

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning** 10/01, 2019, and ending 09/30, 2020

|   |   |  |   |
|---|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization U. S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC. |  | <b>D</b> Employer identification number<br>13-1878704 |
|   | Doing Business As   |  | <b>E</b> Telephone number<br>(703) 310-1130           |
|   | Number and street (or P.O. box if mail is not delivered to street address)      | Room/suite   | <b>G</b> Gross receipts \$ 73,742,621.                |
|   | 2231 CRYSTAL DRIVE  | 350  |   |
| City or town, state or province, country, and ZIP or foreign postal code<br>ARLINGTON, VA 22202-3794  |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>F</b> Name and address of principal officer: ESKINDER NEGASH<br>SAME AS "C" ABOVE  |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |   |
| <b>I</b> 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  |   | If "No," attach a list. (see instructions)   |   |
| <b>J</b> Website: REFUGEES.ORG  |   | <b>H(c)</b> Group exemption number ▶   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   | <b>L</b> Year of formation: 1958   | <b>M</b> State of legal domicile: NY                  |

## Part I Summary

|   |  |                           |             |              |             |
|---|--|---------------------------|-------------|--------------|-------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O  |                           |             |              |             |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                           |             |              |             |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | 14.         |              |             |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | 14.         |              |             |
|   | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>                  | 571.        |              |             |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | 280.        |              |             |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | 0.          |              |             |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34             | <b>7b</b>  | 0.                        |             |              |             |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | 66,668,776. | Current Year | 69,959,672. |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  |                           | 2,863,617.  |              | 2,979,493.  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                           | 638,929.    |              | 147,953.    |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                           | 0.          |              | 64,878.     |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                           | 70,171,322. |              | 73,151,996. |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                           | 44,266,713. |              | 42,687,746. |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |                           | 0.          |              | 0.          |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                           | 17,078,753. |              | 22,317,025. |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                           | 0.          |              | 0.          |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 287,508.  |                           |             |              |             |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                           | 7,536,536.  |              | 6,626,387.  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) |  | 68,882,002.               |             | 71,631,158.  |             |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      |  | 1,289,320.                |             | 1,520,838.   |             |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | 27,172,060. | End of Year  | 29,209,640. |
|   | <b>21</b> Total liabilities (Part X, line 26)  |                           | 13,919,696. |              | 14,257,029. |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   |                           | 13,252,364. |              | 14,952,611. |

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## 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.

|   |   |                         |          |   |           |
|---|---|-------------------------|----------|---|-----------|
| <b>Sign Here</b>  | Signature of officer                            | Date                    |          |   |           |
|   | ESKINDER NEGASH<br>Type or print name and title | PRESIDENT & CEO         |          |   |           |
| <b>Paid Preparer Use Only</b>                                 | Print/Type preparer's name                      | Preparer's signature    | Date     | Check <input type="checkbox"/> if self-employed | PTIN      |
|   | MARC BERGER                                     |                         | 5/4/2021 |   | P01871563 |
|   | Firm's name ▶ BDO USA, LLP                      | Firm's EIN ▶ 13-5381590 |          |   |           |
| Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102 | Phone no. 703-893-0600                          |                         |          |   |           |

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** (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO PROTECT THE RIGHTS AND ADDRESS THE NEEDS OF PERSONS IN FORCED OR VOLUNTARY MIGRATION WORLDWIDE AND SUPPORT THEIR TRANSITION TO A DIGNIFIED LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 21,402,403. including grants of \$ 17,066,089. ) (Revenue \$ 140,952. )

REFUGEE SERVICE DIVISION - ASSISTED REFUGEES THROUGH FEDERALLY FUNDED PROGRAMS TO RESETTLE IN THE U.S. THROUGH JOB TRAINING, LEARNING ENGLISH, OBTAINING CITIZENSHIP, AND ACHIEVING ECONOMIC SELF-SUFFICIENCY. ALSO INCLUDE OUR MATCH GRANT AND PREFERRED COMMUNITY PROGRAMS.

4b (Code: ) (Expenses \$ 19,902,334. including grants of \$ 17,481,522. ) (Revenue \$ 131,073. )

DIVISION OF REFUGEE HEALTH SERVICES WAS ESTABLISHED TO SUPPORT AND DEVELOP HEALTH AND WELLNESS INITIATIVES AT USCRI. DIVISION ACTIVITIES INCLUDE THE ADMINISTRATION OF PROGRAMS RELATED TO SERVING AS THE MEDICAL REPLACEMENT DESIGNEE IN THE STATES OF TEXAS, MAINE, KANSAS, MISSOURI, TENNESSEE AND MICHIGAN.

4c (Code: ) (Expenses \$ 19,173,946. including grants of \$ 6,162,388. ) (Revenue \$ 126,276. )

CRIC - CENTER FOR REFUGEES AND IMMIGRANT CHILDREN - PROVIDES SERVICES TO UNACCOMPANIED CHILDREN, INCLUDING SHELTER, FOOD, EDUCATION AND RELATED SERVICES; HOME STUDIES AND FOLLOW-UP VISITS; AND ANTI-TRAFFICKING PROGRAMMING.

4d Other program services (Describe on Schedule O.) ATTACHMENT 1 (Expenses \$ 10,723,302. including grants of \$ 1,977,747. ) (Revenue \$ 2,581,192. )

4e Total program service expenses 71,201,985.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 571   |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .         | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .  |     |    |
| <b>4a</b>  | 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)? . . . . . | X   |    |
| <b>b</b>   | If "Yes," enter the name of the foreign country <b>EL SALVADOR</b><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                    |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  |     | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>  |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>  |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>   |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders <b>11a</b>   |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>  |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>   |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>b</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 <b>13b</b>   |     |    |
| <b>c</b>   | Enter the amount of reserves on hand <b>13c</b>  |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .  |     |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see instructions and file Form 4720, Schedule N.                   |     | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  |     | X  |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII  X

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

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

| (A)<br>Name and title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) ESKINDER NEGASH<br>PRESIDENT, CEO                 | 40.00<br>0.  |   |                       | X       |              |                              | 258,293. | 0.   | 23,810.   |   |
| (2) LEE WILLIAMS<br>SENIOR VICE PRESIDENT             | 40.00<br>0.  |   |                       | X       |              |                              | 244,326. | 0.   | 35,683.   |   |
| (3) ANNAMARIE BENA<br>VICE PRESIDENT                  | 40.00<br>0.  |   |                       | X       |              |                              | 176,285. | 0.   | 6,530.  |   |
| (4) WONY PAK<br>DIRECTOR OF MIS                       | 40.00<br>0.  |   |                       |         |              | X                            | 147,558. | 0.   | 30,426.   |   |
| (5) SABA BERHANE<br>DIRECTOR OF PROGRAMS              | 40.00<br>0.  |   |                       |         |              | X                            | 143,856. | 0.   | 18,990.   |   |
| (6) PREETI KANODIA<br>DIRECTOR OF BUSINESS DEVELOPEME | 40.00<br>0.  |   |                       |         |              | X                            | 136,935. | 0.   | 15,927.   |   |
| (7) KATHERINE CROST<br>CHAIR                          | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (8) KATHARINE LAUD<br>VICE CHAIR                      | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (9) SCOTT WU<br>TREASURER                             | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (10) KEVIN BEARDEN<br>DIRECTOR                        | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (11) DIANN DAWSON<br>DIRECTOR                         | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (12) EARL JOHNSON<br>DIRECTOR                         | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (13) GENE DEFELICE<br>SECRETARY                       | 1.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (14) JOHN MONAHAN<br>DIRECTOR                         | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| ( 15) JEFFREY KELLEY<br>-----<br>DIRECTOR                                | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| ( 16) SAM UDANI<br>-----<br>DIRECTOR                                     | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| ( 17) JEFFREY METZGER<br>-----<br>DIRECTOR                               | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| ( 18) LINDA THOMAS-GREENFIELD<br>-----<br>DIRECTOR                       | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| ( 19) HELEN KANOVSKY<br>-----<br>DIRECTOR                                | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| ( 20) REGIS MCDONALD<br>-----<br>DIRECTOR                                | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              | 1,107,253. | 0.   | 131,366.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              | 1,107,253. | 0.   | 131,366.  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 3                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 2



