated business taxable income from Form 990-T, line 34	<u>0.</u>

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	55,313,115.	74,717,855.
	9 Program service revenue (Part VIII, line 2g)	3,790,205.	3,588,167.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,206.	100,935.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,254.	30,101.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,203,780.	78,437,058.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	41,145,595.	40,681,628.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,516,917.	14,757,050.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>329,149.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,772,028.	22,475,012.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,434,540.	77,913,690.
19 Revenue less expenses. Subtract line 18 from line 12	769,240.	523,368.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 17,108,143.	End of Year 17,890,204.
	21 Total liabilities (Part X, line 26)	8,035,850.	7,894,347.
	22 Net assets or fund balances. Subtract line 21 from line 20.	9,072,293.	9,995,857.

Part II Signature Block

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

Sign Here	Signature of officer: LEE WILLIAMS Type or print name and title	Date: <u>08/07/2018</u> SR VICE PRESIDENT
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Paid Preparer Use Only	Print/Type preparer's name: <u>JOYCE UNDERWOOD</u> Firm's name: ▶ <u>BDO USA, LLP</u> Firm's address: ▶ <u>8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102</u>	Preparer's signature: Date: <u>08/07/2018</u>	Check <input type="checkbox"/> if self-employed	PTIN: <u>P00022361</u> Firm's EIN: ▶ <u>13-5381590</u> Phone no.: <u>703-893-0600</u>
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)