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |   |   |  | (A)<br>Total revenue                                    | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |          |
|---|---|---|--|---|--|--------------------------------------|---|----------|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b>   | Federated campaigns . . . . .   | <b>1a</b>  |   |  |                                      |   |          |
|   | <b>b</b>  | Membership dues . . . . .   | <b>1b</b>  |   |  |                                      |   |          |
|   | <b>c</b>  | Fundraising events . . . . .  | <b>1c</b>  |   |  |                                      |   |          |
|   | <b>d</b>  | Related organizations . . . . .   | <b>1d</b>  |   |  |                                      |   |          |
|   | <b>e</b>  | Government grants (contributions) . .   | <b>1e</b>  | 67,746,282.   |  |                                      |   |          |
|   | <b>f</b>  | All other contributions, gifts, grants,<br>and similar amounts not included above . | <b>1f</b>  | 2,213,390.  |  |                                      |   |          |
|   | <b>g</b>  | Noncash contributions included in<br>lines 1a-1f. . . . .                           | <b>1g</b>  | \$  |  |                                      |   |          |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . . ▶   |  | 69,959,672.   |  |                                      |   |          |
|   | <b>Program Service Revenue</b>  | <b>2a</b>   | IOM COLLECTION FEES  | Business Code   | 900099                                       | 1,086,991.                           | 1,086,991.  |          |
| <b>b</b>  |   | INTERPRETATION  |  | 900099  | 689,420.                                     | 689,420.                             |   |          |
| <b>c</b>  |   | CHILD CARE SERVICES   |  | 900099  | 206,865.                                     | 206,865.                             |   |          |
| <b>d</b>  |   | IMMIGRATION SERVICES  |  | 900099  | 402,470.                                     | 402,470.                             |   |          |
| <b>e</b>  |   | MEMBER AGENCY DUES  |  | 900099  | 142,751.                                     | 142,751.                             |   |          |
| <b>f</b>  |   | All other program service revenue . . . . .   |  |   | 450,996.                                     | 450,996.                             |   |          |
| <b>g</b>  |   | <b>Total.</b> Add lines 2a-2f . . . . . ▶   |  |   | 2,979,493.                                   |                                      |   |          |
| <b>Other Revenue</b>  |   | <b>3</b>  | Investment income (including dividends, interest, and<br>other similar amounts). . . . . ▶ |   |  | 147,953.                             |   | 147,953. |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . ▶                              |  |   | 0.   |                                      |   |          |
|   | <b>5</b>  | Royalties . . . . . ▶   |  |   | 0.   |                                      |   |          |
|   | <b>6a</b>   | Gross rents . . . . .   | <b>6a</b>  | (i) Real  |  |                                      |   |          |
|   |   |   |  | (ii) Personal   |  |                                      |   |          |
|   |   |   |  |   | 64,878.                                      |                                      |   |          |
|   | <b>b</b>  | Less: rental expenses   | <b>6b</b>  |   |  |                                      |   |          |
|   | <b>c</b>  | Rental income or (loss)   | <b>6c</b>  |   | 64,878.                                      |                                      |   |          |
|   | <b>d</b>  | Net rental income or (loss) . . . . . ▶   |  |   | 64,878.                                      |                                      | 64,878.   |          |
|   | <b>7a</b>   | Gross amount from<br>sales of assets<br>other than inventory                        | <b>7a</b>  | (i) Securities  |  |                                      |   |          |
|   |   |   |  | (ii) Other  |  |                                      |   |          |
|   |   |   |  |   | 590,625.                                     |                                      |   |          |
|   |   |   |  |   | 590,625.                                     |                                      |   |          |
|   | <b>b</b>  | Less: cost or other basis<br>and sales expenses . .                                 | <b>7b</b>  |   |  |                                      |   |          |
|   | <b>c</b>  | Gain or (loss) . . . . .  | <b>7c</b>  |   |  |                                      |   |          |
| <b>d</b>  | Net gain or (loss) . . . . . ▶  |   |  | 0.  |  |                                      |   |          |
| <b>8a</b>   | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>   |  | 0.  |  |                                      |   |          |
|   |   |   | <b>8b</b>  | 0.  |  |                                      |   |          |
|   |   |   | <b>c</b>   | Net income or (loss) from fundraising events. . . . . ▶ |  | 0.                                   |   |          |
| <b>9a</b>   | Gross income from gaming<br>activities. See Part IV, line 19 . . . . .  | <b>9a</b>   |  | 0.  |  |                                      |   |          |
|   |   |   | <b>9b</b>  | 0.  |  |                                      |   |          |
|   |   |   | <b>c</b>   | Net income or (loss) from gaming activities. . . . . ▶  |  | 0.                                   |   |          |
| <b>10a</b>  | Gross sales of inventory, less<br>returns and allowances . . . . .  | <b>10a</b>  |  | 0.  |  |                                      |   |          |
|   |   |   | <b>10b</b>   | 0.  |  |                                      |   |          |
|   |   |   | <b>c</b>   | Net income or (loss) from sales of inventory. . . . . ▶ |  | 0.                                   |   |          |
| <b>Miscellaneous Revenue</b>                                  | <b>11a</b>  | _____   | Business Code  |   |  |                                      |   |          |
|   | <b>b</b>  | _____   |  |   |  |                                      |   |          |
|   | <b>c</b>  | _____   |  |   |  |                                      |   |          |
|   | <b>d</b>  | All other revenue . . . . .   |  |   |  |                                      |   |          |
|   | <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶   |  |   | 0.   |                                      |   |          |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . . ▶  |   |  | 73,151,996.   | 2,979,493.                                   |                                      | 212,831.  |          |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 38,716,139.           | 38,716,139.                     |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 3,971,607.            | 3,971,607.                      |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0.                    |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .   | 0.                    |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 744,927.              |                                 | 744,927.                               |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0.                    |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .  | 16,427,659.           | 13,603,337.                     | 2,658,839.                             | 165,483.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 1,129,267.            | 921,601.                        | 195,892.                               | 11,774.                     |
| <b>9</b> Other employee benefits . . . . .   | 2,658,668.            | 2,062,975.                      | 585,146.                               | 10,547.                     |
| <b>10</b> Payroll taxes . . . . .  | 1,356,504.            | 1,105,220.                      | 238,622.                               | 12,662.                     |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .  | 0.                    |                                 |  |                             |
| <b>b</b> Legal . . . . .   | 0.                    |                                 |  |                             |
| <b>c</b> Accounting . . . . .  | 0.                    |                                 |  |                             |
| <b>d</b> Lobbying . . . . .  | 0.                    |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.  | 0.                    |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .  | 39,080.               |                                 | 39,080.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 583,069.              | 383,152.                        | 177,971.                               | 21,946.                     |
| <b>12</b> Advertising and promotion . . . . .  | 10,219.               | 3,800.                          | 5,325.                                 | 1,094.                      |
| <b>13</b> Office expenses . . . . .  | 429,540.              | 362,227.                        | 52,917.                                | 14,396.                     |
| <b>14</b> Information technology . . . . .   | 248,406.              | 150,597.                        | 97,809.                                |                             |
| <b>15</b> Royalties . . . . .  | 0.                    |                                 |  |                             |
| <b>16</b> Occupancy . . . . .  | 2,864,488.            | 2,559,474.                      | 280,135.                               | 24,879.                     |
| <b>17</b> Travel . . . . .   | 509,342.              | 473,415.                        | 35,659.                                | 268.                        |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0.                    |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 33,824.               | 13,954.                         | 19,724.                                | 146.                        |
| <b>20</b> Interest . . . . .   | 0.                    |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .   | 0.                    |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 164,488.              | 8,095.                          | 156,393.                               |                             |
| <b>23</b> Insurance . . . . .  | 550,386.              | 515,344.                        | 32,359.                                | 2,683.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                       |                                 |  |                             |
| <b>a</b> OVERHEAD ALLOCATION   |                       | 5,690,272.                      | -5,690,272.                            |                             |
| <b>b</b> EQUIPMENT RENTAL & REPAIR   | 507,929.              | 408,221.                        | 95,925.                                | 3,783.                      |
| <b>c</b> SUBSCRIPTIONS AND REFERENCES  | 179,002.              | 91,029.                         | 78,118.                                | 9,855.                      |
| <b>d</b> BANK AND FINACE CHARGES   | 108,277.              | 83,289.                         | 19,061.                                | 5,927.                      |
| <b>e</b> All other expenses _____  | 398,337.              | 78,237.                         | 318,035.                               | 2,065.                      |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 71,631,158.           | 71,201,985.                     | 141,665.                               | 287,508.                    |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year  |
|---|--|--------------------------|-------------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   | 11,289,400.              | <b>1</b>    | 14,698,857.         |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 73,815.                  | <b>2</b>    | 82,518.             |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 8,151,298.               | <b>3</b>    | 6,814,250.          |
|   | <b>4</b> Accounts receivable, net. . . . .   | 373,906.                 | <b>4</b>    | 334,461.            |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . | 0.                       | <b>5</b>    | 0.                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   | 0.                       | <b>6</b>    | 0.                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0.                       | <b>7</b>    | 0.                  |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0.                       | <b>8</b>    | 0.                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 432,063.                 | <b>9</b>    | 300,178.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 2,472,215.    |             |                     |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 1,654,290.    | 981,077.    | <b>10c</b> 817,925. |
|   | <b>11</b> Investments - publicly traded securities . . . . .   | 5,870,501.               | <b>11</b>   | 6,161,451.          |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | 0.                       | <b>12</b>   | 0.                  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11. . . . .   | 0.                       | <b>13</b>   | 0.                  |
|   | <b>14</b> Intangible assets . . . . .  | 0.                       | <b>14</b>   | 0.                  |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 0.                       | <b>15</b>   | 0.                  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 27,172,060.  | <b>16</b>                | 29,209,640. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 7,766,045.               | <b>17</b>   | 7,449,848.          |
|   | <b>18</b> Grants payable . . . . .   | 4,653,677.               | <b>18</b>   | 4,444,219.          |
|   | <b>19</b> Deferred revenue . . . . .   | 1,001,331.               | <b>19</b>   | 1,597,944.          |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0.                       | <b>20</b>   | 0.                  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .   | 0.                       | <b>21</b>   | 0.                  |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .     | 0.                       | <b>22</b>   | 0.                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0.                       | <b>23</b>   | 0.                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0.                       | <b>24</b>   | 364,795.            |
|   | <b>25</b> 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 . . . . .  | 498,643.                 | <b>25</b>   | 400,223.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25. . . . .  | 13,919,696.              | <b>26</b>   | 14,257,029.         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                     |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 13,096,662.              | <b>27</b>   | 14,923,879.         |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 155,702.                 | <b>28</b>   | 28,732.             |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                     |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>   |                     |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>30</b>   |                     |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>31</b>   |                     |
|   | <b>32</b> Total net assets or fund balances . . . . .  | 13,252,364.              | <b>32</b>   | 14,952,611.         |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 27,172,060.  | <b>33</b>                | 29,209,640. |                     |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 73,151,996. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 71,631,158. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 1,520,838.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 13,252,364. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 179,409.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0.          |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0.          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0.          |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 14,952,611. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>2c</b> | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  | X   |    |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .  | X   |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.**

Employer identification number  
**13-1878704**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**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.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| 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)? <i>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.</i>   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|           |   | Yes         | No |
|-----------|---|-------------|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |             |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11 a</b> |    |
| <b>b</b>  | A family member of a person described in (a) above?   | <b>11 b</b> |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  | <b>11 c</b> |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|          |   | Yes      | No |
|----------|---|----------|----|
| <b>1</b> | 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)? <i>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).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes      | No |
|----------|--|----------|----|
| <b>1</b> | 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? | <b>1</b> |    |
| <b>2</b> | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> | 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 income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|          |  |           |     |    |
|----------|--|-----------|-----|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |           |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |           |     |    |
| <b>2</b> | Activities Test. Answer (a) and (b) below.   |           | Yes | No |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i> | <b>2a</b> |     |    |
| <b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | <b>2b</b> |     |    |
| <b>3</b> | Parent of Supported Organizations. Answer (a) and (b) below.   |           |     |    |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | <b>3a</b> |     |    |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |          | (A) Prior Year | (B) Current Year (optional) |
|---|----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b> |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b> |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b> |                |                             |
| <b>6</b> 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) | <b>6</b> |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)   | <b>8</b> |                |                             |

| <b>Section B - Minimum Asset Amount</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|--|-----------|----------------|-----------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |           |                |                             |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.   | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035.  | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |                |                             |

| <b>Section C - Distributable Amount</b>   |          |  | Current Year |
|---|----------|--|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |  |              |
| <b>2</b> Enter 85% of line 1.   | <b>2</b> |  |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |  |              |
| <b>4</b> Enter greater of line 2 or line 3.   | <b>4</b> |  |              |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |  |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | <b>6</b> |  |              |

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2019 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2019   |                             |  |   |
| a From 2014 . . . . .   |                             |  |   |
| b From 2015 . . . . .   |                             |  |   |
| c From 2016 . . . . .   |                             |  |   |
| d From 2017 . . . . .   |                             |  |   |
| e From 2018 . . . . .   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2019 distributable amount  |                             |  |   |
| i Carryover from 2014 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2019 from Section D, line 7:                     \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2019 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2015 . . . . .  |                             |  |   |
| b Excess from 2016 . . . . .  |                             |  |   |
| c Excess from 2017 . . . . .  |                             |  |   |
| d Excess from 2018 . . . . .  |                             |  |   |
| e Excess from 2019 . . . . .  |                             |  |   |

**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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION   | 2015           | 2016    | 2017    | 2018    | 2019            | TOTAL           |
|---------------|----------------|---------|---------|---------|-----------------|-----------------|
| MISCELLANEOUS | 16,844.        |         |         |         | 458,275.        | 475,119.        |
| <b>TOTALS</b> | <u>16,844.</u> | <u></u> | <u></u> | <u></u> | <u>458,275.</u> | <u>475,119.</u> |

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

|  |  |
|--|--|
| Name of the organization<br>U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC. | Employer identification number<br>13-1878704 |
|--|--|

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

|  |   |
|--|---|
| Name of organization <b>U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.</b> | <b>Employer identification number</b><br>13-1878704 |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | \$ 55,480,517.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | \$ 8,937,563.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization <b>U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.</b> | <b>Employer identification number</b><br>13-1878704 |
|--|---|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |

Name of organization **U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.**

Employer identification number  
**13-1878704**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |   |
|--|---|
| Name of organization <b>U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.</b> | Employer identification number<br><b>13-1878704</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1)      |             |         |   |  |
| (2)      |             |         |   |  |
| (3)      |             |         |   |  |
| (4)      |             |         |   |  |
| (5)      |             |         |   |  |
| (6)      |             |         |   |  |

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

Schedule C (Form 990 or 990-EZ) 2019

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br><b>(The term "expenditures" means amounts paid or incurred.)</b>  |  | <b>(a) Filing organization's totals</b>                | <b>(b) Affiliated group totals</b>                       |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .   |  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .  |  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .  |  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures . . . . .  |  | 71,631,158.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .  |  | 71,631,158.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  | 1,000,000.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th><b>If the amount on line 1e, column (a) or (b) is:</b></th> <th><b>The lobbying nontaxable amount is:</b></th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |  | <b>If the amount on line 1e, column (a) or (b) is:</b> | <b>The lobbying nontaxable amount is:</b>                | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| <b>If the amount on line 1e, column (a) or (b) is:</b>  | <b>The lobbying nontaxable amount is:</b>          |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.                      |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000. |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.  |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.                                       |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .  |  | 250,000.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .  |  | 0.   | 0.   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .  |  | 0.   | 0.   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |                 |                 |                 |                 |                  |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in)                      | <b>(a) 2016</b> | <b>(b) 2017</b> | <b>(c) 2018</b> | <b>(d) 2019</b> | <b>(e) Total</b> |
| <b>2a</b> Lobbying nontaxable amount                             | 1,000,000.      | 1,000,000.      | 1,000,000.      | 1,000,000.      | 4,000,000.       |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |                 |                 |                 |                 | 6,000,000.       |
| <b>c</b> Total lobbying expenditures                             |                 |                 |                 |                 |                  |
| <b>d</b> Grassroots nontaxable amount                            | 250,000.        | 250,000.        | 250,000.        | 250,000.        | 1,000,000.       |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |                 |                 |                 |                 | 1,500,000.       |
| <b>f</b> Grassroots lobbying expenditures                        |                 |                 |                 |                 |                  |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Horizontal lines for providing supplemental information.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

Employer identification number 13-1878704

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections and financial gain reporting.

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)       | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely held equity interests . . . . .                                   |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) IOM LIABILITY   | 230,766.       |
| (3) DEFERRED RENT   | 169,457.       |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶ | 400,223.       |

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





**Part XIII** Supplemental Information *(continued)*

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FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE UNDER FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, USCRI MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED ON EXAMINATION. USCRI DOES BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECORDED. FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS. USCRI IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM 2017 FORWARD.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

Employer identification number  
13-1878704

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) CENTRAL AMERICA/CARIBBEAN                               | 1.                                  | 4.   | PROGRAM SERVICES   | SEE PART V   | 161,160.   |
| (2)   |                                     |  |  |  |  |
| (3)   |                                     |  |  |  |  |
| (4)   |                                     |  |  |  |  |
| (5)   |                                     |  |  |  |  |
| (6)   |                                     |  |  |  |  |
| (7)   |                                     |  |  |  |  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a</b> Subtotal . . . . .                                | 1.                                  | 4.   |  |  | 161,160.   |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 1.                                  | 4.   |  |  | 161,160.   |

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

Schedule F (Form 990) 2019

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

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (2)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (3)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (4)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (5)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (6)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (7)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (8)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (9)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (10) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (11) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (12) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (13) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (14) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (15) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (16) |                          |  |            |                      |                          |                                 |                                  |                                       |   |

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)                             |            |                          |                          |                                 |                                  |                                       |   |
| (2)                             |            |                          |                          |                                 |                                  |                                       |   |
| (3)                             |            |                          |                          |                                 |                                  |                                       |   |
| (4)                             |            |                          |                          |                                 |                                  |                                       |   |
| (5)                             |            |                          |                          |                                 |                                  |                                       |   |
| (6)                             |            |                          |                          |                                 |                                  |                                       |   |
| (7)                             |            |                          |                          |                                 |                                  |                                       |   |
| (8)                             |            |                          |                          |                                 |                                  |                                       |   |
| (9)                             |            |                          |                          |                                 |                                  |                                       |   |
| (10)                            |            |                          |                          |                                 |                                  |                                       |   |
| (11)                            |            |                          |                          |                                 |                                  |                                       |   |
| (12)                            |            |                          |                          |                                 |                                  |                                       |   |
| (13)                            |            |                          |                          |                                 |                                  |                                       |   |
| (14)                            |            |                          |                          |                                 |                                  |                                       |   |
| (15)                            |            |                          |                          |                                 |                                  |                                       |   |
| (16)                            |            |                          |                          |                                 |                                  |                                       |   |
| (17)                            |            |                          |                          |                                 |                                  |                                       |   |
| (18)                            |            |                          |                          |                                 |                                  |                                       |   |

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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SCHEDULE F, PART I, LINE 3:

LINE (1), COLUMN (E) - TYPE OF PROGRAM SERVICES:

JOB TRAINING - PROVIDE JOB TRAINING AND SOCIAL SERVICES.

SCHEDULE F, PART I, LINE 3:

LINE (1), COLUMN (F) - ACCOUNTING METHOD:

EXPENDITURES ARE REPORTED IN ACCORDANCE WITH GAAP.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization **U.S. COMMITTEE FOR REFUGEES AND  
IMMIGRANTS, INC.**

Employer identification number  
**13-1878704**

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government  | (b) 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 |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> ABILENE-TAYLOR COUNTY PUBLIC HEALTH DISTRICT<br>850 NORTH 6TH STREET ABILENE, TX, TX 79601 | 17-5600044 | 501(C)(3)                       | 144,223.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(2)</b> AFFINIA HEALTHCARE<br>1717 BIDDLE ST LOUIS, MO 63106                                       | 43-0817642 | 501(C)(3)                       | 21,868.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(3)</b> ADVOCATES FOR HEALTH COMMUNITY INC<br>440 E TAMPA ST SPRINGFIELD, MO 65806                 | 43-8000610 | 501(C)(3)                       | 8,102.                   |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(4)</b> ALAS FAMILY SUPPORT CENTER<br>16652 SW WARFIELD BLVD INDIANTOWN, FL 34956                  | 46-0947937 | 501(C)(3)                       | 10,864.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(5)</b> ASIAN PACIFIC ISLANDER CHAYA<br>PO BOX 14047 SEATTLE, WA 98114                             | 91-1674016 | 501(C)(3)                       | 27,752.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(6)</b> ASYLEE WOMEN ENTERPRISE<br>4500 FRANKFORD AVENUE BALTIMORE, MD 21206                       | 45-3769025 | 501(C)(3)                       | 11,685.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(7)</b> AYUDA<br>1707 KALORAMA RD. NW WASHINGTON, DC 20009   | 52-0971440 | 501(C)(3)                       | 224,040.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(8)</b> BEXAR COUNTY HOSPITAL DISTRICT<br>4502 MED. DR SAN ANTONIO, TX, TX 78229                   | 74-6002164 | 501(C)(3)                       | 637,553.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(9)</b> BETHANY CHRISTIAN SERVICES HQ<br>1050 36TH ST SE, GRAND RAPIDS, MI 49508                   | 38-3542119 | 501(C)(3)                       | 7,484.                   |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(10)</b> BETHANY CHRISTIAN SERVICES OF SE MI<br>30685 BARRINGTON MADISON HEIGHTS, MI 48071         | 38-3542119 | 501(C)(3)                       | 14,381.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(11)</b> BETHANY CHRISTIAN SERVICES OF FLORIDA<br>29 W SMITH ST WINTER GARDEN, FL 34787            | 38-3541224 | 501(C)(3)                       | 83,977.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(12)</b> BETHANY CHRISTIAN SERVICES OF ILLINOIS<br>12416 S. HARLEM PALOS HEIGHTS, IL 60463         | 31-1196724 | 501(C)(3)                       | 29,902.                  |                                   |   |                                       | AGENCY PAYMENTS                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization **U.S. COMMITTEE FOR REFUGEES AND  
IMMIGRANTS, INC.**

Employer identification number  
**13-1878704**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government   | (b) 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 |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> BETHANY CHRISTIAN SERVICES OF MARYLAND & DC<br>2142 PRIEST BRIDGE COURT CROFTON, MD 21114 | 31-1282580 | 501(C)(3)                       | 29,503.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(2)</b> BETHANY CHRISTIAN SERVICES OF NEW JERSEY<br>12-19 RIVER ROAD FAIR LAWN, NJ 07410          | 38-3542119 | 501(C)(3)                       | 135,390.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(3)</b> BETHANY CHRISTIAN SERVICES OF VIRGINIA<br>8100 THREE CHOPT RD RICHMOND, VA 23229          | 31-1196727 | 501(C)(3)                       | 10,592.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(4)</b> BRANDEIS UNIVERSITY<br>415 S.STREET WALTHAM, MA 02453                                     | 04-2103552 | 501(C)(3)                       | 8,399.                   |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(5)</b> CAMBA INC.<br>1720 CHURCH AVE, 2ND FL BROOKLYN, NY 11226                                  | 11-2480339 | 501(C)(3)                       | 502,768.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(6)</b> CATHERINE MCAULEY CENTER<br>866 4TH AVE. SE CEDAR RAPIDS, IA 52403                        | 42-1342872 | 501(C)(3)                       | 356,842.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(7)</b> CATHOLIC CHARITIES OF ATLANTA<br>2401 LAKE PARK DRIVE SE SMYRNA, GA 30080                 | 58-1097003 | 501(C)(3)                       | 25,611.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(8)</b> CATHOLIC CHARITIES OF GALVESTON-HOUSTON<br>2900 LOUISIANA STREET HOUSTON, TX 77006        | 74-1109733 | 501(C)(3)                       | 118,802.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(9)</b> CATHOLIC CHARITIES OF LOS ANGELES, INC.<br>4322 SAN FERNANDO ROAD GLENDALE, CA 91204      | 95-1690973 | 501(C)(3)                       | 87,654.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(10)</b> CATHOLIC CHARITIES OF LOUISVILLE<br>2911 SOUTH 4TH STREET LOUISVILLE, KY 40208           | 61-1239600 | 501(C)(3)                       | 18,419.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(11)</b> CATHOLIC CHARITIES OF OREGON<br>2740 SE POWELL BOULEVARD PORTLAND, OR 97202              | 93-0386801 | 501(C)(3)                       | 84,062.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(12)</b> CATHOLIC CHARITIES OF SAN ANTONIO<br>110 BANDERA ROAD SAN ANTONIO, TX 78228              | 74-1109743 | 501(C)(3)                       | 20,174.                  |                                   |   |                                       | AGENCY PAYMENTS                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization **U.S. COMMITTEE FOR REFUGEES AND  
IMMIGRANTS, INC.**

Employer identification number  
**13-1878704**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government   | (b) 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 |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> CATHOLIC CHARITIES ARCHDIOCESES OF WA<br>1018 MONROE STREET NE WASHINGTON, DC 20017       | 53-0196524 | 501(C)(3)                       | 44,803.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(2)</b> CATHOLIC CHARITIES DIOCESE OF BATON ROUGE<br>1900 S. ACADIAN THWY BATON ROUGE, LA 70808   | 72-0590685 | 501(C)(3)                       | 43,178.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(3)</b> CATHOLIC CHARITIES DIOCESE OF PALM BEACH<br>100 W 20TH STREET RIVIERA BEACH, FL 33404     | 59-2470479 | 501(C)(3)                       | 110,729.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(4)</b> CATHOLIC CHARITIES OF THE DIOCESE OF VENICE<br>28360 BEAUMONT RD BONITA SPRINGS, FL 34134 | 59-2473176 | 501(C)(3)                       | 6,826.                   |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(5)</b> CATHOLIC CHARITIES COUNSELLING & ADOPTION<br>329 WEST 10TH STREET ERIE, PA 16502          | 25-1041250 | 501(C)(3)                       | 108,157.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(6)</b> CHILDREN'S BUREAU<br>1910 MAGNOLIA AVE. LOS ANGELES, CA 90007                             | 95-1690975 | 501(C)(3)                       | 658,192.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(7)</b> CITY OF AMARILLO<br>1000 MARTIN ROAD AMARILLO, TX 79107                                   | 75-6000444 | GOVERNMENT                      | 99,932.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(8)</b> CITY OF AUSTIN<br>7201 LEVANDER LOOP AUSTIN, TX 78767                                     | 74-6000085 | GOVERNMENT                      | 984,407.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(9)</b> COLLEGE OF SOUTHERN IDAHO<br>1526 HIGHLAND AVE. E. TWIN FALLS, ID 83301                   | 82-0388193 | 501(C)(3)                       | 242,489.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(10)</b> COLUMBIA/BOONE COUNTY DEPT OF PUBLIC HEALTH<br>1005 W WORLEY ST #6015 COLUMBIA, MO 65205 | 43-8000610 | GOVERNMENT                      | 22,806.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(11)</b> COMMONWEALTH CATHOLIC CHARITIES - RICHMOND<br>1601 ROLLING HILLS DR. HENRICO, VA 23229   | 54-0505877 | 501(C)(3)                       | 8,160.                   |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(12)</b> CONNECTICUT INST FOR REFUGEES AND IMMIGRANT<br>670 CLINTON AVENUE BRIDGEPORT, CT 06605   | 06-0669118 | 501(C)(3)                       | 78,666.                  |                                   |   |                                       | AGENCY PAYMENTS                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization **U.S. COMMITTEE FOR REFUGEES AND  
IMMIGRANTS, INC.**

Employer identification number  
**13-1878704**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government   | (b) 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 |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> COVENANT HOUSE<br>1559 JOHNSON RD. NW ATLANTA, GA 30318                                   | 13-2725416 | 501(C)(3)                       | 210,304.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(2)</b> DAMAYAN MIGRANT WORKER'S ASSOCIATION, INC.<br>406 WEST 40TH, 3RD FLOOR NEW YORK, NY 10018 | 03-0481206 | 501(C)(3)                       | 106,307.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(3)</b> DALLAS COUNTY<br>509 MAIN ST #407 HOUSTON, TX 75202                                       | 75-6000905 | GOVERNMENT                      | 1,076,344.               |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(4)</b> E CENTRAL ILL. REFUGEE MUTUAL ASSIST. CTR<br>201 W KENYON RD #4D CHAMPAIGN, IL 61820      | 37-1122770 | 501(C)(3)                       | 26,351.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(5)</b> EDUCATIONAL EVALUATORS INC<br>6 PINE HILL CT. DOVER, NJ 07801                             | 22-6865820 | 501(C)(3)                       | 388,525.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(6)</b> EMPOWERMENT COLLABORATIVE OF LONG ISLAND<br>P.O. BOX 385 BOHEMIA, NY 11716                | 47-4824223 | 501(C)(3)                       | 7,934.                   |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(7)</b> EXODUS REFUGEE IMMIGRATION<br>1125 E. BROOKSIDE AVE. INDRNPOLIS, IN 46202                 | 35-1900090 | 501(C)(3)                       | 17,072.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(8)</b> HARRIS COUNTY<br>1001 PRESTON ST. #911 HOUSTON, TX 77002                                  | 76-0454514 | GOVERNMENT                      | 1,923,396.               |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(9)</b> HEARTLAND ALLLIANCE FOR HUMAN<br>208 S. LASALLE ST. #1818 CHICAGO, IL 60604               | 36-4053244 | 501(C)(3)                       | 582,540.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(10)</b> IDEALS FOR FAMILIES AND COMMUNITIES<br>306 WEST MAIN ST #507 FRANKFORT, KY 40601         | 46-1195905 | 501(C)(3)                       | 7,664.                   |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(11)</b> INTERFAITH-RISE<br>19-21 SOUTH 2ND AVE HIGHLAND PARK, NJ 08904                           | 94-3152098 | 501(C)(3)                       | 193,075.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(12)</b> INTERNATIONAL CENTER FOR KENTUCKY<br>806 KENTON STREET BOWLING GREEN, KY 42101           | 61-0994341 | 501(C)(3)                       | 118,401.                 |                                   |   |                                       | AGENCY PAYMENTS                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization **U.S. COMMITTEE FOR REFUGEES AND  
IMMIGRANTS, INC.**

Employer identification number  
**13-1878704**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government  | (b) 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 |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> INTERNATIONAL INSTITUTE OF AKRON<br>207 EAST TALLMADGE AVE AKRON, OH 44310                 | 34-0733161 | 501(C)(3)                       | 345,891.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(2)</b> INTERNATIONAL INSTITUTE OF BUFFALO<br>864 DELAWARE AVENUE BUFFALO, NY 14209                | 16-0743052 | 501(C)(3)                       | 331,852.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(3)</b> INTERNATIONAL INSTITUTE OF CONNECTICUT<br>670 CLINTON AVENUE BRIDGEPORT, CT 06605          | 06-0669118 | 501(C)(3)                       | 86,167.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(4)</b> INTERNATIONAL INSTITUTE OF LOS ANGELES<br>3845 SELIG PLACE LOS ANGELES, CA 90031           | 95-1641446 | 501(C)(3)                       | 972,325.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(5)</b> INTERNATIONAL INSTITUTE OF MINNESOTA<br>1694 COMO AVENUE ST. PAUL, MN 55108                | 41-0693912 | 501(C)(3)                       | 621,176.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(6)</b> INTERNATIONAL INSTITUTE OF NEW ENGLAND<br>ONE MILK STREET # 4 BOSTON, MA 02109             | 04-2104325 | 501(C)(3)                       | 499,208.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(7)</b> INT'L INSTITUTE OF NEW HAMPSHIRE/MANCHESTER<br>1850 ELM STREET- MANCHESTER, NH 03104       | 04-2104325 | 501(C)(3)                       | 233,348.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(8)</b> INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL<br>15-17 WARREN STREET LOWELL, MA 01852            | 04-2104325 | 501(C)(3)                       | 149,015.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(9)</b> INT'L INSTITUTE OF RHODE ISLAND<br>645 ELMWOOD AVENUE PROVIDENCE, RI 02907                 | 05-0258886 | 501(C)(3)                       | 322,431.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(10)</b> INTERNATIONAL INSTITUTE OF ST. LOUIS<br>3654 S. GRAND BLVD. ST. LOUIS, MO 63118           | 91-1674016 | 501(C)(3)                       | 834,353.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(11)</b> INTERNATIONAL INSTITUTE OF WISCONSIN<br>1110 N OLD WORLD 3RD MILWAUKEE, WI 53203          | 39-0806350 | 501(C)(3)                       | 363,956.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(12)</b> INTERNATIONAL INSTITUTE OF SOUTHEAST MISSOUR<br>334 E COMMERCIAL ST SPRINGFIELD, MO 65803 | 43-0652640 | 501(C)(3)                       | 64,529.                  |                                   |   |                                       | AGENCY PAYMENTS                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

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

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Name of the organization **U.S. COMMITTEE FOR REFUGEES AND  
IMMIGRANTS, INC.**

Employer identification number  
**13-1878704**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government  | (b) 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 |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> INTERNATIONAL RESCUE COMMITTEE - OAKLAND<br>440 GRAND AVE., STE. 500 OAKLAND, CA 94610     | 13-5660870 | 501(C)(3)                       | 35,103.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(2)</b> INTERNATIONAL RESCUE COMMITTEE - PHOENIX<br>4425 OLIVE AVENUE #400 PHOENIX, AZ 85302       | 13-5660870 | 501(C)(3)                       | 33,176.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(3)</b> INTERNATIONAL RESCUE COMMITTEE - RICHMOND<br>8100 THREE CHOPT RD RICHMOND, VA 23229        | 13-5660870 | 501(C)(3)                       | 15,379.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(4)</b> INTERNATIONAL RESCUE COMMITTEE - SAN JOSE<br>1210 S BASCOM AVE, # 227 SAN JOSE, CA 95128   | 13-5660870 | 501(C)(3)                       | 38,050.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(5)</b> INTERNATIONAL RESCUE COMMITTEE - SILVER SPR<br>8719 COLESVILLE RD. SILVER SPRING, MD 20910 | 13-5660870 | 501(C)(3)                       | 36,843.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(6)</b> INT'L RESCUE COMMITTEE - TALLAHASSEE<br>1310 CROSS CREEK CIR TALLAHASSEE, FL 32301         | 13-5660870 | 501(C)(3)                       | 15,695.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(7)</b> INTERNATIONAL RESCUE COMMITTEE - TURLOCK<br>2925 NIAGRA STREET STE 6 TURLOCK, CA 95382     | 13-5660870 | 501(C)(3)                       | 14,650.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(8)</b> JEWISH FAMILY SERVICES - LA<br>3330 W ESPLANADE AVE. METAIRIE, LA 70002                    | 72-0851575 | 501(C)(3)                       | 389,822.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(9)</b> JEWISH VOCATIONAL SERVICE<br>1608 BALTIMORE AVENUE KANSAS CITY, MO 64108                   | 44-0545994 | 501(C)(3)                       | 700,445.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(10)</b> KARIDAT SOCIAL SERVICES<br>P.O. BOX 500745 SAIPAN, MP 96950                               | 98-6020933 | 501(C)(3)                       | 5,222.                   |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(11)</b> LA MAESTRA COMMUNITY HEALTH CENTERS<br>4060 FAIRMOUNT AVE. SAN DIEGO, CA 92105            | 33-0473171 | 501(C)(3)                       | 157,948.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(12)</b> LAO FAMILY COMM DEVELOPMENT<br>3400 WATT AVE #204 SACRAMENTO, CA 95821                    | 94-3115164 | 501(C)(3)                       | 1,060,048.               |                                   |   |                                       | AGENCY PAYMENTS                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury  
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Name of the organization U.S. COMMITTEE FOR REFUGEES AND  
IMMIGRANTS, INC.

Employer identification number  
13-1878704

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government  | (b) 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) LUTHERAN FAMILY SERVICES OF FLORIDA<br>3627 A, W WATERS AVENUE TAMPA, FL 33614            | 59-2198911 | 501(C)(3)                       | 62,022.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (2) LUTHERAN FAMILY SERVICES OF IOWA<br>3125 COTTAGE GROVE DES MOINES, IA 50311               | 42-0698267 | 501(C)(3)                       | 68,129.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (3) LUTHERAN FAMILY SERVICES ROCKY MOUNTAIN<br>1600 DOWNING ST., STE. 600 DENVER, CO 80219    | 84-0775550 | 501(C)(3)                       | 92,415.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (4) LUTHERAN SOCIAL SERVICES CAROLINAS<br>4020 WAKE FOREST RD RALEIGH, NC 27609               | 56-1286323 | 501(C)(3)                       | 37,624.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (5) LUTHERAN SOCIAL SERVICES OF MINNESOTA<br>22 WILSON AVE NE #110 ST. CLOUD, MN 56304        | 41-0872993 | 501(C)(3)                       | 10,033.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (6) MARY'S CENTER FOR MATERNAL AND CHILDCARE IN<br>2333 ONTARIO RD. N.W. WASHINGTON, DC 20009 | 52-1594116 | 501(C)(3)                       | 467,239.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| (7) MENTAL HEALTH AMERICA OF THE MID SOUTH<br>446 METROPLEX DR. NASHVILLE, TN 37211           | 62-0637710 | 501(C)(3)                       | 203,377.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| (8) METRO CENTER FOR COMMUNITY ADVOCACY<br>PO BOX 10775 NEW ORLEANS, LA 70181                 | 72-1062244 | 501(C)(3)                       | 12,741.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (9) MIDLAND HEALTH AND SENIOR SERVICES<br>PO BOX 4905 MIDLAND,, TX 79704                      | 75-6000608 | 501(C)(3)                       | 21,078.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (10) NASMHPD<br>66 CANAL CTR PLAZA ALEXANDRIA, VA 22314                                       | 52-0784740 | 501(C)(3)                       | 20,662.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (11) NATIONALITIES SERVICE CENTER<br>1216 ARCH ST 4TH FL PHILADELPHIA, PA 19107               | 23-1352336 | 501(C)(3)                       | 935,320.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| (12) NORTHERN NEVADA INTERNATIONAL CENTER<br>855 W 7TH STREET STE 270 RENO, NV 89503          | 94-2696785 | 501(C)(3)                       | 129,597.                 |                                   |   |                                       | AGENCY PAYMENTS                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

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Name of the organization **U.S. COMMITTEE FOR REFUGEES AND  
IMMIGRANTS, INC.**

Employer identification number  
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**Part I General Information on Grants and Assistance**

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> NORTHERN VIRGINIA FAMILY SERVICES<br>10455 WHITE GRANITE DR OAKTON, VA 22124            | 54-0791977 | 501(C)(3)                       | 36,501.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(2)</b> OPENING DOORS<br>2118 K ST. SACRAMENTO, CA 95816  | 37-1417129 | 501(C)(3)                       | 23,605.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(3)</b> PACIFIC GATEWAY CENTER<br>723-C UMI STREET HONOLULU, HI 96819                           | 99-0236204 | 501(C)(3)                       | 5,459.                   |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(4)</b> PILIPINO WORKER'S CENTER OF SOUTHERN CALIFO<br>153 GLENDALE BLVD, LOS ANGELES, CA 90026 | 77-0439301 | 501(C)(3)                       | 240,800.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(5)</b> RAICES<br>1305 N. FLORES ST. SAN ANTONIO, TX 78212                                      | 74-2436920 | 501(C)(3)                       | 623,837.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(6)</b> REFORMED CHURCH OF HIGHLAND PARK STILLWATER<br>19 S 2ND AVENUE HIGHLAND PARK, NJ 08904  | 20-5012410 | 501(C)(3)                       | 472,083.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(7)</b> REFUGEE SERVICES OF AUSTIN<br>500 EAST ST. JOHNS AVE. AUSTIN, TX 78752                  | 75-1618251 | 501(C)(3)                       | 19,875.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(8)</b> REFUGEE SERVICES OF HOUSTON<br>7211 REGENCY SQUARE BLVD. HOUSTON, TX 77036              | 75-1618251 | 501(C)(3)                       | 35,290.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(9)</b> REFUGEE SERVICES OF TEXAS<br>12025 SHILOH RD., #240 DALLAS, TX 75228                    | 75-1618251 | 501(C)(3)                       | 165,815.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(10)</b> RESTORE NYC<br>20 W 46TH STREET STE 2B NEW YORK, NY 10036                              | 20-2390142 | 501(C)(3)                       | 183,645.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(11)</b> SAMUEL U.RODGERS HEALTH CENTER<br>825 EUCLID AVENUE KANSAS CITY, MO 64124              | 43-0899356 | 501(C)(3)                       | 10,358.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| <b>(12)</b> SANAR WELLNESS INSTITUTE<br>PO BOX 32353 NEWARK, NJ 07102                              | 47-3612405 | 501(C)(3)                       | 65,359.                  |                                   |   |                                       | AGENCY PAYMENTS                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization U.S. COMMITTEE FOR REFUGEES AND  
IMMIGRANTS, INC.

Employer identification number  
13-1878704

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                                    | (b) 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) SANCTUARY FOR FAMILIES, INC.<br>P.O. BOX WALL ST STATION NEW YORK, NY 10268         | 13-3193119 | 501(C)(3)                       | 135,927.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| (2) SHARED BEGINNINGS<br>1845 MAIN DR. ST. B FAYETTEVILLE, AR 72704                     | 82-4697719 | 501(C)(3)                       | 180,394.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| (3) SOJOURNER HOUSE<br>386 SMITH ST PROVIDENCE, RI 02908                                | 39-1276210 | 501(C)(3)                       | 20,713.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (4) CITY OF ST. LOUIS DEPARTMENT OF HEALTH<br>1520 MARKET, ROOM 4051 ST LOUIS, MO 63103 | 43-6003231 | GOVERNMENT                      | 7,504.                   |                                   |   |                                       | AGENCY PAYMENTS                    |
| (5) TAHIRIH JUSTICE CTR - FALLS CHURCH<br>6402 ARLINGTON BLVD FALLS CHURCH, VA 22042    | 54-1858176 | 501(C)(3)                       | 65,786.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (6) TARRANT COUNTY<br>100 E WEATHERFORD ST FORT WORTH, TX 76196                         | 75-6001170 | GOVERNMENT                      | 567,502.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| (7) THE DRAGONFLY HOME, INC.<br>207 NW 23RD STREET OKLAHOMA CITY, OK 73103              | 81-1809133 | 501(C)(3)                       | 6,997.                   |                                   |   |                                       | AGENCY PAYMENTS                    |
| (8) THE NAOMI PROJECT<br>222 N SPRING AVENUE SIOUX FALLS, SD 57104                      | 35-2611927 | 501(C)(3)                       | 14,245.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (9) UNIFIED ADMINISTRATOR<br>2620 REGATTA DR. LAS VEGAS, NV 89128                       | 47-2700424 | 501(C)(3)                       | 10,736,033.              |                                   |   |                                       | AGENCY PAYMENTS                    |
| (10) UNITED MIGRANT OPPORTUNITY SERVICES<br>802 W HIST. MITCHELL MILWAUKEE, WI 53204    | 39-1047172 | 501(C)(3)                       | 10,269.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (11) WESTERN KENTUCKY REFUGEE MAA<br>806 KENTON STREET BOWLING GREEN, KY 42101          | 61-0994341 | 501(C)(3)                       | 695,641.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| (12) WOMANKIND<br>32 BROADWAY 10TH FL NEW YORK, NY 10004                                | 13-3286250 | 501(C)(3)                       | 34,013.                  |                                   |   |                                       | AGENCY PAYMENTS                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization U.S. COMMITTEE FOR REFUGEES AND  
IMMIGRANTS, INC.

Employer identification number  
13-1878704

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                             | (b) 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) WORLD RELIEF TRIAD<br>155 NORTHPOINT AVE HIGH POINT, NC 27262                | 23-6393344 | 501(C)(3)                       | 82,503.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (2) YMCA INTERNATIONAL SERVICES<br>6300 W PARK, SUITE 600 HOUSTON, TX 77057      | 74-1109737 | 501(C)(3)                       | 2,166,685.               |                                   |   |                                       | AGENCY PAYMENTS                    |
| (3) YOUTH CO-OP, INC.<br>3525 NORTHWEST 7TH ST MIAMI, FL 33125                   | 23-7320351 | 501(C)(3)                       | 1,091,535.               |                                   |   |                                       | AGENCY PAYMENTS                    |
| (4) YOUTH CO-OP, PALM SPRINGS<br>2112 CONGRESS AVE PALM SPRINGS, FL 33406        | 23-7320351 | 501(C)(3)                       | 71,520.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (5) YWCA KALAMAZOO<br>353 E. MICHIGAN AVE. KALAMAZOO, MI 49007                   | 38-1360598 | 501(C)(3)                       | 65,312.                  |                                   |   |                                       | AGENCY PAYMENTS                    |
| (6) YWCA OF NORTH CENTRAL INDIANA<br>1102 S. FELLOWS STREET SOUTH BEND, IN 46601 | 35-0868226 | 501(C)(3)                       | 623,837.                 |                                   |   |                                       | AGENCY PAYMENTS                    |
| (7)  |            |                                 |                          |                                   |   |                                       |                                    |
| (8)  |            |                                 |                          |                                   |   |                                       |                                    |
| (9)  |            |                                 |                          |                                   |   |                                       |                                    |
| (10)   |            |                                 |                          |                                   |   |                                       |                                    |
| (11)   |            |                                 |                          |                                   |   |                                       |                                    |
| (12)   |            |                                 |                          |                                   |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 114.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 DEARBORN PROGRAMS             | 413.                     | 298,791.                 |                                   |   |  |
| 2 REFUGEE SERVICE DIVISION      | 46.                      | 471,713.                 |                                   |   |  |
| 3 VERMONT PROGRAMS              | 159.                     | 74,226.                  |                                   |   |  |
| 4 RALEIGH PROGRAMS              | 614.                     | 282,931.                 |                                   |   |  |
| 5 ERIE PROGRAMS                 | 430.                     | 364,851.                 |                                   |   |  |
| 6 ALBANY PROGRAMS               | 292.                     | 183,343.                 |                                   |   |  |
| 7 DES MOINES PROGRAMS           | 200.                     | 208,262.                 |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 CLEVELAND PROGRAMS            | 642.                     | 386,279.                 |                                   |   |  |
| 2 CRIC PROGRAM                  | 120.                     | 1,701,120.               |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

PROCEDURE FOR MONITORING USE OF FUNDS EVERY QUARTER, THE RECEIVING AGENCY

SUBMIT EXPENSE REPORTS TO USCRI. USCRI STAFF VISITS THE AGENCIES AND

MAKES SURE THEY ARE IN COMPLIANCE WITH THE PROGRAM REQUIREMENTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.**

Employer identification number  
**13-1878704**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     |    |
| <b>6a</b> |     | X  |
| <b>6b</b> |     |    |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title |  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |    |
|--------------------|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|----|
|                    |  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |    |
| 1                  | ESKINDER NEGASH<br>PRESIDENT, CEO                | (i)  | 258,293.                            | 0.                                  | 0.   | 23,388.                 | 422.                            | 282,103.  | 0. |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0. |
| 2                  | LEE WILLIAMS<br>SENIOR VICE PRESIDENT            | (i)  | 244,326.                            | 0.                                  | 0.   | 22,126.                 | 13,557.                         | 280,009.  | 0. |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0. |
| 3                  | ANNAMARIE BENA<br>VICE PRESIDENT                 | (i)  | 176,285.                            | 0.                                  | 0.   | 1,017.                  | 5,513.                          | 182,815.  | 0. |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0. |
| 4                  | SABA BERHANE<br>DIRECTOR OF PROGRAMS             | (i)  | 143,856.                            | 0.                                  | 0.   | 12,977.                 | 6,013.                          | 162,846.  | 0. |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0. |
| 5                  | WONY PAK<br>DIRECTOR OF MIS                      | (i)  | 147,558.                            | 0.                                  | 0.   | 13,312.                 | 17,114.                         | 177,984.  | 0. |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0. |
| 6                  | PREETI KANODIA<br>DIRECTOR OF BUSINESS DEVELOPME | (i)  | 136,935.                            | 0.                                  | 0.   | 9,873.                  | 6,054.                          | 152,862.  | 0. |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0. |
| 7                  |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |
| 8                  |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |
| 9                  |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |
| 10                 |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |
| 11                 |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |
| 12                 |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |
| 13                 |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |
| 14                 |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |
| 15                 |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |
| 16                 |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |

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**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE O  
(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2019**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization U.S. COMMITTEE FOR REFUGEES AND  
IMMIGRANTS, INC.

Employer identification number  
13-1878704

FORM 990, PART I, LINE 1

TO ADDRESS THE NEEDS AND RIGHTS OF PERSONS IN FORCED OR VOLUNTARY  
MIGRATION WORLDWIDE BY ADVANCING FAIR AND HUMANE PUBLIC POLICY,  
FACILITATING AND PROVIDING DIRECT PROFESSIONAL SERVICES, AND PROMOTING  
THE FULL PARTICIPATION OF MIGRANTS IN COMMUNITY LIFE.

FORM 990, PART III, LINE 4D

INTERNATIONAL INSTITUTE OF ERIE-BRINGING HOPE AND OPPORTUNITY TO THE  
LIVES OF REFUGEES AND IMMIGRANTS BY HELPING THEM TO BECOME  
SELF-SUFFICIENT CONTRIBUTING MEMBER OF THE COMMUNITY.

EXPENSES \$ 1,872,449, GRANTS \$ 488,273, REVENUE \$ 321,055.

RALEIGH-WORKS TO BRING HOPE AND OPPORTUNITY TO THE LIVES OF REFUGEES AND  
IMMIGRANTS BY DEFENDING HUMAN RIGHTS, PROMOTING SELF-SUFFICIENCY, AND  
FORGING COMMUNITY PARTNERSHIPS. PROGRAM FOCUS ON MEETING THE IMMEDIATE  
BASIC NEEDS OF NEW ARRIVALS, ASSISTING REFUGEES IN OBTAINING EARLY  
EMPLOYMENT AND ACHIEVING SELF SUFFICIENCY AND NURTURING COMMUNITY  
INTERGRATION FOR NEW AMERICANS.

EXPENSES \$ 1,646,356, GRANTS \$ 282,931, REVENUE \$ NONE.

VERMONT PROGRAMS - PROVIDE REFUGEE WITH PIVOTAL LIFE READINESS SERVICES  
TO ENSURE EVERY PERSON IS EMPOWERE WITH SKILLS AND TOOLS NEEDED TO

|   |  |
|---|--|
| Name of the organization U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC. | Employer identification number<br>13-1878704 |
|---|--|

BECOME A SELF-SUFFICIENT AND PRODUCTIVE MEMBER OF A GLOBAL SOCIETY.

EXPENSES \$ 1,516,077, GRANTS \$ 99,720, REVENUE \$ 416,441.

ALBANY-PROGRAM HELPS REFUGEES AND IMMIGRANTS GAIN PERSONAL INDEPENDENCE AND ECONOMIC SELF-SUFFICIENCY. BY OFFERING A HOLISTIC RANGE OF SERVICES. THE PROGRAMS ARE ABLE TO SUPPORT NEWCOMERS THROUGH INITIAL RESETTLEMENT, EMPLOYMENT, LINGUISTIC, AND LEGAL SERVICES PROGRAM.

EXPENSES \$ 1,199,470, GRANTS \$ 183,434, REVENUE \$7,899.

DES MOINES-THROUGH A WIDE RANGE OF DIRECT AND COLLABORATIVE PROGRAM, DES MOINES HELPS REFUGEES SUCCESSFULLY ADAPT TO LIFE IN THE UNITED STATES. DES MOINES FOCUSES ON MEETING THE IMMEDIATE BASIC NEEDS OF NEW ARRIVALS, ASSISTING REFUGEES IN OBTAINING EARLY EMPLOYMENT AND ACHIEVING SELF-SUFFICIENCY AND NURTURING COMMUNITY INTEGRATION FOR NEW AMERICAN.

EXPENSES \$ 1,176,880, GRANTS \$ 233,583, REVENUE \$110.

CLEVELAND-SERVED REFUGEES AND IMMIGRANTS FOR OVER 100 YEARS. IN ADDITION TO RESETTLEMENT SUPPORT SERVICES. CLEVELAND ALSO PROVIDES EMPLOYMENT SERVICES, INTERPRETATION AND TRANSLATION SERVICES, FINGERPRINT SERVICES TO ALL COMMUNITY MEMBERS, AND A URBAN MARKET GARDEN.

EXPENSES \$ 1,133,275, GRANTS \$ 391,015, REVENUE \$ 184,639.

|   |  |
|---|--|
| Name of the organization U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC. | Employer identification number<br>13-1878704 |
|---|--|

LEGAL.

EXPENSES \$ 1,000,649, GRANTS \$ NONE, REVENUE \$ 402,470.

DEARBORN-HELP REFUGEES AND IMMIGRANTS TO GAIN PERSONAL INDEPENDENCE AND ECONOMIC SELF-SUFFICIENCY. PROVIDE TRAINING AND WORKSHOPS THAT ASSIST REFUGEES AND IMMIGRANTS IN BECOMING FULL PARTICIPANT IN ALL ASPECTS OF AMERICAN LIFE.

EXPENSES \$ 797,961, GRANTS \$ 298,791, REVENUE \$5,255.

IOM-LOAN COLLECTION FEES RELATED TO THE LOANS GIVEN TO REFUGEES TO COVER THE COST OF THEIR RESETTLEMENT IN THE US, WHEREBY THE RESETTLING AGENCY COLLECTS THE LOAN AND RETAINS 25% OF THE REVENUES: THE 75% IS RETURNED TO IOM FOR ISSUING FUTURE LOANS.

EXPENSES \$ 309,723, GRANTS \$ NONE, REVENUE \$ 1,243,323.

DISCOVERING HOMES.

EXPENSES \$ 70,462, GRANTS \$ NONE, REVENUE \$ NONE.

FORM 990, PART VI, LINE 1A

DELEGATED AUTHORITY OF GOVERNING BODY

BETWEEN MEETINGS OF THE BOARD THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY



Name of the organization U.S. COMMITTEE FOR REFUGEES AND  
IMMIGRANTS, INC.

Employer identification number  
13-1878704

EXERCISE ALL OF THE POWERS OF THE BOARD. HOWEVER, THE EXECUTIVE COMMITTEE SHALL NOT HAVE AUTHORITY TO: FILL VACANCIES IN THE BOARD OR ANY COMMITTEE; AMEND OR REPEAL THE BYLAWS OR ADOPT NEW BYLAWS OR AMEND OR REPEAL ANY RESOLUTION OF THE BOARD THAT BY ITS TERMS SHALL NOT BE SO AMENDABLE OR REPEALABLE; OR TAKE ANY ACTION REQUIRED BY LAW OR THESE BYLAWS TO BE SUBMITTED TO THE BOARD FOR APPROVAL. ANY ACTION TAKEN BY THE EXECUTIVE COMMITTEE BETWEEN MEETINGS OF THE BOARD SHALL BE REPORTED TO THE BOARD AT ITS NEXT MEETING. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD.

FORM 990, PART VI, LINE 6

MEMBERS/STOCKHOLDER RIGHTS

THE MEMBERS OF THE ORGANIZATION SHALL BE THE PERSONS SERVING AS THE DIRECTORS OF THE CORPORATION.

FORM 990, PART VI, LINE 7A

OTHER MEMBERS RIGHTS

MEMBERS SHALL ELECT THE DIRECTORS OF THE CORPORATION, OTHER THAN ANY EX OFFICIO DIRECTOR AND DIRECTORS ELECTED TO FILL VACANCIES AS PROVIDED IN ARTICLE II, SECTION 2 OF THE BYLAWS, AND SHALL VOTE ON SUCH BUSINESS AS MAY COME BEFORE THE MEMBERSHIP.

FORM 990, PART VI, LINE 8B

DOCUMENTATION OF MEETINGS

EXECUTIVE, FINANCE AND AUDIT COMMITTEES REPORT ANY DECISIONS TO THE FULL BOARD FOR APPROVAL.

|   |  |
|---|--|
| Name of the organization U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC. | Employer identification number<br>13-1878704 |
|---|--|

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

THE ORGANIZATION'S ACCOUNTING FIRM PREPARES THE IRS FORM 990 USING THE AUDITED UNIFORM GUIDANCE FINANCIAL STATEMENTS. ALL INFORMATION NOT IN THE FINANCIAL STATEMENTS IS PROVIDED BY USCRI'S DIRECTOR OF FINANCE AND COMPLIANCE. THE ACCOUNTING FIRM SENDS THE PREPARED FORM 990 TO THE DIRECTOR OF FINANCE AND COMPLIANCE FOR REVIEW. THE FINAL COPY IS SIGNED BY THE PRESIDENT AND CEO. THE FINISHED COPY OF THE 990 IS PROVIDED TO THE BOARD MEMBERS.

FORM 990, PART VI, LINE 12C

CONFLICTS OF INTEREST

USCRI CONDUCTS AN ANNUAL ORGANIZATIONAL ASSESSMENT, WHICH INCLUDES RESPONSES FROM THE BOARD AND THE QUESTION ABOUT CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A

DETERMINING COMPENSATION

THE BOARD OF DIRECTORS HIRED AN EXECUTIVE COMPENSATION CONSULTANT TO PROVIDE THEM WITH A REPORT PRIOR TO DETERMINING THE CEO'S COMPENSATION. THIS RESEARCH INCLUDED THE PRESIDENT AND VICE PRESIDENT POSITIONS.

FORM 990, PART VI, LINE 19

AVAILABILITY OF OTHER DOCUMENTS

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS THROUGH THE BETTER BUSINESS BUREAU AND GUIDESTAR.

|   |  |
|---|--|
| Name of the organization<br>U.S. COMMITTEE FOR REFUGEES AND<br>IMMIGRANTS, INC. | Employer identification number<br>13-1878704 |
|---|--|

FORM 990, PART XII, LINE 2C

OVERSIGHT/SELECTION PROCESS: THERE HAVE BEEN NO CHANGES DURING THE YEAR

IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS.

ATTACHMENT 1FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u>              | <u>GRANTS</u>     | <u>EXPENSES</u>    | <u>REVENUE</u>    |
|---------------------------------|-------------------|--------------------|-------------------|
| INTERNATIONAL INSTITUTE OF ERIE | 488,273.          | 1,872,449.         | 321,055.          |
| RALEIGH                         | 282,931.          | 1,646,356.         | 0.                |
| VERMONT PROGRAMS                | 99,720.           | 1,516,077.         | 416,441.          |
| ALBANY                          | 183,434.          | 1,199,470.         | 7,899.            |
| DES MOINES                      | 233,583.          | 1,176,880.         | 110.              |
| CLEVELAND                       | 391,015.          | 1,133,275.         | 184,639.          |
| LEGAL                           | 0.                | 1,000,649.         | 402,470.          |
| DEARBORN                        | 298,791.          | 797,961.           | 5,255.            |
| IOM                             | 0.                | 309,723.           | 1,243,323.        |
| DISCOVERING HOMES               | 0.                | 70,462.            | 0.                |
| TOTALS                          | <u>1,977,747.</u> | <u>10,723,302.</u> | <u>2,581,192.</u> |

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,

DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, MT, NE, NV, NH, NJ, NY, NC, ND, OH, OK, OR, PA,

RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY

|   |  |
|---|--|
| Name of the organization U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC. | Employer identification number<br>13-1878704 |
| <u>ATTACHMENT 3</u>   |  |

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>   | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| DOTSQUARES LLC<br>6701 DEMOCRACY BLVD SUITE 300<br>BETHESDA, MD 20817 | IT CONSULTING                  | 149,162.            |
| BDO USA, LLP<br>P O BOX 642743<br>PITTSBURGH, PA 15264                | ACCOUNTING SERVICES            | 124,260.            |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization **U.S. COMMITTEE FOR REFUGEES AND  
IMMIGRANTS, INC.**

Employer identification number  
**13-1878704**

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                    | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| <b>(1)</b> DISCOVERING HOMES, LLC<br>2231 CRYSTAL DRIVE, SUITE 350 ARLINGTON, VA 22202 | SEE PART VII            | OH   | 64,878.             | 301,464.                  | SEE PART VII                     |
| <b>(2)</b>   |                         |  |                     |                           |                                  |
| <b>(3)</b>   |                         |  |                     |                           |                                  |
| <b>(4)</b>   |                         |  |                     |                           |                                  |
| <b>(5)</b>   |                         |  |                     |                           |                                  |
| <b>(6)</b>   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| <b>(1)</b>  |                         |  |                            |   |                                  |  |    |
| <b>(2)</b>  |                         |  |                            |   |                                  |  |    |
| <b>(3)</b>  |                         |  |                            |   |                                  |  |    |
| <b>(4)</b>  |                         |  |                            |   |                                  |  |    |
| <b>(5)</b>  |                         |  |                            |   |                                  |  |    |
| <b>(6)</b>  |                         |  |                            |   |                                  |  |    |
| <b>(7)</b>  |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2019

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7)   |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)                                 |                               |                        |  |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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SCHEDULE R, PART I, LINE 1, COLUMN (B):

PROVIDES REFUGEE HOUSING

SCHEDULE R, PART I, LINE 1, COLUMN (F):

DIRECT CONTROLLING ENTITY: U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS,  
INC.